

## I. EDITORIAL POLICY

*The Journal of Nuclear Medicine (JNM)* publishes material of interest to practitioners and scientists in the fields of nuclear medicine and molecular imaging. Proffered articles describing original laboratory or clinical investigations, brief communications, and letters to the editor will be considered for publication. Occasionally, invited articles, editorials, and invited perspectives of selected topics will be published. Manuscripts, including figures and tables, must be original and not under consideration by another publication.

In preparing manuscripts, authors should follow the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals* (<http://www.icmje.org/recommendations/>) of the International Committee of Medical Journal Editors and the specific instructions detailed below. Also, helpful guidance in conforming to the Recommendations may be found in *Medical Style & Format: An International Manual for Authors, Editors, and Publishers* (Philadelphia, PA: Lippincott Williams & Wilkins; 1989) and in the *AMA Manual of Style* (available by subscription at <http://www.amamanualofstyle.com/oso/public/index.html>).

According to the Recommendations, allegation of scientific misconduct or fraud arises if there is substantial doubt about the honesty or integrity of the work, either submitted or published. In the event of allegations of scientific misconduct or fraud, *JNM* follows the Recommendations. When appropriate, *JNM* reserves the right to present the allegations to the author's institution or the agency funding the research.

## II. MANUSCRIPT SUBMISSION

New manuscripts should be submitted online at <https://submit-jnm.snmjournals.org>. For instructions visit <https://submit-jnm.snmjournals.org/submission/submissionhelp>.

Inquiries regarding manuscript status and preparation can be directed to [salexand@snmmi.org](mailto:salexand@snmmi.org).

Correspondence about manuscripts should be sent to the *JNM* office:

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### A. Cover Letter

All manuscripts should be accompanied by a cover letter from the author responsible for correspondence about the manuscript. The cover letter should contain a statement that the manuscript has been seen and approved by all authors. If there are more than 10 authors, the specific contribution of each author must be substantiated in the cover letter. The cover letter should inform the editor of potential overlap with other materials already published or submitted for publication and should provide a reference to or a copy of this material. The cover letter should also disclose any conflict of interest—financial or otherwise—that may directly or indirectly influence the content of the manuscript submitted. Finally, the cover letter should provide any additional information that may be helpful to the editor.

### B. Authorship, Rights, and Permissions

Each author must have contributed significantly to the submitted work. As recommended by the International Committee of Medical Journal Editors, all authors must have made substantial contributions in all 3 of the following categories:

1. Contributing to conception and design, or acquiring data, or analyzing and interpreting data;
2. Drafting the manuscript, or critically contributing to or revising the manuscript, or enhancing its intellectual content; and
3. Approving the final content of the manuscript.

Simple participation or collection of data alone does not justify authorship but should be mentioned in the acknowledgment section. Changes in authorship after the first review require a written request by the corresponding author and a written authorization from the authors who are to be added or deleted.

If any figures or tables in the manuscript were previously published, this should be acknowledged and written permission from the publisher should be included.

For human studies, approval must be obtained from the institutional review board or equivalent ethics committee and written informed consent must be obtained from research subjects, unless this requirement is waived by the institutional review board or equivalent. For studies in the United States, compliance with the Health Insurance Portability and Accountability Act is also required. Authors must also comply with the clinical trial registration statement from the International Committee of Medical Journal Editors, and the clinical trial registration number must be provided.

For any first-in-human study of a new radiopharmaceutical, the following language should be included in the article to facilitate allowing others to study the drug under the Radioactive Drug Research Committee regulations, rather than having to file additional applications for an investigational new drug or an exploratory investigational new drug: "The mean and standard deviation of the administered mass of [drug] was  $XX \pm YY \mu\text{g}$  (range, AA–ZZ  $\mu\text{g}$ ). The mean administered activity was  $XX \pm YY \text{MBq}$  (range, AA–ZZ MBq). There were no adverse or clinically detectable pharmacologic effects in any of the [###] subjects. No significant changes in vital signs or the results of laboratory studies or electrocardiograms were observed [if true]."

