

INSTRUCTIONS FOR AUTHORS
of the
Fourth Series
AFIP Atlas of Tumor Pathology

EDITORIAL ADVISORY BOARD

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Editor-in-Chief

Revised April 2003

PREFACE

These instructions for authors represent the collective wisdom of the Editorial Advisory Board (EAB) and the Editorial Office of the American Registry of Pathology, with major input from Dr. Juan Rosai, the Editor-in-Chief of the Third Series Fascicles, from whose instructions many of these are adopted verbatim. They are meant to be read through once and then kept handy as a guide, to be consulted as specific questions arise about general format, deadlines, labeling of illustrations, sequencing of references, or any of the thousand other issues that come up as a Fascicle is being planned, written, and sent off for review. There will, no doubt, be questions to which we have not included, or even thought of, the answers, and you are encouraged to contact your EAB liaison or me as such questions arise.

Steven G. Silverberg, MD
April 2000

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INTRODUCTION

The AFIP Atlas of Tumor Pathology was first conceived at a cancer research meeting held in St. Louis, MO in September 1947, as an attempt to standardize the nomenclature of neoplastic diseases. The First Series was sponsored by the National Research Council and published by the Armed Forces Institute of Pathology (AFIP). Dr. Arthur Purdy Stout was the first Editor in Chief. The impact that the Fascicles have had over the years has largely surpassed the original goals. The Fascicles have represented one of the most influential publications on tumor pathology ever written, not only because of their overall high quality, but also because of their low cost, which made them accessible to pathologists and other students of oncology all over the world.

The Second Series, published by the AFIP under the auspices of the newly created Universities Associated for Research and Education in Pathology (UAREP), had Dr. Harlan Firminger as Editor-in-Chief, later succeeded by Dr. William Hartmann. These Fascicles were produced as bound volumes instead of loose leaflets. There was also more comprehensive coverage of the subjects, so that the Fascicles could no longer be regarded merely as Atlases, but rather as monographs describing and illustrating in detail the various tumors and tumor-like entities.

The Third Series, the last Fascicle of which was recently produced in 2003, has been edited by Dr. Juan Rosai. The last Third Series Fascicle has been published before the appearance of the first Fascicle of the Fourth Series (edited by Dr. Steven G. Silverberg), with the stated goal of having the Fourth Series Fascicle on any one organ or system follow its predecessor in the Third Series by 10 years.

Both the Third and Fourth Series are dedicated to creating practical publications primarily aimed at surgical pathologists. Their aim is to promote a consistent, unified, and biologically sound nomenclature, and to guide the surgical pathologist in the diagnosis of the various tumors and tumor-like conditions, as well as to provide general information on those entities. Every major tumor type and subtype should be described and illustrated, using the currently accepted standard classification, with adequate, but not overwhelming, documentation by recent literature references and discussion of all adjunctive morphologic (cytopathology, electron microscopy, immunohistochemistry, etc.) and nonmorphologic (molecular, flow cytometric, genetic, and other) studies as appropriate.

It is important for authors to remember that the Fascicles are not meant to expand on considerations or terminology of a very personal nature, but rather to present the currently accepted or currently favored views and terms. Naturally, the authors should feel free to express their views on controversial issues and state their preferences, but alternative viewpoints should also be discussed in a fair-handed way.

GENERAL INFORMATION

The AFIP Atlas of Tumor Pathology is a joint venture of the Armed Forces Institute of Pathology (AFIP) and the American Registry of Pathology (ARP), the civilian partner of the AFIP. The Editorial Director of the ARP is Kelley Squazzo, and the Editorial Office is located at 8605 Cameron Street, Suite 324, in Silver Spring, Maryland 20910. Telephone: 301-578-1646, Fax: 301-578-1693.

The Editorial Advisory Board (EAB) for the AFIP Atlas of Tumor Pathology is appointed by the sponsoring organizations. The Fourth Series EAB is composed of an Editor-in-Chief (Dr. Steven G. Silverberg, University of Maryland Medical Center), an Associate Editor (Dr. Leslie Sobin, AFIP), and the following members: Drs. Jorge Albores-Saavedra, Ronald DeLellis, William Frable, William Gardner, Jr, Kim Geisinger, Leonard Kahn, Donald King, James Linder, Virginia LiVolsi, Frances Pitlick, Juan Rosai, Mark Stoler, William Travis, Noel Weidner, Sharon Weiss, and Mark Wick.

