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# DIR

## Diagnostic and Interventional Radiology

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First ten volumes of Diagnostic and Interventional Radiology have been published in Turkish under the name of Tanısal ve Girişimsel Radyoloji (Index Medicus® abbreviation: Tani Girişim Radyol), the current title's exact Turkish translation.

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## Instructions to Authors

Diagnostic and Interventional Radiology (Diagn Interv Radiol) is a medium for disseminating scientific information based on research, clinical experience, and observations pertaining to diagnostic and interventional radiology. The journal is the double-blind peer-reviewed, bimonthly, open-access publication organ of the Turkish Society of Radiology and its publication language is English. Diagnostic and Interventional Radiology is currently indexed by Science Citation Index Expanded, PubMed MEDLINE, PubMed Central, TUBITAK ULAKBIM TR Index, HINARI, EMBASE, CINAHL, Scopus, Gale and CNKI.

The journal is a medium for original articles, reviews, pictorial essays, technical notes related to all fields of diagnostic and interventional radiology.

The editorial and publication process of the Diagnostic and Interventional Radiology are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing.

### Authorship

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - [www.icmje.org](http://www.icmje.org)). To be listed as an author, an individual should have made substantial contributions to all four categories established by the ICMJE: (a) conception and design, or acquisition of data, or analysis and interpretation of data, (b) drafting the article or revising it critically for important intellectual content, (c) final approval of the version to be published, and (d) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Individuals who contributed to the preparation of the manuscript but do not fulfill the authorship criteria should be acknowledged in an acknowledgements section, which should be included in the title page of the manuscript. If the editorial board suspects a case of "gift authorship", the submission will be rejected without further review.

### Ethical standards

For studies involving human or animal participants, the authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human and animal experimentation (institutional or regional) and with the Helsinki Declaration). Application or approval number/year of the study should also be provided. The editorial board will act in accordance with COPE guidelines if an ethical misconduct is suspected.

It is the authors' responsibility to carefully protect the patients' anonymity and to verify that any experimental investigation with human subjects reported in the submission was performed with informed consent and following all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated with. For photographs that may reveal the identity of the patients, signed releases of the patient or of his/her legal representative should be enclosed.

Prospective human studies require both an ethics committee approval and informed consent by participants. Retrospective studies require an ethics committee approval with waiver of informed consent. Authors may be required to document such approval.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck). Manuscripts with an overall similarity index of greater than 20%, or duplication rate at or higher than 5% with a single source are returned back to authors without further evaluation along with the similarity report.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act in accordance with COPE guidelines.

### Withdrawal Policy

Articles may be withdrawn under certain circumstances.

The article will be withdrawn if it;

- violates professional ethical codes,
- is subject to a legal dispute,
- has multiple submissions,
- includes fake claims of authorship, plagiarism, misleading data, and false data that may pose a severe health risk.

The editorial board will follow the principles set by COPE (Committee on Publication Ethics) in case of an article withdrawal.

### Manuscript Preparation

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in May 2022 - <https://www.icmje.org/recommendations/>).

Original Investigations and Reviews should be presented in accordance with the following guidelines: randomized study – CONSORT, observational study – STROBE, study on diagnostic accuracy – STARD, systematic reviews and meta-analysis PRISMA, nonrandomized behavioral and public health intervention studies – TREND.

Diagnostic and Interventional Radiology will only evaluate manuscripts submitted via the journal's self-explanatory online manuscript submission and evaluation system available at [mc04.manuscriptcentral.com/dir](http://mc04.manuscriptcentral.com/dir). Evaluation process of submitted manuscripts takes 4 weeks on average.

Manuscripts are evaluated and published on the understanding that they are original contributions, and do not contain data that have been published elsewhere or are under consideration by another journal. Authors are required to make a full statement at the time of submission about all prior reports and submissions that might be considered duplicate or redundant publication, and mention any previously published abstracts for meeting presentations that contain partial or similar material in the cover letter. They must reference any similar previous publications in the manuscript.