For animal studies, approval must be obtained from the appropriate institutional animal care and use committee for compliance with the National Institutes of Health for use of laboratory animals or equivalent.

Manuscripts presenting research that was funded in whole or part by US/UK/EU government organizations, such as NIH (US) and Wellcome Trust (UK), are welcomed by *JNM*. Upon final publication, these manuscripts will be deposited to PubMed Central with an embargo period of 6 months. If Immediate Open Access (IOA) is selected, the embargo is waived. Refer to Section IV for details on IOA.

In compliance with the Copyright Revision Act of 1976, effective January 1, 1978, the following copyright transfer agreement must be faxed, e-mailed, or mailed to the *JNM* office. (A printable version is available at <https://jnm.snmjournals.org/site/misc/ifora.xhtml>).

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We also warrant that **any** human and/or animal studies undertaken as part of the research from which this manuscript was derived are in compliance with regulations of our institution(s) and with generally accepted guidelines governing such work.

We further warrant that we have herein disclosed any and all financial or other relationships that could be construed as a conflict of interest and that all sources of financial support for the study have been indicated in the disclosure.

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Conditions 1–3 in the agreement must be met by **all coauthors**, and the agreement must be signed by **all coauthors**. Designate “first author” and “corresponding author” in parentheses by their signatures. Only one corresponding author is allowed, but there can be more than one first author (as indicated by a footnote stating, “\*Contributed equally to this work.”).

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### III. MANUSCRIPT REVIEW, REVISION, AND RESUBMISSION

Submitted manuscripts are reviewed for originality, significance, adequacy of documentation, composition, and adherence to these guidelines. However, editorial decisions are based not only on the technical merits of the work but also on factors such as priority for publication and relevance to the general readership of *JNM*. All manuscripts are judged in relation to other submissions currently under consideration.

Two helpful publications to read before writing a manuscript are “The Efficacy of Diagnostic Imaging” by Fryback and Thornbury (*Med Decis Making*. 1991;11:88–94) and “Bias in Research Studies” by Sica (*Radiology*. 2006;238:780–789).

At the discretion of the Editors, the manuscript may be returned rapidly—without external peer review—if deemed not competitive or outside the scope of *JNM*. Rebuttals to rejected manuscripts are strongly discouraged, and requests for resubmission of rejected manuscripts are generally not granted without significant demonstration of errors in the review or decision process. Most articles are rejected on grounds of insufficient priority or lack of relevance to *JNM*, not data quality or technical issues.

Manuscripts must be written in English. When necessary, authors should seek the assistance of experienced, English-speaking medical editors before submission. A medical editor should review the final draft of the original and any revisions of the manuscript. Authors will be required to provide revisions of articles written in substandard English before peer review.

Manuscripts considered suitable for review are evaluated by two reviewers. The Editors select the reviewers and make the final decision on the manuscript. Authors may suggest reviewers for their manuscripts. Referees who review a manuscript remain unknown to the authors.

It is unusual for a manuscript to be accepted for publication without first undergoing a process of revision. Revised manuscripts are judged on the adequacy of responses to suggestions and criticisms made during the initial review. Revision of a manuscript does not guarantee acceptance. A revision should be accompanied by a point-by-point reply to the reviewers' and editors' critiques in which any changes are briefly described. The authors also should provide justification for not altering the manuscript in response to any reviewer comments believed to be inappropriate. Red font should be used to indicate all changes within the manuscript itself, and a clean version of the manuscript should be provided.

The revised manuscript and accompanying reply must be submitted to *JNM* via the online submission and review website at <https://submit-jnm.snmjournals.org> within 30 days of the date of the editorial decision. If circumstances prevent completing the revisions by the deadline, please contact Susan Alexander at 703-326-1185 or at [salexand@snmmi.org](mailto:salexand@snmmi.org). If the revisions are not received within 3 months after being requested, the manuscript may be started on a new review cycle and given a new manuscript number.

All accepted manuscripts are subject to editing for accuracy, clarity, and style.