The EAB selects the authors of the various Fascicles and monitors the production of those Fascicles from inception to the final printed version. Each Fascicle is assigned to a senior author, who is selected by the Editor-in-Chief and the EAB. The senior author selects one or more additional authors for that Fascicle, who must be approved by the EAB before they are formally contacted. The Editor-in-Chief is ultimately responsible for the selection of authors and the final acceptance of the manuscript. The Associate Editor

assists the authors with all matters, particularly those related to the photographic material. He checks the photographs submitted by the authors in the sample chapter and the final manuscript for adequacy, procures photographs from previous Fascicle series at the author's request, and makes arrangements for photographic work (if any) at the AFIP. For each Fascicle, a member of the EAB acts as a liaison with the author, monitoring the production, answering authors' questions, and assuring that deadlines are met.

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. (See the production chart on page 3).

The Fascicle outline is to be submitted by the senior author to the EAB liaison, who will review it, submit it to the entire EAB for approval, and return it to the author with comments.

The sample chapter is to be submitted by the senior author to the same EAB liaison, who will review it in conjunction with the EAB and outside reviewers, the Editor-in-Chief, and Associate Editor, and return it to the author with comments.

The completed manuscript is to be submitted by the author directly to the Editor-in-Chief. It will be reviewed within a 2-month period by the Editor-in-Chief, Associate Editor, and two independent reviewers selected by the EAB. In most instances, the manuscript will be returned to the author by the Editor-in-Chief with suggestions (often extensive) for changes. The two independent reviewers may or may not be members of the EAB. The authors are encouraged to suggest names of reviewers.

Whenever changes in the manuscript are suggested, the authors will ordinarily be given 2 months to make these changes and to return the revised version to the Editor-in-Chief, together with a detailed explanation of the action taken with each of the changes suggested. 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. Once the final manuscript is accepted, it will be submitted by the Editor-in-Chief to the Editorial Office. In addition, the authors will be requested at this point to send to the Editorial Office a copy of the manuscript in diskette form (see Fascicle Format Typing for details).

Within 3 to 6 months the Editorial Office will produce a PageMaker layout and send it as galley proofs to the authors and to the Editor-in-Chief. The authors should return their corrected galley proofs to the Editorial Office within 2 months. The authors' corrections will be made, and a second galley proof will be sent to the author for a final review. When this version has been returned to the Editorial Office, the final steps will be taken to prepare the manuscript to be sent to Cadmus Press who is responsible for producing the final printed version of the Fascicle.

It is understood that all manuscripts submitted to the Editorial Office will be subjected to the above described reviewing process, which is similar in most respects to that of manuscripts sent for publication to peer-reviewed journals, and which therefore includes the possibilities of extensive revisions and even rejection.

The Fascicle authors are encouraged to contact the EAB at any time during the Fascicle preparation by letter, telephone, or email to discuss any matter related to this endeavor. In general, questions related to the individual Fascicles (including deadlines) should be addressed to the EAB liaison for that Fascicle. Questions specifically pertaining to photographic material, retrieval of illustrations from previous Fascicles, and use of the facilities of the Photography Department at the AFIP, should be addressed to Dr. Leslie Sobin.

Once the technical editing of the Fascicle is completed, the Editorial Office will interact directly with the authors for any specific questions that may arise, such as missing legends, checking of references, and production of the index. The Editor-in-Chief will also be available at all times for any questions, comments, requests, or suggestions.

As a general guideline, feel free to talk to any of the above at any time. They all share with you the goal of producing the best possible final product in the assigned time frame, and are your allies rather than

adversaries in the pursuit of this goal. This is also true of the reviewers, who will usually produce extensive comments and suggestions which are not meant to offend you but rather to help you write the definitive work on your subject. I recall as an author initially being astounded by the length and depth of the review of my own Fascicle in the Third Series, but ultimately being grateful for the help that was provided to me.

FASCICLE PRODUCTION CHART



INTEGRATION AMONG FASCICLES

It is very important for an internal consistency to exist within the entire Fascicle series. In this regard, the AFIP Atlas of Tumor Pathology collection could be viewed as a single comprehensive treatise on the pathology of human tumors, each Fascicle representing a chapter of this work. Consequently, the authors of the various chapters should communicate among themselves whenever indicated to assure consistency and to avoid repetitions. These exchanges could take place at any of the stages in the preparation process of the various Fascicle; they will be facilitated by the liaison members of the EAB and the Editor-in-Chief.

