

American Registry of Pathology

**Instructions for Authors
of the First Series
Atlas of Nontumor Pathology**

Editorial Advisory Board

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Editor-in-Chief*

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Preface

These instructions were prepared with the help of the Editorial Advisory Board and the ARP Editorial Office, with the desire that they will be of some guidance to the Fascicle authors. They are a mixture of practical issues specifically related to the Fascicles and some items of a more general nature. As all instruction booklets, this one can only provide a general guideline regarding the format and other features of the work, to be adapted by the authors to the individual situation.

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February, 1997

I. Introduction & Philosophy

The Atlas of Nontumor Pathology, dedicated to non-neoplastic diagnostic surgical pathology, follows on the success of the well-known AFIP Atlas of Tumor Pathology. The Fascicles constituting the Atlas of Tumor Pathology are now in their fourth series and continue to be one of the most influential publications on tumor pathology over the last four decades. Contemporary medicine, through innovative techniques, has made every site in the human body available for biopsy and surgery. The diagnosis of nontumorous lesions has expanded enormously, along with exciting methods to explore biological structures providing greater accuracy in diagnosis and understanding mechanisms of disease. Powerful new therapeutic agents, which are based on molecular biology insights, modulate disease processes in novel ways. Management of these patients frequently requires biopsy interpretation as well as examination of the surgical specimen.

The mandate for this new Fascicle series is the publication of an eminently practical Atlas with the surgical pathologist as its primary audience. While the principal role of the Atlas is to promote a consistent, unified, and biologically sound nomenclature, it should also provide the pathologist with a rational, organized approach to the diagnosis of nontumorous conditions. Part of this approach will be to impart useful information concerning the lesion relevant to clinical medicine. Thus, data obtained from newer technologies, such as molecular biology methods, will be incorporated in the text. However, the paramount goal remains the precise description and photographic documentation of the various entities both in terms of quality and thoroughness. It is expected that every significant lesion will be properly described and illustrated.

These “Instructions for Authors” are intended to be used by authors as guidelines. Authors are encouraged to express their views in a balanced, concise manner. The Editors and the Editorial Office are always available for consultation. Clinicians invited as consultants to submit chapters on issues directly related to pathogenesis, diagnosis and management, involving surgical pathologists, should focus on the most common or illustrative lesions. Patient diagnosis using imaging techniques and laboratory studies have increased in importance and may assist in determining biopsy sites. A chapter that explores these procedures may prove to be of value.

II. Organization of the Fascicles

The Editorial Advisory Board (EAB) for the Atlas of Nontumor Pathology is appointed by the American Registry of Pathology and is composed of an Editor-in-Chief, Dr. Donald West King (National Library of Medicine) and three Associate Editors: Dr. Leslie H. Sobin (AFIP), Dr. Bernard Wagner (*retired*, formerly of New York University) and Dr. J. Thomas Stocker (USUHS) and the following members:

Dr. Ivan Damjanov (University of Kansas School of Medicine)
Dr. Cecelia Fenoglio-Preiser (University of Cincinnati Medical Center)
Dr. Fred Gorstein (Jefferson Medical College)
Dr. Daniel Knowles (New York Hospital - Cornell Medical Center)
Dr. Virginia LiVolsi (University of Pennsylvania Medical Center)
Dr. Florabel G. Mullick (AFIP)
Dr. Juan Rosai (Istituto Nazionale Tumori)
Dr. Fred Silva (USCAP)
Dr. Steven Silverberg (University of Maryland Medical Center)

All questions or concerns should be addressed to the Editorial Office:

8605 Cameron Street, Suite 324
Silver Spring, MD 20910
Phone: 301.578.1646
Fax: 301.578.1693

The ARP collaborates with the AFIP for photograph preparation and Cadmus Press for printing. The ARP has a world-wide marketing and distribution program.

The authors will receive deadlines for submission of the fascicle outline, sample chapter (including illustrations), completed manuscript, and final manuscript as modified according to reviewers' suggestions.

III. General Instructions

Detailed Table of Contents

The principal authors are requested to prepare a detailed outline/table of contents. The Fascicle outline submitted by the author for approval by the Editors should enumerate all the subjects to be covered in the Fascicle and it should not be a mere table of contents. For each major category, the authors should write a paragraph describing how that particular section will be handled, particularly in regard to newly ascertained and controversial issues. If a major departure from the format proposed in this booklet is contemplated, the reasons for such a decision should be given. The list of co-authors and consultants should be included although the specialists will vary with each Fascicle.