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**Cover letter:** A cover letter must be provided with all manuscripts. This letter may be used to emphasize the importance of the study. The authors should briefly state the existing knowledge relevant to the study and the contributions their study make to the existing knowledge. The correspondent author should also include a statement in the cover letter declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

## *Instructions to Authors*

**Title page:** A separate title page should be submitted with all manuscripts and should include the title of the manuscript, name(s), affiliation(s), and major degree(s) of the author(s). The name, address, telephone (including the mobile phone number) and fax numbers and e-mail address of the corresponding author should be clearly listed. Grant information and other sources of support should also be included. Individuals who contributed to the preparation of the manuscript but do not fulfill the authorship criteria should also be acknowledged in the title page. Manuscripts should not be signed by more than 6 authors unless they are multicenter or multidisciplinary studies.

### **Main document**

**Abstract:** All submissions (except for Letters to the Editor) should be accompanied by an abstract limited to 400 words. A structured abstract is only required with original articles and it should include the following subheadings: PURPOSE, METHODS, RESULTS, CONCLUSION.

**Main points:** Each submission should be accompanied by 3 to 5 “main points”, which should emphasize the most striking results of the study and highlight the message that is intended to be conveyed to the readers. As these main points would be targeting radiology residents, experts and residents of other fields of medicine, as well as radiology experts, they should be kept as plain and simple as possible. These points should be constructed in a way that provides the readers with a general overview of the article and enables them to have a general idea about the article.

The main points should be listed at the end of the main text, above the reference list.

**Example:** Liu S, Xu X, Cheng Q, et al. Simple quantitative measurement based on DWI to objectively judge DWI-FLAIR mismatch in a canine stroke model. *Diagn Interv Radiol* 2015; 21:348–354.

- The relative diffusion-weighted imaging signal intensity (rDWI) of ischemic lesions might be helpful to identify the status of fluid attenuated inversion recovery (FLAIR) imaging in acute ischemic stroke.
- The relative apparent diffusion coefficient (rADC) value appears not useful to identify the status of FLAIR imaging in the acute period.
- Based on our embolic canine model, rDWI increased gradually in the acute period, while the rADC kept stable, which might explain why rDWI is helpful to identify the status of FLAIR imaging, while rADC is not.

### **Main text**

#### **Original Articles**

Original articles should provide new information based on original research. The main text should be structured with Introduction, Methods, Results, and Discussion subheadings. The number of cited references should not exceed 50 and the main text should be limited to 4500 words. Number of tables included in an original article should be limited to 4 and the number of figures should be limited to 7 (or a total of 15 figure parts).

#### **Introduction**

State briefly the nature and purpose of the work, quoting the relevant literature.

#### **Methods**

Include the details of clinical and technical procedures.

### **Research ethics standards compliance**

All manuscripts dealing with human subjects must contain a statement indicating that the study was approved by the Institutional Review Board or a comparable formal research ethics review committee. If none is present at your institution, there should be a statement that the research was performed according to the Declaration of Helsinki principles ([www.wma.net/e/policy/b3.htm](http://www.wma.net/e/policy/b3.htm)). There should also be a statement about whether informed consent was obtained from research subjects.

### **Results**

Present these clearly, concisely, and without comment. Statistical analysis results should also be provided in this section to support conclusions when available.

### **Discussion**

Explain your results and relate them to those of other authors; define their significance for clinical practice. Limitations, drawbacks, or shortcomings of the study should also be stated in the discussion section before the conclusion paragraph. In the last paragraph, a strong conclusion should be written.

### **Review Articles**

Review articles are scientific analyses of recent developments on a specific topic as reported in the literature. No new information is described, and no opinions or personal experiences are expressed. Reviews include only the highlights on a subject. Main text should be limited to 4000 words and the number of cited references should not exceed 75. Number of tables included in a review article should be limited to 4 and the number of figures should be limited to 15 (or a total of 30 figure parts).

### **Pictorial Essay**

This is a continuing medical education exercise with the teaching message in the figures and their legends. Text should include a brief abstract; there may be as many as 30 figure parts. No new information is included. The value of the paper turns on the quality of the illustrations. Authors can submit dynamic images (e.g. video files) or include supplemental image files for online presentation that further illustrate the educational purpose of the essay. Maximums: Pages of text – 4 (1,500 words); References – 20; Figures – 15 or total of 30 images; No table Main text should be limited to 1500 words and the number of cited references should not exceed 15.