Areas in which this integration is particularly important include:

Mesenchymal Tumors and Tumor-like Conditions. The description of mesenchymal tumors and tumor-like conditions should only include the features (including frequency) of those lesions that are peculiar to those organ systems covered in each specific Fascicle (e.g., neurilemoma of the oral cavity), and refer to the Fascicle on Tumors of the Soft Tissues or standard books or monographs on the subject regarding the general morphologic, immunohistochemical, and ultrastructural features of these entities. It is highly desirable for the terminology to be the same as that employed in those publications and particularly that of the World Health Organization (WHO); if different, the alternative designation should be given, and the reason for the alternate choice discussed.

Lymphoid-Hematopoietic Tumors and Tumor-like Conditions. The description of these lesions should only include the features (including frequency) that are peculiar to those organ systems covered in each specific Fascicle (e.g., Hodgkin's disease of the thyroid), and refer to the Fascicle on Tumors of the Hematopoietic System or standard monographs on the subject regarding general morphologic, immunohistochemical, and ultrastructural features of those entities. See the preceding paragraph for the handling of terminology.

Tumors and Tumor-like Conditions Exhibiting Neuroendocrine Differentiation. The description of these lesions should only include the features (including frequency) that are peculiar to those organ systems covered in each specific Fascicle (e.g., paraganglioma of gallbladder), and refer to the Fascicles on Tumors of the Adrenal Gland and Other Paraganglia, Tumors of the Small and Large Bowel, and Tumors of the Pancreas regarding the general morphologic, immunohistochemical, and ultrastructural features of those entities.

Tumors and Tumor-like Conditions Located at the Boundary Between One Site and Another (e.g., carcinoma of the ampulla of Vater). These lesions should be discussed in detail in only one Fascicle; the other pertinent Fascicles should only refer to the first. The decision as to Fascicle selection for the individual lesions will be made by the EAB after discussion with the respective authors.

INTEGRATION WITH THE WORLD HEALTH ORGANIZATION (WHO) INTERNATIONAL HISTOLOGICAL CLASSIFICATION OF TUMORS

Fascicle authors should consult with the WHO booklets on the histologic classification of tumors related to their subject. Use of common terminology is highly encouraged. Whenever an alternative designation is preferred, the WHO term should be mentioned as a synonym or at least discussed in the Definition section, and the reason for the alternate choice given. The latest edition of the WHO series is now under way, under the coordination of Dr. Leslie Sobin. He will be the liaison between the Fascicle authors and the corresponding WHO committees.

INDEXING

The index of the Fascicle will be done by the Editorial Office with much input from the authors. The Fascicle authors are encouraged to work with the Editorial Office at the time of reviewing the page proofs to create an index which will be both complete and reflect the authors' desires for the index. Please see the Index Preparation Guidelines information sheet for details.

COPYRIGHT AND AUTHORS' PERMISSIONS

The Editorial Office will obtain the copyright and authors' permission on all previously published material, if requested by the author and provided with the necessary information.

FASCICLE FORMAT

Text

The amount of text contained in each Fascicle will largely be determined by the author. However, the maximum number of pages (including illustrations, references, and index) that a single Fascicle will have is 500. Any increase over this number will have to be approved by the EAB. 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 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 at least 1 inch wide. The pages should be numbered consecutively, beginning with the title page.

Do not use footnotes; incorporate that information in the text, parenthetically or not.

The original manuscript and two complete copies should be submitted for review purposes. Following review, incorporation of changes by the authors (if requested), and acceptance of the final manuscript by the Editor-in-Chief, the author should provide the Editorial Office with the final version of the Fascicle both as a hard copy and on computer diskette (or electronically). The Editorial Office uses Microsoft Word and WordPerfect on IBM-compatible equipment and formats the material into a desktop publishing program (Adobe PageMaker). Manuscripts prepared using other word processing programs should be clearly labeled as such for conversion to take place. The Editorial Office will answer questions and work with the authors to develop diskettes that can be used on IBM-compatible equipment.

Title Page

The title page should include authors' titles and University/Hospital affiliations, with addresses and zip codes.

Editorial Advisory Board (EAB) Page

This page will be supplied by the Editorial Office and will be the same for all Fascicles.

Editor's Note Page

This page will be supplied by the Editorial Office and will be the same for all Fascicles.