### IV. PUBLICATION CHARGES

Authors of accepted manuscripts will incur publication charges. For original submissions, the publication charge is \$450 for up to 8 printed pages. Articles that exceed 8 printed pages will incur a charge of \$160 per page in excess of 8. For brief communications, the publication charge is \$300. Publication charges are waived for commissioned works, book reviews, and letters to the editor.

Manuscripts published in *JNM* are exclusive to *JNM* subscribers for 6 months following final publication. Immediate Open Access (IOA) is available for a charge of \$3,000, which is in place of the standard publication charge. IOA manuscripts are open to all readers starting from Ahead of Print publication, deposited to PubMed Central upon final publication with no embargo period, and carry a Creative Commons Attribution 4.0 International License (CC BY) (<https://creativecommons.org/licenses/by/4.0/>) allowing sharing and adaptation with attribution.

Category	Article type	Topic	Maximum no. of...				
			Total words*	Words in abstract	References	Figures	Tables
Uninvited	Original research	Clinical or basic science	5,000	350	60	7	7
	Brief communications	Novel data of broad import	2,500	150	30	4	2
	Letters to the editor	<i>JNM</i> articles or general	800	None	10	None	None
	Challenging case studies	Case studies	1,000	None	5	Combined total of 5	
	Standard of care	Disease management	4,000	150	40	2	2
Invited	Perspectives	<i>JNM</i> articles	1,600	None	10	None	None
	Editorials	Variable	1,600	None	10	None	None
	Continuing education	Educational reviews	6,000	350	80	7	7
	Focus on molecular imaging	Molecular imaging reviews	4,000	150	40	2	2
	Special contributions	Variable	Variable	Variable	Variable	Variable	Variable
	State of the art	Review article	6,500	350	60	7	7
	Hot topics	Emerging concepts	800	None	10	1	None

\*Includes all data: title page, abstract, text, disclosure, acknowledgments, references, tables, and figure legends.

Tables must fit on 1 page.

Figures cannot have more than 14 parts combined; no more than 4 parts per figure is preferred.

Additional online data supplements are permitted for all types of articles.

It is the author's responsibility to determine if this option is required by their funding source.

## V. ARTICLE TYPES

**Original scientific and methodology articles** should contain no more than 5,000 words. This word limit includes all data: title page, abstract, text, disclosure, acknowledgments, key points, references, figure legends, and tables. The goal is to limit original articles to 8 printed pages. A maximum of 7 figures (maximum of 14 parts in total with no more than 4 parts per figure preferred), 7 tables, and 60 references is allowed. Abstracts should be structured (see VI. C. below) and should contain a maximum of 350 words.

**Brief Communications** should present novel and broadly important data, syntheses, or concepts. They should contain no more than 2,500 words; this word limit includes all data: title page, abstract, text, disclosure, acknowledgments, key points, references, tables, and figure legends. The goal is to limit brief communications to 5 printed pages in the journal. A maximum of 4 figures, 2 tables, and 30 references is allowed. Abstracts should be structured (see VI. C. below) and should contain a maximum of 150 words.

**Letters** should concern previously published material or matters of general interest and should be brief and to the point. Letters should be given a title and should also be accompanied by a copyright transfer agreement as specified above in Manuscript Submission. All material is subject to editing. Letters commenting on previously published articles should be received within 1 year of the date of the referenced article's publication. Letters should contain no more than 800 words; this word limit includes all data: title page, authors and affiliations, the letter itself, and any references. Letters should contain no figures or tables and no more than 10 references.