### **Technical Notes**

Technical note is a brief description of a specific technique, procedure, modification of a technique, or new equipment of interest to radiologists. It should include a brief introduction followed by Technique section for case reports or Methods section for case series, and Discussion is limited to the specific message, including the uses of the technique, equipment, or software. Literature reviews and lengthy descriptions of cases are not appropriate.

Main text should be limited to 1500 words and the number of cited references should not exceed 8. Number of tables included in a technical note should be limited to 4 and the number of figures should be limited to 3 (or a total of 6 figure parts).

### Letter to the Editor and Reply

Letters to the Editor and Replies should offer objective and constructive criticism of published articles within last 6 months. Letters may also discuss matters of general interest to radiologists and may include images. Material being submitted or published elsewhere should not be duplicated in letters.

Main text should be limited to 500 words and the number of cited references should not exceed 6. No tables should be included and the number of figures should be limited to 2 (or a total of 4 figure parts).

### Recommendations for Manuscripts:

Type of manuscript	Word limit	Abstract word limit	Reference limit	Author limit	Table limit	Figure limit
Original Article	4500	400 (Structured)	50	6*	4	7 or total of 15 images
Review Article	4000	200	75	5	4	15 or total of 24 images
Pictorial Essay	1500	400	20	5	1	15 figures or total of 30 figure parts
Technical Note	1500	200	8	5	2	3 figures or total of 6 figure parts
Letter	500	N/A	6	4	No tables	2 figures or total of 4 figure parts

\*Manuscripts should not be signed by more than 6 authors unless they are multicenter or multidisciplinary studies.

\*\*Considering the specific condition of the manuscript, minor flexibilities may be applied for the recommendations upon the decision of Editor-in-Chief or the Section Editors.

### References

Both in-text citations and the references must be prepared according to the AMA Manual of style.

While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. If an ahead-of-print publication is cited, the DOI number should be provided. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited in superscript after punctuation. The reference styles for different types of publications are presented in the following examples.

**Journal Article:** Economopoulos KJ, Brockmeier SF. Rotator cuff tears in overhead athletes. *Clin Sports Med.* 2012;31(4):675-692.

**Book Section:** Fikremariam D, Serafini M. Multidisciplinary approach to pain management. In: Vadivelu N, Urman RD, Hines RL, eds. *Essentials of Pain Management.* New York, NY: Springer New York; 2011:17-28.

**Books with a Single Author:** Patterson JW. *Weedon's Skin Pathology.* 4th ed. Churchill Livingstone; 2016.

**Editor(s) as Author:** Etzel RA, Balk SJ, eds. *Pediatric Environmental Health.* American Academy of Pediatrics; 2011.

**Conference Proceedings:** Morales M, Zhou X. Health practices of immigrant women: indigenous knowledge in an urban environment. Paper presented at: 78th Association for Information Science and Technology Annual Meeting; November 6-10; 2015; St Louis, MO. Accessed March 15, 2016. <https://www.asist.org/files/meetings/am15/proceedings/openpage15.html>

**Thesis:** Maiti N. Association Between Behaviours, Health Characteristics and Injuries Among Adolescents in the United States. Dissertation. Palo Alto University; 2010.

**Online Journal Articles:** Tamburini S, Shen N, Chih Wu H, Clemente KC. The microbiome in early life: implications for health outcomes. *Nat Med.* Published online July 7, 2016. doi:10.1038/nm4142

**Epub Ahead of Print Articles: Websites:** International Society for Infectious Diseases. ProMed-mail. Accessed February 10, 2016. <http://www.promedmail.org>

### Tables

Tables should be included in the main document and should be presented after the reference list. Tables should be numbered consecutively in the order they are referred to within the main text. A descriptive title should be provided for all tables and the titles should be placed above the tables. Abbreviations used in the tables should be defined below by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide an easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

### Figures and figure legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labelled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, abbreviations and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate the institution or the patient should be removed.

Figure legends should be listed at the end of the main document.