Acknowledgements Page

This page is to be provided by the author. It should list acknowledgements to people who have helped substantially in the production of the Fascicle. The collaboration of members of the EAB, ARP editorial staff, or AFIP staff need not be acknowledged, unless the author wishes to do so. Acknowledgements for the donation of photographs or of cases photographed by the authors can be given as part of the legends for those illustrations. It is a good idea to show the proposed wording of the acknowledgement to the person whose help you are acknowledging. Furthermore, if your acknowledgement relates to an idea, suggestion, or interpretation, be as specific as possible about it.

Contents Page

This should contain a listing of all the chapters and subchapters. A maximum of three levels of headings is

allowed in the table of contents; four may be used in the text (see below). The head type (designated from 1 to 3 in decreasing number of importance), should be indicated in the contents page in the forms of progressive indentations, as follows:

Head #1 (Chapter title)

Head #2 (Major heading)

Head #3 (Minor heading)

[Note: *In the authors' text, the various head types should be identified as follows:*

Head #1: Centered, all in capitals, boldfaced (Major heading)

Head #2: Centered, initial capitals, boldfaced (Minor heading)

Head #3: Initial capitals, boldfaced, not centered (sub heading)

Head #4: Initial capitals, italicized, not centered (under sub heading).]

General Introduction Page

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

Normal Anatomy

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, cytology, ultrastructure, immunohistochemistry, and any other pertinent information (such as physiology) whenever indicated. The amount of coverage should obviously be dependent on the type of system discussed. Emphasis should be placed on those normal anatomic features that are of particular importance to the pathologist.

Classification

A general introduction to the classification of the tumors included in the Fascicle should be presented, preferably in a tabular form. This could be accomplished by an explanation of the basis of the classification scheme if appropriate. If a commonly used alternative classification system exists, it would be desirable to discuss it, compare it with the one that has been selected, and explain the reasons for the choice. As discussed above, it is anticipated that the WHO system will be used in most Fascicles as the preferred classification, and at the least will be presented as an alternative.

Discussion of Individual Tumors

Title. Except for very special and properly justified circumstances, the title to be chosen for the various entities should reflect currently accepted nomenclature. One of the stated goals for the Fascicles from their inception has been to promote standardized nomenclature, and this is just as valid for the Fourth Series.

Definition. A short definition of the entity being discussed should be given, using a style similar to that of the WHO booklets on histological classification of tumors. This definition should be used only for the major tumor types, and 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. Thus the definition of follicular adenoma of the thyroid might read: "A benign encapsulated tumor showing evidence of follicular cell differentiation." as it reads in the 2nd Edition of the *WHO Histological Typing of Thyroid Tumors*.

Any discussion of synonyms and alternative designations should be incorporated in this section. A separate listing of synonyms and related terms will not be employed. There should be no attempt to provide an encyclopedic list of synonyms, and those of historic interest should be avoided.

General Features. This section should be used only for major tumor types (i.e., carcinoma of lung, carcinoma of large bowel). It should contain important information in a condensed form of topics such as

incidence, epidemiology, etiopathogenic factors, multiplicity, bilaterality, and associated lesions, whenever pertinent. Remember that the Atlas of Tumor Pathology has a worldwide distribution; whenever geographic differences exist in terms of tumor frequency, morphologic features, or outcome, these should be discussed in this section.

Clinical Features. This section is also primarily designed for the major tumor types, and should be of a very condensed nature. It should incorporate radiographic and clinical laboratory data whenever indicated. It should also include diagnostic techniques such as biopsy, if pertinent.

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.

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. The use of tables is highly recommended.

Histologic Types. If reasonably distinct microscopic variations of the tumor entity being described exist (i.e., serous type of endometrial adenocarcinoma), 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.

Histologic Grading. Any data related to the microscopic grading system(s) proposed for the tumor should be discussed here, followed by a discussion of their significance. The morphologic grading criteria should be provided in very specific terms in either narrative or tabular form. This can be incorporated into the Microscopic Findings section or listed separately.

Frozen Section. Features of the tumors as seen in frozen section preparations can be included here if indicated, together with some comments about the indications, limitations, and pitfalls of the procedure and some technical aspects, such as number of sections to be taken, how to orient and process them, and procedure for intraoperative determination of surgical margins. This can be incorporated into the Microscopic Findings section or listed separately.