Sample Chapter

The authors are asked to provide a sample chapter within six months so that any problems may be reviewed at an early date. The sample chapter submitted should be complete regarding text, references, tables, illustrations, and figure legends. The chapter chosen as a sample should be as representative as possible of the entire work, rather than an introductory or highly specialized chapter. It will provide the Editors with a good representation of the final product and will allow for suggestions and changes to be made at this point, if necessary. Authors may make changes to this sample chapter before submitting it again with the rest of the manuscript.

Completed Manuscript

The completed manuscript will be submitted by the author directly to the Editorial Office along with suggestions of names of potential reviewers in addition to those suggested by the Editors. Whenever changes in the manuscript are suggested, the authors will be given two months to make these changes and to return the reviewed version together with a detailed explanation of the action taken with each of the suggested changes. Depending on the nature and number of those changes, the Editor-in-Chief may send the manuscript again to the reviewers or handle it directly.

Authors should reveal, in confidence, to the Editor-in-Chief any conflicts of interest which may be perceived as bias.

Consultant arrangements or funds received from industry associated with test materials or instruments for specific methods in the fascicle text must be acknowledged. Such information is confidential and will be evaluated by the Editors.

Copyrights, Permissions, Author Expenses, and Royalties

The ARP will copyright the books and require signed agreements from all authors. Permission for the use of material from other publications will be requested by the Editorial Office.

The subject of fees for consultants and/or illustrators should be discussed first with the Editor-in-Chief. Authors are allotted \$5000 (collectively) for author expenses such as manuscript/illustration duplication costs, travel, etc. Please submit receipts and invoices to the Editorial Office with an accompanying explanatory letter.

The ARP agrees to compensate authors (collectively) 10 percent of book sales revenue.

IV. Content of Text

General Introduction

A general introduction to the subject discussed in the Fascicle can be included if desired. Historical considerations should be kept to a minimum.

Discussion of Individual Lesions

Definition. A short definition of the entities being discussed should be given. It should be as concise as possible. It could be of either descriptive or conceptual nature, and should not incorporate a discussion of the clinical or pathologic findings that will be discussed below. Any discussion of synonyms and alternative designations should be incorporated in this section.

Nomenclature. Except for very special and properly justified circumstances, the title to be chosen for the various entities should represent a reflection of currently accepted nomenclature. One of the stated goals of the Fascicles from its very inception has been to promote standardized nomenclature.

Demography. Incidence and prevalence of lesions—geographical and ethnic factors.

Etiology. Classes of agents and specific agents when known.

Normal Anatomy and Histology. Each Fascicle should include a section briefly describing the normal anatomic features of the organ or system being discussed. This should include embryology, gross anatomy, light microscopy, ultrastructure, immunohistochemistry, and any other pertinent information (such as physiology or biochemistry), whenever indicated. The amount of coverage should obviously be dependent on the type of system being discussed. Emphasis should be placed on those normal anatomic features which are of particular importance to the pathologist, using a format and philosophy similar to those in the series “Histology for Pathologists” published in the *American Journal of Surgical Pathology*.

Clinical Features. This section is primarily designed for the major lesions. It should incorporate history [signs and symptoms], physical examination, radiographic and clinical laboratory data whenever indicated.

Gross Findings. Gross findings of diagnostic and prognostic importance should be emphasized. Clues as to microscopic sampling and gross-microscopic correlations should also be incorporated into this section if pertinent. This may include endoscopic findings, radiographic scans, and high resolution CT.

Microscopic Findings. This section will largely consist of a description of the light microscopic appearance as seen in hematoxylin-eosin stained sections, but it should also incorporate the results of conventional special stains, whenever indicated. The morphologic criteria for diagnosis and definitions of entities should be stated as clearly and explicitly as possible. Identify stains other than H&E. For routine special stains, use commonly recognized names, e.g., Van Gieson elastic stain, Mallory trichrome. Immunocytochemical procedures may be identified by general accepted terms. Procedures unique

to the authors or less frequently used, should be described. Ultrastructure observations of diagnostic significance should be emphasized.

Microscopic Variants. If reasonably distinct microscopic variations of the entity being described exist, the use of a separate section for their individual description is recommended, particularly if these variants are of clinical significance. To avoid repetition and confusion, any discussion of ultrastructural, immunohistochemical, and any other special techniques pertaining to these specific variants should be part of this section. Minor variations of microscopic appearance should be incorporated in the main section on "Microscopic Findings."