**Challenging Case Studies** are studies for which nuclear medicine and theranostics contribute to solving clinical problems. Each article is published in 2 parts appearing in 2 separate issues. Readers are challenged to make the most likely diagnosis on the basis of the information presented in part 1, and the final diagnosis is revealed in part 2. Part 1 does not mention the final diagnosis anywhere and includes a brief, unstructured abstract; a Case Study section; and a Discussion section. The Case Study section describes clinical history, laboratory findings, and any noninvasive and invasive diagnostic steps that were taken, and it shows key images from relevant modalities (panel of key images), direct-visualization images (scope images), and biopsy slides, if available. The Discussion section describes the various differential

diagnoses without mentioning which one of these is the final diagnosis. Part 2 includes a Final Diagnosis section and a Conclusion section. The Final Diagnosis section summarizes the physiopathology of the disease; describes the diagnostic steps; and discusses the role of theranostics, nuclear medicine, and imaging in solving the clinical problem. The Conclusion section states the take-home points. In writing a Challenging Case Study, ask yourself (1) what is the final diagnosis, (2) is the case challenging, (3) will the reader be able to make the most likely diagnosis based on the history and the imaging findings, and (4) what is the differential diagnosis? On the basis of what the reader will read and see in the history and images, can you say that other differential diagnostic considerations are less likely? If you can support your reasons with information from the published literature, provide up to 5 references. Parts 1 and 2 should contain no more than 1,000 words each and should be submitted as a single file. This word limit includes only the text for each part, not the title page, figure legends, tables, disclosure statements, acknowledgments, or references. A combined total of 5 figures and tables is allowed for the entire case study, with the author to decide whether they will appear in part 1 or part 2.

## VI. FORMAT REQUIREMENTS

### A. General Requirements

Use a type size of at least 10 points, double spacing every line. Use the following order for the sections of the manuscript: title page; abstract; text; financial disclosure; disclaimer, if any; acknowledgments, if any; references; figures with legends; and tables. Number all pages consecutively. Do not use automated word-processing features or embedding for numbering, footnotes, or endnotes.

### B. Title Page

The title page of the manuscript should include the following: (1) concise and informative title (fewer than 200 characters); (2) short running title of no more than 40 characters (letters and spaces) placed at the bottom of the title page and identified; (3) complete byline, with first name, middle initial, and last name of each author (a limit of 10 authors is recommended; if there are more than 10 authors, the specific contribution of each author must be substantiated in the cover letter); (4) complete affiliation for each author, with the name of department(s) and institution(s) to which the work should be attributed; (5) disclaimer, if any; (6) name, address, telephone number, fax number, and e-mail address

of one author responsible for correspondence about the manuscript and to whom reprint requests should be directed, or statement that reprints are not available; (7) name, address, telephone number, fax number, and e-mail address of the first author, specifying whether this person is currently in training (e.g., fellow, resident, or student); and (8) the word count of the manuscript. Financial support for the work should be noted in a statement on this page as well as in the disclosure (see section VI. K. below).

### C. Abstract

A structured abstract must be included with each original scientific manuscript, including brief communications. The abstract should contain a maximum of 350 words for original scientific and methodology articles or 150 words for brief communications and include 4 clearly identifiable elements of content: rationale (goals of the investigation), methods (description of study subjects, experiments, and observational and analytic techniques), results (major findings), and principal conclusions. Except for the rationale, these sections should be preceded by headings (i.e., **Methods, Results, and Conclusion**). Three to 5 key words should also be submitted with the abstract.

A graphical abstract must also be included with each original scientific manuscript, including brief communications. The graphical abstract, a visual aid to understanding your key findings, is intended to attract the attention of readers and help them find articles that interest them. It should be clear, concise, eye-catching, and easily understood by a typical *JNM* reader. It will be displayed in the online article and online table of contents and might also be used in promotional media, in the *JNM* carousel, or on the *JNM* cover if your article is selected to be featured in that issue. It must comprise a single, simple, original graphic that is not densely packed with information, has no legend, and is not a figure from your article. It cannot be a table, be reprinted from another source, or include any trade names, logos, or images of trademarked items. Text can be used sparingly but must be in Arial font large enough to be legible. For ease of comprehension, it should have a clear start and end, with the information preferably running from top to bottom or left to right. Build the graphical abstract using the PowerPoint template supplied at <http://jnm.snmjournals.org/authors>, and upload it as a single, high-quality, full-color .jpg or .png image file, as well as placing it (labeled as “Graphical Abstract”) at the end of the manuscript file.