Immunohistochemical Findings. The description of immunohistochemical findings can be either incorporated into the Microscopic Findings section or made into a separate section depending on the amount of information presented. If the description is complex and/or includes a large number of markers, use of a separate section is recommended.

Most of the discussion should deal with commercially available antibodies. To have a lengthy discussion about antibodies which are available to a few investigators and may never achieve general use is frustrating to the reader and increases the length of the text unnecessarily. An attempt should be made to indicate which of the listed antibodies are currently considered to be standard to evaluate a given neoplasm, and whether these antibodies can be applied to formalin-fixed, paraffin-embedded sections.

Ultrastructural Findings. The recommendations are the same as for Immunohistochemical Findings. Findings of diagnostic significance should be emphasized.

Cytologic Findings. A section on the features of the entity as seen in cytologic preparations should be included if indicated. This should incorporate information on fine needle aspiration specimens whenever pertinent. Intraoperative cytology, where pertinent, can also be discussed here. Emphasis should be placed on the correlation between cytologic and histologic appearances. This section is expected to be expanded in

a major way in most Fascicles over the coverage in the Third Series, and indications for cytologic techniques, criteria for specimen adequacy, and specific cytologic classifications should be included where appropriate. The cytologic differential diagnosis should also be emphasized.

Molecular and Other Special Techniques. Although the main purpose of the Fascicles remains that of an eminently practical publication with emphasis on diagnosis and differential diagnosis using conventional techniques, a stated goal of the Fourth Series is to incorporate into this section any reasonably proven information obtained from new methodology. This includes in situ hybridization techniques, genetic and other molecular approaches, flow cytometry, and morphometry, particularly if the findings seem to be of diagnostic or prognostic significance. A statement should be made as to whether the techniques represent an established aid to diagnosis and whether they are expected to be used in daily practice.

Differential Diagnosis. Whenever indicated, a section on the morphologic differential diagnosis of the entity being discussed should be included. This should consist of a detailed listing of the specific criteria, either in a narrative or tabular form, and preferably both. Illustrations will also be useful in this section.

Spread and Metastases. For malignant tumors, information about patterns of local spread and distant metastases should be provided in this section. This should be accompanied, wherever possible, by percentage figures obtained both from clinical and autopsy series. The section on local spread should be integrated with the section on Gross Findings in order to avoid repetition.

Staging. If a generally accepted clinical or surgical pathologic staging system exists for the entity being discussed, the corresponding description should be provided. Unless otherwise indicated, the staging system recommended by the American Joint Committee on Cancer and the International Union Against Cancer (UICC) in the *Manual for Staging of Cancer* (5th edition, 1997) should be used. Dr. Sobin can be contacted for further information if necessary.

Treatment. This should consist of a short paragraph on the therapy or therapies currently used for the major tumor entities being discussed. This should deal only with general therapeutic principles and recommendations, rather than with technical details such as the type of chemotherapeutic regimes, except when the latter relate directly to morphologic parameters. The effects of the treatment on the entity should also be discussed in this section, particularly if they are of prognostic or diagnostic significance, and distinction of treatment effect from persistent or recurrent tumor should be emphasized.

Prognosis. General information about the prognosis of patients with the entity being discussed (including survival rates) should be followed by a listing of morphologic and other parameters that relate to prognosis. Negative correlations should also be included if pertinent (i.e., lack of prognostic significance of microscopic grading in some tumors). Note: the division here suggested among Spread and Metastases, Staging, Treatment, and Prognosis applies only to the major tumor types. In other instances, the author might prefer to group these items into a category entitled Clinical Behavior and Treatment.

Procedure for Pathologic Examination. For most entities and specimens, it is useful to incorporate a section on how to dissect, describe, and sample the tissues received by the pathologist. In the Fourth Series Fascicles, it is recommended that such a section, comprising a general and comprehensive list of instructions for the entire organ/system discussed, be included as a separate chapter placed at the end of the Fascicle. It is suggested that the recommendations of the College of American Pathologists or the Association of Directors of Anatomic and Surgical Pathology be reproduced in their entirety, or at least widely quoted, for most tumors of most organs or systems.

BIBLIOGRAPHY

The bibliographic list should be selective rather than comprehensive. It should be largely composed of recent references on the subjects covered in the text plus a short section of older, classic references. Articles from easily available journals are generally preferable. The references should be listed at the end of each chapter, divided by section, and alphabetically arranged within each section. Except for the latter feature,

the format to be used is the Vancouver style, as explained below. The titles of the journals should be abbreviated according to the style used in *Index Medicus*. Author should consult the *List of Journals Indexed in Index Medicus*, published annually as a separate publication by the library and as a list in the January issue of *Index Medicus*.