Other Special Techniques. Although the main purpose of the Fascicle remains of an eminently practical publication with emphasis on characterizing the abnormalities using conventional techniques, a stated goal of this Fascicle is to incorporate any reasonably proven information obtained from new methodology, including in situ hybridization techniques, other molecular approaches, imaging and morphometry if the findings are significant. A statement should be made as to whether the technique represents an established aid to solve the problem and whether it should be used as a routine practice. For some entities, it is of great value to incorporate a section on how to dissect, describe and sample the tissues involved in the disease or injury. This information will complement the chapter on "special" techniques.

Differential Diagnosis. This should always be included, and in some lesions will be a major component. It should consist of a detailed listing of the specific criteria both in a narrative or tabular form.

Treatment and Prognosis. The treatment of many lesions is non-specific and changing rapidly. A short paragraph on therapies currently utilized for the major entities should be included. This should deal only with general therapeutic principles and recommendations rather than with technical details. The effect of treatment on the entity relates to prognosis and may be discussed. Those morphologic factors and other parameters that relate to prognosis are of value.

Comparative Lesions in Animals. Animal models of human disease, spontaneous or induced, may be important in elucidating mechanisms. Authors should refer to animals only if it can be justified, as relevant to diagnosis or understanding mechanisms.

V. Specific Instructions

Text

The amount of text contained in each Fascicle will be largely determined by the author. However, the maximum number of pages (including illustrations, references, and index) that a single fascicle will have is 500. Exceptions will be brought to the attention of the EAB for consideration. Keep in mind that one printed page of text is equivalent to 2 1/2 double-spaced typed pages, and that one printed page of references is equivalent to 5 1/3 x double-spaced typed pages.

The entire manuscript should be typed double spaced on 8 1/2" x 11" paper, one side only, including text, references, legends for illustrations, tables, and acknowledgments. The margins should be 1 1/2 inches wide.

The pages should be numbered consecutively, beginning with the title page. The number page should be typed in the upper right-hand corner of each page.

Avoid footnotes whenever possible. Try to incorporate that information in the text, parenthetically or not.

The original manuscript and two complete copies should be submitted for review purposes with a computer diskette. The Editorial Office uses WordPerfect and Microsoft Word. Following review, incorporation of changes by the author (if requested), and acceptance of the final manuscript by the Editor, the author will be requested to provide the Editorial Office with the final version of the Fascicle both as a hard copy and on computer diskette.

Manuscripts prepared using other word processing programs should be submitted as diskettes with unformatted ASCII files, preferable single spaced. The Editorial Office will answer questions and work with the authors to develop diskettes that can be used in IBM-compatible equipment.

The final printed page will be 8 1/4" x 11" and the format will be two-column layout.

Figures and Photographs

Figures. All figures should be cited in the text. As in previous series, close tie-ins between text and figures is essential. Figures should be numbered consecutively in each chapter according to the order in which they have been first cited in the text. If a figure has been published previously, acknowledge the original source and obtain through the Editorial Office written permission from the copyright holder to reproduce the material. Permission is required, irrespectively of authorship or publisher, except for documents in the public domain. Other acknowledgments (i.e., for the use of a case by the fascicle author) should only read: Courtesy of Dr. (name and city).

Photographs. The Fascicles were first conceived as an Atlas, as reflected by the name that the publication still maintains. It goes without saying that the value of any Atlas resides primarily in the quality of its photographs. Although the amount of text has substantially increased, Fascicles can no longer be regarded merely as Atlases. The first priority remains that of providing visual images that should allow pathologists

to identify entities and to distinguish them from each other. The following specific suggestions are deemed of paramount importance:

- It is imperative for photographs to be of uniformly high quality. A rigorous editorial monitoring of this process will be instituted.
- The quality of the original is of utmost importance; this concerns focus, contrast, and color. If there is any question concerning specific pictures, do not hesitate to contact Dr. Sobin at the AFIP before submission of the final manuscript.
- Gross and microscopic photographs should be submitted in color. You can provide almost any format, but 35mm transparencies are preferred. Most importantly is to provide the original because each copied generation loses detail.
- Label transparencies clearly and indicate the up side.
- Do NOT submit photographic prints that are mounted on cardboard.
- Label the backs of photographic prints in pencil, lightly. Do NOT put sticky labels on the backs of prints.
- Put your last name on all slides and prints submitted to ensure that they are returned to the correct contributor.
- When symbols, arrows, numbers, or letters are used to identify parts of illustrations, indicate their position on a diagram, print, or overlay which will be used to insert it into the image after scanning. This leads to greater uniformity.
- Legends for illustrations should be typed on pages separate from the text. They should start with a diagnostic label that can stand alone, not "High power of fig. 2-8" or "Spindle cell pattern." The description should be short and specific to the figure.
- Identify stains other than H&E.
- Magnifications are not used for light micrographs, only for electron micrographs.
- Authors are encouraged to suggest layouts for their figures, but the Editorial Office may make changes.
- If a figure has been published previously, acknowledge the original source in the legend. Obtain permission for its use [in both printed and electronic form] or request the Editorial Office to do so.
- Figures should be numbered consecutively by chapters, e.g. 2-1, 2-2, 2-3.
- Three complete sets of figures should be submitted using plastic 35mm slide holders or photo album pages for prints. One set (original) will be used for scanning. The other two sets (duplicates) will be sent to reviewers.
- You should direct any questions about photographs to Dr. Leslie Sobin, Division of Gastrointestinal Pathology, AFIP, Washington, DC, 20306-6000, phone [202] 782-2880; fax 782-9020; email, Sobin@afip.osd.mil.
- If photographs of persons are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.

Radiographs and Electron Micrographs. These should be submitted as glossy prints. Patient names and identifying numbers should not be visible on radiographs.

Digital Photographs. The Editorial Office encourages submission of high quality digital images. Authors should submit 2 CD-ROMS of their images to the Editorial Office. A third set of figures should be submitted in hard copy (computer print outs in color or black and white) that shows the figure number, correct orientation, and the essential area of the figure circled to assure that the correct features are preserved during cropping.

Please adhere to the following Digital Image Format Guidelines:

Original source: Actual tissues or microscopic slides, NOT images scanned from other media.

File format: TIFF in Macintosh byte order, no LZW compression, or TIFF in IBM PC, no LZW compression

Color Format: CMYK or RGB

DPI: 300 dpi (or 120 pixels per cm)

Size in Pixels: 1200 x 1800 pixels

Print Size: 4" x 6"

Anticipated file size: 5MB or more

Images from a Previously Published Fascicle. Authors should send 4 photocopies of the page with the figure (if there is more than one figure on the page, somehow designate which one is intended for the current Fascicle). For example, add a note to the photocopy: "Please pick up as Figure ___ in this manuscript."

Tables. A table should be complete in itself. The title, headings, and footnotes should contain all the information needed by the reader to understand the table without consulting the text.

The data should be organized so that the like elements read **down**, not across.

If the data shows pronounced trends, use a graph. If they don't, a table should be satisfactory.

Number tables consecutively by chapter in the order of their first citation in the text and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. Identify all statistical methods used and indicate significance. Clinical laboratory data must be reported in commonly used units but include SI units in parenthesis. (Note: Whenever graphs are prepared (as opposed to tables) photographic prints or hard copies of them should be submitted instead of the originals).

Diagrams. All original diagrams should be done by a professional artist. Contact the Editorial Office for more details.

Abbreviations. Keep abbreviations to a minimum. Do not abbreviate a term that is used only a few times in the Fascicle. Use only standard abbreviations.

When planning to use an abbreviation, introduce it by spelling out the word or term first, followed by the abbreviation within parenthesis.

Units of measurement are abbreviated when used with numerical values, but not otherwise.

References

This series will follow the style used in the *Atlas of Tumor Pathology*. Make the reference list selective rather than comprehensive. Compose it of recent references on the subjects covered in the text plus a short list of older, “classical” references. Emphasize articles from easily available journals. List all the references at the end of the chapter, divided by section and alphabetically arranged within each section. Please use the AMA Style Guide (PubMed) for correct formatting of references.

Abstracts and letters to the Editor should be identified as such. References to articles “in press” (properly identified as to the journal) are acceptable but work “in preparation” is not. Quotation of “personal communications” and abstracts should be minimized. Use personal observations by the author in the text but do not cite them in the bibliography. Do not use comments in parentheses following individual references.

At the author’s discretion, use a small number of key references listed at the beginning of the Bibliography section under the heading “General References.” These do not need to be cited in the text. Quote all other references in the text. Use Arabic numerals within parentheses rather than the “Harvard” system which lists the first author’s name followed by the year of publication.