

RSNA Journals (Additional Check Points)

This checklist includes formatting checkpoints that are not included in the “RSNA Journals CE Checklist and Training Guide 2025” but are to be applied to the RSNA files as per client feedback.

- **File naming convention** to be followed is: “ry_12-3456_ce_ENAGO”
- **Author queries** should begin with “AU:”
- **Standard queries:** Add the following standard queries on the first page:
 - “AU: Please verify spelling of author names, degree credentials, and that the email address is ok for correspondence. Carefully check and verify affiliations.”
 - “AU: Per Radiology guidelines, P values should be expressed to 2 digits for $P \geq .01$ (except when rounding to 3 digits would make the P value nonsignificant, eg, .049 rounded to .05). If $P < .01$, it should be expressed to 3 digits. Please check throughout and round as appropriate.”
- Please do not adjust any table or figure coding (ie, stet all brackets).
- **Article history dates** footnote should be left as is in the original file. This information will be filled in by RSNA.
- The guidelines state, “Abbreviate **state names in affiliations**.” Note that this applies to only U.S. state names (Canadian and Australian states should be spelled out in the affiliations). For the corresponding address, please use the postal abbreviation. These can be found here: [State Abbreviations – 50states](#)
- **Supplemental material:**
 - The line “*Supplemental material is available for this article*” should be included in the copyedited file under the Abstract if the article has associated supplemental material. If there is no supplemental material, please delete the line if provided.
 - When editing, please check the supplementary materials file provided for reference and look for all supplemental material that is referenced in the text to verify that it exists. If you don’t find it, **please flag the ASN**.
 - Label supplementary materials as Appendix S1, Table S1, Table S2, Figure S1, etc.
- For **equal contributions/co-first/co-senior authors footnote**, the following standard formats are to be used:
 - For dual first authors: A single asterisk is used to indicate dual first authors in the byline and the following standard footnote is placed below the corresponding author address/email: “A.B.C. and D.E.F. contributed equally to this work.”
 - For shared senior authorship (last two authors): The standard footnote used is “X.Y.Z. and E.F.G. are co-senior authors.” Note the en dash in “co-senior authors.” Please place this below the corresponding author address/email.
 - A single asterisk is used for co-senior authors when there is no shared first authorship; however, when an article has both dual first authors and co-senior authors, the first authors are indicated with a single asterisk (*) and the co-senior authors are indicated with 2 asterisks (**).
- Although the **author contributions** are among the end-of-article sections in published papers, please do not move them if they have been placed after the Key Results section in the copyedited file. Retain placement as set in the original file. **Author contributions** are handled in-house by the journal. Please stet.

- Do not move the “**Conflicts of interest** are listed at the end of this article” line and retain placement as set in the original file.
- Do not reorder the “**Abbreviations,**” “**Summary,**” and “**Key Results**” sections to conform to the order seen in published papers. Retain order as set in the original file.
- Copyeditor does not need to add heading “**Summary**” for the summary section.
- Do not adjust headings of **Abstract**. Keep them roman as set in the original file.
- **Figure legends:**
 - Per client feedback, legends should start with “**Figure 1:**” Use a colon (not a period; this is against the style mentioned in the “Figure Part Descriptions in RSNA Journal Legends_Dec 2022” file shared by client).
 - Please make sure that everything on the figure (ie, arrowheads, arrows) is called out in the legend. If the author writes that the arrows on B and C mean xyz but fails to call out the arrow on D, please query.
 - When defining abbreviations in figure legends, ensure that abbreviations used in the figure/artwork that have been used in the legend text be defined at their first instance in the legend text itself. Abbreviations used in the figure/artwork that are not used in the legend text can be defined at the end of the legend.
 - The order of figures in the figs (PDF) file should match the order of the legends in the main copyedited file (the first figure in the PDF should match the legend for Fig 1 in the copyedited file, the second figure in the PDF should match the legend for Fig 2 in the copyedited file, and so on). If there is any discrepancy in the order, please leave a query for the AU/COMP asking them to clarify/informing them about the correct order.
 - Do not edit legends into past tense.
- **Abbreviations:**
 - Abbreviations can be retained in the text if they appear 5 or more times. Exceptions are common imaging modalities (eg, CT, MRI, US, SPECT, PET), SD (standard deviation), IQR (interquartile range), and CI (confidence interval)—these never need expansion. Exceptions also include long study names or very long names that would be cumbersome to spell out each time. In those instances, use a parenthetical statement following the expansion that says: “(hereafter, XUZ).”
 - Expand abbreviations in the first paragraph of the Discussion, providing an abbreviation if the abbreviation is used two or more times.
 - PPV₃ (positive predictive values of biopsies performed) is a common statistical term in breast imaging—please keep it when you see it.
 - 3D-GRE stands for “three-dimensional gradient-recalled echo.”
- **References:**
 - References have already been formatted and do not need editing. However, reference citations are still to be checked for sequential order and to check that all references present in the list are indeed cited in the article. If references are noted to be out of order, please leave a detailed query to the authors informing them about the incorrect order and to reorder them so they are cited in order.
 - If you find a block of references that aren’t cited in article text, please check the supplementary material because sometimes they are meant to be in the supplement, in which case please flag the ASN.
- Per journal style, **avoid hyphenating modalities**. Therefore, PCD CT and EID CT (not PCD-CT, EID-CT).