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” or “submitted” is not. Quotation of personal communications and abstracts should be kept to a minimum. Personal observations by the author are permitted in the text and are not to be cited in the bibliography. The use of comments in parentheses following individual references is discouraged.

At the author’s discretion, a small number of key references may be listed at the beginning of the Bibliography section under the heading General References. These do not need to be cited in the text. All other references should be cited in the text; this should be done by using Arabic numerals within parentheses rather than using the so-called Harvard system (i.e., listing the first author’s name followed by the year of publication). The references should be numbered consecutively through each chapter; do not renumber references in each separate sections within chapters, but continue the numbers from the beginning.

Authors are responsible for the appropriateness and accuracy of the references provided. An independent verification of all available references will be made by the Editorial Office by searching the National Library of Medicine database (PubMed) for references from 1966 on, and from hard copies for pre-1966 references (of which few are anticipated). All efforts should be made to ensure accuracy in reference citations. As Dr. W. H. Hartmann, a former Editor-in-Chief of the Fascicles, commented in a letter to the editor (*Am J Clin Pathol* 1984;82:513):

“The Atlas of Tumor Pathology has achieved a position of reference and is worldwide in distribution. Library sources vary tremendously the world over, and many do not have ready access to well-stocked libraries where one has the necessary resources available to find the citation that is incompletely or incorrectly cited. References are many times obtained from distant sources, if available at all. The need for the highest standard in reference citation should be obvious. Complete accuracy or reference citation must be maintained.

“Each of us writes for a public. Each author and each editor has the responsibility to be certain his public is well served. Proper reference citation is a necessary part of the responsibility.”

The present EAB agrees entirely with this viewpoint.

Examples of Correct Forms of References

Standard Journal Article:

List all authors when six or fewer; when seven or more, list only the first three and add “et al.”

You CH, Lee KY, Chey RY, Menguy R. Electrogastrographic study of patients with unexplained nausea, bloating, and vomiting. *Gastroenterology* 1980;79:311–4.

No Author Given:

Failure of syngeneic bone-marrow graft without preconditioning in post-hepatitis marrow aplasia. *Lancet* 1977;2:742–4.

Recommendations for the reporting of urinary bladder specimens containing bladder neoplasms. Association of Directors of Anatomic and Surgical Pathology. *Am J Clin Pathol* 1996;106:568–70.

Journal Supplement:

Cohen SM, Shirai T, Steinbeck G. Epidemiology and etiology of premalignant and malignant urothelial changes. *Scand J Urol Nephrol Suppl* 2000;205:105-15.

Mastri AR. Neuropathy of diabetic neurogenic bladder. *Ann Intern Med* 1980;92(2 Pt 2):316–8.

Petronic VJ, Bukurov NS, Djokic MR, et al. Balkan endemic nephropathy and papillary transitional cell tumors of the renal pelvis and ureters. *Kidney Int Suppl* 1991;34:S77-9.

Book, Personal Author (s):

Eisen HN. *Immunology: an introduction to molecular and cellular principles of the immune response*, 5th ed. New York: Harper & Row; 1974:406.

Book, Editor, Compiler, Chairman as Author:

Dausset J, Colombiani J, eds. *Histocompatibility testing 1972*. Copenhagen: Munksgaard; 1963:12–8.

Chapter in a Book:

Weinstein L, Schwartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia: WB Saunders; 1974:457–72.

Published Proceedings Paper:

DuPont B. Bone marrow transplantation in severe combined immunodeficiency with an unrelated MLC compatible donor. In: White JH, Smith R, eds. *Proceedings of the third annual meeting of the International Society for Experimental Hematology*. Houston: International Society for Experimental Hematology; 1974:44–6.

Monograph in a Series:

Hunninghake GW, Gadek JE, Szapiel SV, et al. The human alveolar macrophage. In: Harris CC, ed. *Cultured human cells and tissues in biomedical research*. New York: Academic Press, 1980:54–6. (Stoner GD, ed. *Methods and perspectives in cell biology*; Vol. 1.)