### D. Text

Describe procedures in sufficient detail to allow other investigators to reproduce the results. Do not use hyperbolic terms or phrases in the title, abstract, or body of the text. Qualitative claims as to the superiority (superior, best) or primacy (first, novel, unique) of an idea or instrument are not acceptable. Do not use numbered or bulleted lists. Any brand-name or trademarked instrument, pharmaceutical, or other product mentioned must be followed by the name of the manufacturer, in parentheses. The use of generic names is preferred to the use of brand names or trademarked names. Original scientific and methodology articles are divided into the following sections:

#### Introduction

This section should be brief and focused. The final paragraph should state the hypothesis investigated.

#### Materials and Methods

This section should include statements about Institutional Review Board approval, written informed consent, compliance with the Health Insurance Portability and Accountability Act, and animal care committee approval, as appropriate. The standard statement for institutional board approval and consent is the following: “The study has

been approved by the institutional review board [or equivalent], and all subjects signed an informed consent form [or the need for written informed consent was waived].” The clinical trial registration number should also be included when appropriate (<http://www.clinicaltrials.gov/>). For any first-in-human study of a new radiopharmaceutical, the mean, standard deviation, and range of the administered mass of drug and mean administered activity need to be provided, as well as clinically detectable pharmacologic effects. The checklist and flow diagram from one of the following evidence-based statements should be followed as appropriate and submitted as supplemental material: STARD (<http://www.stard-statement.org/>); CONSORT (<http://www.consort-statement.org/>); PRISMA (<http://www.prisma-statement.org/statement.htm>); REMARK (<http://www.nature.com/nrclinonc/journal/v2/n8/full/nrponc0252.html>). The number and selection of subjects must be clearly described, as well as the prospective or retrospective nature of the study. Procedures must be described in enough detail to allow reproducibility by others. The last paragraph should describe the statistical methods.

For preclinical articles, the methods section should provide the information recommended in “Guidance for Methods Descriptions Used in Preclinical Imaging Papers” (Stout D, Berr SS, LeBlanc A, et al. *Mol Imaging*. 2013;12[7]:1–15).

#### Results

The text of this section should not repeat information presented in the tables and figures. When percentages are given, the ratio of numerator to denominator should be in parentheses.

#### Discussion

This section should summarize any advances in knowledge provided by the results and then discuss their implications in relation to other studies. Limitations and biases of the study must be addressed. The direction of future research may be mentioned.

#### Conclusion

This section should be brief, should summarize the key points of the paper, and should not introduce new material or references.

### E. References

References (not to exceed 60 in an original scientific or methodology article, 30 in a brief communication, or 10 in a letter) should be cited in consecutive numeric order at first mention in the text and designated by reference number italicized, in red font, and in parentheses. References appearing only in a table or figure should be placed at the end of the reference list.

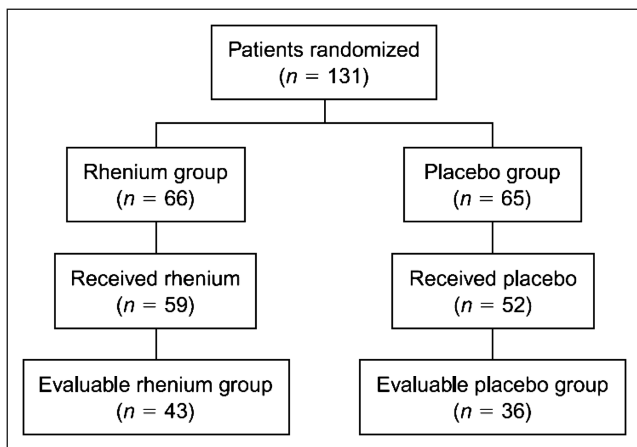
If an item of supplemental data has references, they must also be cited in the manuscript (at the location where the manuscript first mentions the supplemental item).