### General

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parenthesis following the definition.

Statistical analysis should be performed in accordance with guidelines on reporting statistics in medical journals (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-1493.). Information on the statistical analysis process of the study should be provided within the main text.

When a drug, product, hardware, or software mentioned within the main text product information, the name and producer of the product should be provided in parenthesis in the following format: "Discovery St PET/CT scanner (GE Healthcare)."

## Instructions to Authors

All references, tables, and figures should be referred to within the main text and they should be numbered consecutively in the order they are referred to within the main text.

### Initial evaluation and Peer review process

Manuscripts submitted to Diagnostic and Interventional Radiology will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript is prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck), and those with an overall similarity index of greater than 20%, or duplication rate at or higher than 5% with a single source are returned back to authors without further evaluation along with the similarity report.

Manuscripts meeting the requirements mentioned in journal's guideline will go under the review process. The initial review will be performed by Editor-in-Chief and the Section Editor, which include the evaluation of the manuscript for its originality, importance of the findings, scientific merit, interest to readers and compliance with the policy of the journal in force. Manuscripts with insufficient priority for publication are not sent out for further review and rejected promptly at this level to allow the authors to submit their work elsewhere without delay.

Manuscripts that pass through the initial review are sent to peer review, which is performed in a blinded manner by at least two external and independent reviewers. During the review process, all original articles are evaluated by at least one senior consultant of statistics for proper handling and consistency of data, and use of correct statistical method. The Section Editor and / or Editor-in-Chief are the final authority in the decision-making process for all submissions.

### Revisions

When submitting a revised version of a paper, the author must submit a detailed "Response to reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy, and a clear copy of the main document.

Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option will be automatically cancelled by the submission system. If the submitting author(s) believe that additional time is required, they should request an extension before the initial 30-day period is over.

### Proofs and DOI Number

Accepted manuscripts are copy-edited for grammar, punctuation, and format by professional language editors. Following the copyediting process, the authors will be asked to review and approve the changes made during the

process. Authors will be contacted for a second time after the layout process and will be asked to review and approve the PDF proof of their article for publication. Once the production process of a manuscript is completed it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue.

### Publication Fee Policy

Diagnostic and Interventional Radiology (DIR) applies an Article Processing Charge (APCs) for only accepted articles. No fees are requested from the authors during submission and evaluation process. All manuscripts must be submitted via Manuscript Manager.

An APC fee of and local taxes will be applied depending on the article type (see Table 1)

Review	\$ 1250
Original Article	\$ 1000
Pictorial Essay	\$ 750
Technical Note	

**Table 1. Article Types and Fees**

The APCs will be accepted through the link that will be sent to the corresponding author of each article via the online article system. In the next step, the authors will be receiving a receipt of their payment.

\*Please note that the Article Processing Charge (APC) will not affect neither the editorial and peer-review process nor the priority of the manuscripts by no means. All submissions will be evaluated by the Editorial Board and the external reviewers in terms of scientific quality and ethical standards.

### Refund Policy:

Returning the article to the author; Diagnostic and Interventional Radiology (DIR) will refund the submission fees with a coupon code if the article is returned to the author. Using this code, authors can use the submission fees of different articles without making a new payment.

### Article Retraction:

Infringements of publication/research ethics, such as multiple submissions, bogus claims of authorship, plagiarism, and fraudulent use of data could lead to article retraction.

A retraction statement titled "Retraction: [article title]" must be signed by the authors and/or the editor. The original article is marked as retracted but a PDF version remains available to readers, and the retraction statement is linked to the original published paper.

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*Hakan Doğan, Evren Uzer, Ömer Tank Esengür, Hür Hassoy, Serkan Güneylü*

**571 Original Article.** Chemotherapy-associated liver morphological changes in hepatic metastases (CALMCHeM).

*Matthew C. Pope, Michael C. Olson, Kristina T. Flicek, Neema J. Patel, Candice W. Bolan, Christine O. Menias, Zhen Wang, Sudhakar K. Venkatesh*

### BREAST IMAGING

**579 Original Article.** Outcomes of high-risk breast lesions diagnosed using image-guided core needle biopsy: results from a multicenter retrospective study.