Agency Publication:

Ranofsky AL. *Surgical operations in short-stay hospitals: United States, 1975*. Hyattsville, Maryland: National Center for Health Statistics, 1978; DHEW publications no. (PHS)78-1785 (Vital and Health Statistics; Series 13; no. 34).

Dissertation or Thesis:

Cairns RB. *Infrared spectroscopic studies of solid oxygen* [Dissertation]. Berkeley, California: University of California; 1965, 156 p.

Newspaper Article:

Shaffer RA. Advances in chemistry are starting to unlock mysteries of the brain: discoveries could help cure alcoholism and insomnia, explain mental illness. How the messengers work. *Wall Street Journal* 1977 Aug 12:1(col 1), 10 (col 1).

Magazine Article:

Roueche B. *Annals of medicine: the Santa Claus culture*. *The New Yorker* 1971 Sep 4:66–81.

Other Tips about References

Ironically, one of the publications listed in the most inconsistent manner is the *Atlas of Tumor Pathology*. Here is an example of the correct way to cite this publication: Rosai J, Carcangiu ML, DeLellis RA. Tumors of the thyroid glands. *Atlas of Tumor Pathology*, 3rd Series, Fascicle 5. Washington, DC: Armed Forces Institute of Pathology; 1992:61.

Another publication that suffers from inconsistent listing is that from the World Health Organization

already mentioned in these instructions. Here is an example of a correct citation: Shanmugaratnam K. Histologic typing of upper respiratory tract tumours. International Histological Classification of Tumours No. 19. Geneva: World Health Organization; 1978:25.

The word Pathology is abbreviated Pathol (not Path) when part of a journal title.

Journal titles consisting of only one word are not abbreviated (thus, the Australian journal Pathology should be listed as Pathology, not as Pathol; the same is true for Histopathology).

Accents, hyphens, apostrophes, and umlauts present in authors' names and titles written in foreign languages should be reproduced textually.

Hyphenated last names should be listed alphabetically under the first part of the name (e.g., Albores-Saavedra should be listed under A).

TABLES

The use of tables is encouraged in the Fourth Series. They should be referred to in the appropriate section of the text, where they may be summarized briefly as well. The same data, however, should not be presented at length in both the text and a table.

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.

Data should be pertinent and meaningful as well as accurate and consistent with the text and other tables of the article. Data for display must be chosen carefully, for not all results need or deserve publication; the author should present data justifying the important conclusions. If values within a column or row are all the same, present them in the text or in a footnote to the table. Data that have been mathematically manipulated (e.g., averaged or extrapolated) should not be presented with more significance than warranted by the sensitivity with which the raw data were obtained.

The format should be clear, simple, and well organized so that any trends and relationships can be recognized easily and space is not wasted. Undue complexity, awkward word choice, cryptic abbreviations, and large masses of raw or only partially digested data are common problems that slow or puzzle the reader. Tables of similar information should have similar or parallel formats, style, and titles. Readers should not be asked to compare data presented in graphs. Be sure that each table is cited in 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. If you choose a graph, get a professional to do it. Graph-making is not a job for amateurs. Whenever graphs are prepared (as opposed to tables), photographic prints of them should be submitted instead of the originals. Such graphs will be considered as figures, rather than tables, and they should be cited as such in the text.

Type each table double-spaced on a separate sheet and assemble all tables at the end of each chapter in the manuscript, not interspersed. Do not submit tables as photographs. Do not use oversized paper. Tables may be oriented to either the horizontal or the vertical aspect of standard typing paper; vertical tables are preferred. 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 abbreviations that are used in each table. For footnotes, use the lower case superscripts in alphabetical sequence (a, b, c, d, etc.).

Identify all statistical measures of variations such as standard deviation and standard error of the mean.

Do not extend the ordinate or the abscissa (or the explanatory lettering) beyond what the graph demands.

Do not use internal horizontal and vertical rules to separate columns or subheadings. Do not use periods (except after No. for number).

If you use data from another published or unpublished source, obtain permission and acknowledge fully.

UNITS OF MEASUREMENT

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, liter) or their decimal multiples.

All hematologic and clinical chemistry measurements should be reported both in the metric system and as SI units, the latter in parenthesis.

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 parentheses.

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

The proper choice of article should relate to the sound of the first letter of the abbreviation, not the sound of the first letter of the spelled out term (e.g., an ml, not a ml for milliliter.)

REFERENCES TO PATIENTS

Refer to male or female adult human beings as men or women, not males or females. The former is not only less dehumanizing, it is also species specific.