When listing references, follow the *AMA Manual of Style: A Guide for Authors and Editors* (available by subscription at <http://www.amamanualofstyle.com/oso/public/index.html>). Abbreviate journal names according to the journals database available at PubMed.gov. For journal articles, include the year and volume number in the citation but not the month or issue number. “Unpublished observations” and “personal communications” should not be used as references, although written or oral personal communications may be noted as such in the text. References cited as “in press” must have been accepted for publication and not merely be in preparation or submitted. The author is responsible for the accuracy of all references and must verify them.

List all authors when 6 or fewer; for 7 or more, list the first 3 followed by “et al.”

Examples of journal articles:

Alawneh JA, Moustafa RR, Marrapu ST, et al. Diffusion and perfusion correlates of the <sup>18</sup>F-MISO PET lesion in acute stroke: pilot study. *Eur J Nucl Med Mol Imaging*. 2014;41:736–744.



**EXAMPLE FIGURE.** Flowchart in single-column format. Note the use of Arial font and capitalization of only the first word in each line.

Fotos JS, Tulchinsky M. Standing prone positioning in establishing causality between matched ventilation-perfusion defects and pleural effusion. *Clin Nucl Med*. September 22, 2014 [Epub ahead of print].

Huang S, Doke A, Zhang Y, Wang X, DeFilippo F, Heston W. A novel [F-18] aluminum-fluoride labeled PSMA tracer with minimal background uptake [abstract]. *J Nucl Med*. 2014;55(suppl 1):499.

Example of a book and book chapter:

Prakash D. *Nuclear Medicine: A Guide for Healthcare Professionals and Patients*. New York, NY: Springer; 2014:118, 147.

Heiss W-D, Drzezga A. PET/MR in brain imaging. In: Carrio I, Ros P, eds. *PET/MRI: Methodology and Clinical Applications*. New York, NY: Springer; 2014:109–126.

Example of an Internet reference:

Orange book: approved drug products with therapeutic equivalence evaluations. U.S. Food and Drug Administration website. <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>. Updated May 17, 2013. Accessed May 8, 2014.

Example of a package insert:

Cialis [package insert]. Indianapolis, IN: Eli Lilly & Co; 2003.

Authors are encouraged to generate their references using EndNote (Thomson Scientific). The *JNM* Output Style for EndNote is available at <http://endnote.com/downloads/styles>.

**F. Units of Measurement**

All measurements should be listed in Système Internationale (SI) units. Non-SI units may be used after the SI units but should be placed in parentheses. Use becquerels, not curies, as the unit of activity (1 mCi = 37 MBq).

**G. Abbreviations and Symbols**

With the exception of units of measurement, *JNM* strongly discourages the use of abbreviations. Whenever possible, terms should be spelled out in full rather than being abbreviated. Every abbreviation, **even those that are well known and in common use**, must be defined the first time it is mentioned in the manuscript; spell out the full term and place the abbreviation, in parentheses, after the full term.

**H. Tables**

Place tables at the end of the manuscript file; do not submit them as separate files. Do not submit tables as images. Tabbed or space-separated table text is not allowed; tables should be created in Microsoft Word table format or a similar format. The number of tables is limited to 7, except in the case of dosimetry articles, which may exceed that number in lieu of figures. The final typeset table must fit on a single page.

Tables should be self-explanatory and should supplement, not duplicate, the text. Each table must be cited in consecutive numeric order in the text. Number the tables consecutively with an Arabic numeral after the word “TABLE.” Titles should be descriptive and brief. Horizontal rules should be placed below the title and column headings and at the end of the table. Do not use vertical rules. Give each column a brief heading.

Place explanatory matter in footnotes, not in the title. Use the following symbols in this sequence: \*, †, ‡, §, ||, ¶, #, \*\*. In a footnote, define all abbreviations in the order in which they appear