- **Standard display of values** is required (AMA style), ie, with the unit following the value: eg, Calcified plaque volumes did not differ significantly between modality A and modality B (median, 344.5 mm³; IQR, 174.3–605.7 mm³); (mean, XX days; range, XX–XX days; CI: XX, XX); (median, X m² [IQR, X–X m²] vs X m² [IQR, X–X m²]). Note consistent use of units.
- Use **past tense** in Summary, Key Results, and Abstract Conclusion.
- **Percentages**
 - Please ask for numerators and denominators wherever percentages are provided.
 - Per AMA, for percentages, if the denominator is 100 or greater, please extend the percentage to the first decimal place. However, leave sensitivity, specificity, accuracy as the author provides it.
- Please query the authors for **column headings in tables** if they are missing. This applies to all columns. Also, please ensure that column headings make sense for the data given in the column. Often times, you will come across column headings as “Total N = 100.” This is not a heading, these are data. In these cases, either move this info to the title (eg, “Table 1: Baseline characteristics of patients (N = 100)” or move this total sample size info to the footnotes; after that, either add a relevant heading for the column (eg, “Characteristics”) or query the authors for a heading, as applicable.
- Spell out bpm as beats per minute.
- Delete units in **CI**s (eg, 58, 100; not 58%, 100%). CIs are separated by a comma, not a semicolon or dash.
- Do not edit the **affiliations** paragraph.
- Do not edit the **article titles**. If article titles contain abbreviation(s), retain them as is, do not spell them out.
- Standard **headings for an article’s highlights**: “Key Results” for original articles and “Essentials” for review articles
- **Claims of primacy**: If an author has used “first to report…” or “currently no scoring system evaluating…” in connection with the results of the study in question, add “to our knowledge” and query the author to let them know the change was made per journal style (eg, In contrast to prostate MRI, [to our knowledge](#), there is currently no scoring system evaluating the quality of bladder MRI scans). Historical claims of primacy are allowed: “An inactivated (killed) polio vaccine developed by Dr Jonas Salk was first used in 1955.”
- **Body mass index (BMI)**: Should be presented per AMA style. At first mention in the text, the formula used to calculate the index should be described; thereafter, the numerical value for the index may be given without units attached to it. For figures or tables, the formula should be included in legends or in footnotes, respectively—eg, body mass index, calculated as weight in kilograms divided by height in meters squared (BMI of 30). However, the formula used to calculate an index need not be included in the abstract of an article.
- Per journal style, **virgule construction** is not to be used to mean “and,” “or,” or “and/or.” The correct word should be inserted wherever virgules appear in the text. If unclear, please query the authors for the same.
- **Word List**
 - Due to/because of: OK to use “due to” per AMA.
 - With MRI, use “MRI scan” instead of “MRI image.”
 - Do not use “plus” to mean “with” (eg, LE imaging ~~plus~~ with whole-breast US)

- Instances such as “CT was acquired” or similar framing of sentences for imaging modalities should always be edited: Patient undergoes imaging; imaging is performed. Images are acquired.
- Do not change “dataset” to “data set”; “datasets” is ok per RSNA/AMA style.
- When the author uses the term “**significant**” without any relevant data, please check through the article to confirm or verify with the author that “significant” is being used as it relates to either statistical or clinical significance; and if so, please request the authors to include “clinically” or “statistically” before “significant” to conform to journal style.
- Do not change “impact” to “affect”/“effect.” Retain “impact” if used by the authors.
- Please leave “male” and “female” as the author has used it (do not change to man/men or woman/women). For example, it’s ok to keep “100 males” if this is how you find it at editing.