ILLUSTRATIONS

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 in subsequent editions the amount of text has substantially increased so that the Fascicles can no longer be regarded merely as atlases, the first priority remains that of providing visual images that should allow pathologists to identify the various tumor entities and to distinguish them from each other. It is therefore imperative for the photographs to be of uniformly high quality regardless of their specific nature. Experience with other editorial jobs has shown that there is usually a consistent pattern in the quality of the photographs provided by a given author: they tend to be uniformly excellent, uniformly mediocre, or uniformly poor. Since neither the third nor the second eventualities are acceptable for the purposes of this publication, a tight editorial monitoring of this process has been instituted. The authors are being requested to provide a sample chapter of their Fascicle at a specified time, which should include all the photographs to be used in that chapter. These photographs will be evaluated by the EAB liaison, the Associate Editor, the reviewers, and the Editor-in-Chief, and a report to the authors will be submitted.

Because the Fourth Series Fascicles will be almost entirely in color, authors should submit their illustrations as color slides (three per figure, with a fourth retained by the author). The author's name, figure number, and orientation (top) should appear on the border of each slide. If special orientations, arrows, inserts, and the like are required, they should be indicated on either a print prepared from the slide or a rough drawing of the slide.

In addition to illustrations submitted for the book version of the Fascicle (which will be used in the electronic version as well), additional figures (ideally about 50 percent of the number for the book only) may be submitted only for the electronic product.

In rare circumstances, black and white illustrations may be used (for example, for X rays, electron micrographs, etc.); these may be submitted as slides or in the traditional manner. Each black and white figure

should also be labeled, either on the back or on the slide, indicating the figure number, author name, and orientation of the figure. Do not write on the back of the figure, or scratch or mar figures with paper clips. Do not bend figures or mount them on cardboard.

Authors are encouraged to suggest layouts for their figures, but the Editorial Office reserves the right to make appropriate changes.

Symbols, arrows, or letters used in figures should contrast with the background.

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.

All figures must be cited in the text. As in previous series, close tie-in between text and figures is essential.

The authors of the Fourth Series Fascicles are strongly encouraged to use their own figures, rather than any which have been previously published. If the author wants to use some previously published figures, the exact original source information must be provided so that the Editorial Office can obtain written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain. Other acknowledgements (i.e., for the use of a case by the Fascicle author) should only read: Courtesy of Dr. ____, [name, city, and state].

Any photograph from any Fascicle from previous series may be reused in the present series. Access to this material can be obtained through Dr. Sobin. Authors should send 4 photocopies of the page of the previous Fascicle 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."

Legends for illustrations should be typed on pages separate from the text. They should be composed of a title and a short description, in the form of a complete sentence. Considerations of a general nature belong to the text and not to the legend. Legends should be able to stand alone, so the name of the entity being illustrated should always begin the legend, e.g., "Poorly Differentiated Adenocarcinoma. Note large cells with hyperchromatic nuclei . . ." not just "Large cells with hyperchromatic nuclei are present." Do not introduce terms or concepts which have not been discussed in the text. If two or more photographs belong to the same case, this should be indicated in their corresponding legends in parentheses. The magnification used should be indicated for electron micrographs, but not for light micrographs.

When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain internal scales if present and identify the staining technique if other than hematoxylin-eosin in light micrographs or lead citrate-uranyl acetate in electron micrographs.

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

STYLISTIC MATTERS

The instructions to the authors of the Third Series Fascicles included six pages of what was essentially a guide to English usage. We prefer to assume that, if you have been selected as a senior author for a Fourth Series Fascicle, you know how to write in appropriate English. If you do not, this is why we have copyeditors (and also why we have sample chapters). However, one important requirement is that the style should be the same throughout all sections of a single Fascicle. It is the responsibility of the senior author to discuss stylistic matters with the other authors at the beginning, and to edit at the end, so that the Fascicle does not read as if it has been patched together haphazardly. This is true for content as well as for style: one sentence should not refer to carcinosarcoma and another to metaplastic carcinoma to describe the same tumor. And one should not recommend immunohistochemistry, electron microscopy, or molecular genetics as a diagnostic technique for a particular tumor while another claims that technique is worthless. The senior author (whose name goes first on the title page) is the author with whom the EAB and the Editor-in-Chief deal directly, and he or she must accept responsibility for content, style, and deadlines for the entire Fascicle.