**AQARA Requirements for Radionuclide-Based Images**

Feature	Specific requirement
Intensity-scale bar	Show for each figure
	Indicate unit and upper and lower window settings
	Prefer absolute units:
	Use biologic parameters if available (e.g., rate constants, metabolic rates, binding potential) If not, use activity concentration (e.g., SUV, Bq/mL, %IA/cm <sup>3</sup> ) Minimally, include relative units (e.g., percentage of maximum)
Background subtraction	Avoid
	If unavoidable, clearly indicate in scale bar:
	Keep bottom of scale bar at “0” Set subtracted fraction of scale bar to background color
Image display	Use same window settings for all figures
	Accompany fusion images (SPECT/CT, PET/CT, PET/MR) by corresponding stand-alone SPECT or PET images
	Limit cropping If cropping is applied, show corresponding uncropped, full-field-of-view image

%IA/cm<sup>3</sup> = percentage of injected activity per cubic centimeter of tissue.

in the table and identify statistical measures of variations, such as standard deviation and standard error of the mean. If data from another published source are used, obtain written permission from the publisher, cite the original source in the references, and include the following credit line in a footnote: "Reprinted with permission of Ref X." If data from an unpublished source are used, obtain permission from the principal investigator and acknowledge fully.

### I. Figures

For online-submission specifications, visit <https://submit-jnm.snmjournals.org/submission/submissionhelp>.

Figures should clarify and augment the text. Because imaging is a major aspect of nuclear medicine, the selection of sharp, high-quality figures is of paramount importance. The author will be required to correct or replace figures of inferior quality. Each submitted figure should clearly identify areas of interest with only enough surrounding area for orientation.

To best convey the quantitative information in nuclear images and to standardize their display, all PET, SPECT and planar nuclear images submitted for publication must provide "as much quantitative information as reasonably achievable" (AQARA) as described in the summary table below. A full description of the requirements is published online at: <http://jnm.snmjournals.org/site/misc/AQARA.xhtml>.

The number of figures submitted should not be excessive for the length of the manuscript and in no case should exceed 7. These 7 figures may consist of up to 14 separate parts. No more than 4 parts per figure is preferred. Each figure must be numbered and cited in consecutive numeric order in the text.

If possible, the figures submitted should be the size in which they will appear when published so that no reduction is necessary. Figures should be either single-column format (published width, 8.5 cm; maximum submitted width, 11 cm), mid-size format (published width, 11.4 cm; maximum submitted width, 14 cm), or double-column format (published width, 17.4 cm; maximum submitted width, 22 cm). The Arial font should be used for all figure text, and the size should be 8–12 points. Composite figures should be preassembled, with each figure part (e.g., A, B, C) lettered in 12-point Helvetica type in the upper left corner. Cover images should have a submitted width of 17 cm, and the submitted depth can be no more than 8.5 cm.

Color figures will be considered for publication if appropriate. Color files should be supplied in RGB color and should have an ICC profile applied.

Acceptable resolution for digital figures is 300 dpi. Internet graphics are not acceptable under most circumstances because the 72-dpi resolution is too low for satisfactory reproduction. The file format must be .tiff, .eps, .jpeg, .ppt, .doc, .docx, .png, or .pdf. If the .jpeg file format is used, the images must be of medium quality or better (quality setting of at least 6). Each figure, including those in .ppt, .doc, and .pdf formats, must be submitted as a separate file. Each figure must also be included in the manuscript file before its respective legend. Crop and size digital figures to match figure specifications and to minimize total file size.

All submitted illustrations become the property of the Society of Nuclear Medicine and Molecular Imaging.

Videos can be published as supplemental data online.

### J. Figure Legends

Legends for figures should be concise and should not repeat the text. Number the legends with an Arabic numeral after the word "FIGURE." If a figure has more than one part, describe each part clearly. Any letter designations or arrows appearing on the figures should be identified and described fully. Abbreviations used in each figure should be defined in the legend in alphabetical order.

Besides being submitted as a separate file, each figure should be inserted before its respective legend in the figure legends section of the manuscript file.

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Individuals whom the authors wish to thank may be listed in the acknowledgments. In addition, persons who have contributed intellectually to the work but do not fulfill conditions 1–3 of the copyright transfer agreement in section II may be listed.

### M. Key Points

Original submissions must include 3 key points just before the reference list:

#### KEY POINTS

**QUESTION:** A one-sentence focused question based on the study hypothesis or goal.

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