*Ayşenur Oktay, Özge Aslan, Füsün Taşkın, Nermin Tunçbilek, Selma Gül Esen İçten, Pınar Balcı, Mustafa Erkin Arıbal, Levent Çelik, İhsan Şebnem Örgüç, Figen Başaran Demirkazık, Serap Gültekin, Ayşe Murat Aydın, Emel Durmaz, Sibel Kul, Figen Binokay, Meltem Çetin, Ganime Dilek Emlik, Meltem Gülsün Akpınar, Sadiye Nuray Kadioğlu Voyvoda, Ahmet Veysel Polat, Işıl Başara Akın, Şeyma Yıldız, Necdet Poyraz, Arzu Özsoy, Pelin Seher Öztekin, Eda Elverici, İlkay Koray Bayrak, Türkan İkizceli, Funda Dinç, Gülten Sezgin, Gökçe Gülşen, Işıl Tunçbilek, Sabiha Rabia Yalçın, Gül Çolakoğlu, Serpil Ağlamış, Ravza Yılmaz, Günay Rona, Gamze Durhan, Davut Can Güner, Fatma Çelik Yabul, Leman Günbey Karabekmez, Burçin Tutar, Muhammet Gökteş, Onur Buğdaycı, Aslı Suner, Necmettin Özdemir*

**588 Original Article.** Improved breast lesion detection in mammogram images using a deep neural network.

*Wen Zhou, Xiaodong Zhang, Jia Ding, Lingbo Deng, Guanxun Cheng, Xiaoying Wang*

### GENERAL RADIOLOGY

**596 Original Article.** Prognostic value of low muscle mass at the 12<sup>th</sup> thoracic vertebral level in multiple myeloma treated with transplantation: CAREMM-2101 study.

*Sung-Soo Park, Daehun Kwag, Jung Yeon Lee, Young-Woo Jeon, Seung-Ah Yahng, Seung-Hwan Shin, Seo Yeon Youn, Chang-Ki Min*

### INTERVENTIONAL RADIOLOGY

**609 Original Article.** Thermal ablation of ultrasound and non-contrast computed tomography invisible primary and secondary liver tumors: targeting by selective intra-arterial lipiodol injection.

*Adrian Kobe, Lambros Tselikas, Frédéric Deschamps, Charles Roux, Alexandre Delpla, Eloi Varin, Antoine Hakime, Thierry de Baère*

**614 Review Article.** Review of genicular artery embolization, radiofrequency ablation, and cryoneurolysis in the management of osteoarthritis-related knee pain.

*Lynden Lee, Yan Epelboym*

**621 Original Article.** Liver regeneration after portal vein embolization: comparison between absolute ethanol and N-butyl-cyanoacrylate in an *in vivo* rat model.

*Mitsunari Maruyama, Haruyuki Takaki, Naoko Yamada, Yutaka Hirata, Koichiro Yamakado, Hajime Kitagaki*

**628 Technical Note.** The iceberg technique: an innovative approach for radiofrequency ablation of diving thyroid nodules.

*Antônio Rahal Junior, Erivelto Martinho Volpi, Bruno Pagnin Schmid, Priscila Mina Falsarella, Rodrigo Gobbo Garcia*

**632 Technical Note.** Percutaneous thrombin injection under contrast-enhanced ultrasound guidance to control active extravasation not associated with pseudoaneurysm.

*Hippocrates Moschouris, Marina G. Papadaki, Nektarios Spanomanolis, Konstantinos Stamatiou, Katerina Malagari*

**638 Technical Note.** Direct superior vena cava puncture for inferior vena cava filter retrieval.

*Ashwin Deshmukh, Gaurav Parmar, Juan Carlos Perez Lozada, Joshua Cornman-Homonoff*

**640 Original Article.** Can expiratory or inspiratory contrast-enhanced computed tomography be more efficient for fast-track cannulation of the right adrenal vein in adrenal venous sampling?

*Yoshinori Tsukahara, Keisuke Todoroki, Takeshi Suzuki, Akira Yamada, Masahiro Kurozumi, Yasunari Fujinaga*