INSTRUCTIONS FOR AUTHORS

The Breast Journal is a multi-disciplinary publication with an equal partnership of different specialties and a broad approach toward enhancing our understanding of breast disease. The Breast Journal's editorial philosophy recognizes the increasing cooperation and interdependence of specialties who diagnose and treat patients of the breast.

Manuscripts will be considered in the form of editorials, original articles, brief reports, short communications, case reports, letters to the editor, and journal guidelines. The Breast Journal, therefore, is to present an interesting visual description of a defined clinical or laboratory investigation. Articles should be less than 3,500 words in length. That word count includes the title page, abstract, references, tables, figure captions, and any combination not to exceed 4.

Short Communication

Short Communications. They should begin with a title page than abstract of 100 words or less that does not include headings, and be followed by a brief introduction. The text should not exceed 1,200 words or 2,000 words. If a figure has been previously published, the legend.

Introduction; Materials and Methods; Results; Conclusion; Acknowledgments

References; Tables; Figure legends (double-spaced); Figures.

Case Reports:

Case reports should be structured as follows: Title page, abstract, Introduction, Materials and Methods, Results, Conclusions, Acknowledgments, References (double-spaced), Figures.

Case reports should represent original and in-depth studies involving all aspects of clinical or laboratory investigations. Articles should be less than 1,300 words in length. That word count includes the title page, abstract, references, tables, figure captions. References are recommended to be less than 10. The number of figures and tables combined should not be greater than 4 (excluding supplemental material), and be appropriate for the data presented. Tables and figures should not simply repeat information in the text.

Manuscripts may not be longer than 1200 words. The abstract should not exceed 150 words. The abstract should concisely summarize the main findings of the paper. Each paper should have a breakdown of 50 words or less that does not include headings, and be followed by a brief introduction. The text should not exceed 1,200 words or 2,000 words. If a figure has been previously published, the legend.

Provision of Research Data:

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**EDITORIAL**

Managing breast cancer risk in transgender men and women: Emerging safety data and a need for more research

Macdonald

**ORIGINAL ARTICLES**

Breast cancer in a female to male transgender patient 20 years post-mastectomy: Issues to consider

Long-term complications and reconstruction failures in previously radiated breast cancer patients receiving salvage mastectomy with autologous reconstruction or tissue expander/implant-based reconstruction

Mastectomy flap necrosis after nipple-sparing mastectomy and immediate implant-based reconstruction: An evaluation of tumescence and sharp dissection technique on surgical outcomes

Comparison of curative effects between mammotome-assisted minimally invasive resection (MAMIR) and traditional open surgery for gynecomastia in Chinese patients: A prospective clinical study

Increasing the incidence of drain-free day-case mastectomies with the use of a fibrin tissue sealant; data from a single surgical center in the United Kingdom

The efficacy and safety of hypofractionated radiotherapy with concurrent anti-HER-2 therapy following breast-conserving therapy for breast cancer

Contemporary management of breast cancer during pregnancy and subsequent lactation in a multicenter cohort of young women with breast cancer

Postoperative complications in combined gynecologic, plastic, and breast surgery: An analysis from National Surgical Quality Improvement Program

Breast cancer patients with brain metastases or leptomeningeal disease: 10-year results of a national cohort with validation of prognostic indexes

Omission of radiation therapy following breast conservation in older (≥70 years) women with T1-2N0 triple-negative breast cancer

Upfront brain radiotherapy may improve survival for unfavorable prognostic breast cancer brain metastasis patients with Breast-GPA 0-2.0

Surgical management of ductal carcinoma in situ of the breast: A large retrospective study from a single institution

Neoadjuvant chemotherapy and axillary de-escalation management for patients with clinically node-negative breast cancer

Proton beam therapy reirradiation for breast cancer: Multi-institutional prospective PGD registry analysis

The impact of molecular status on survival outcomes for invasive micropapillary carcinoma of the breast

Neo-adjuvant chemotherapy and axillary de-escalation management for patients with clinically node-negative breast cancer

Operative risk stratification in the obese female undergoing implant-based breast reconstruction

Collaboration between the breast and plastic surgeon in restoring sensation after mastectomy

Metaplastic breast carcinoma: Current therapeutic approaches and novel targeted therapies

The impact of bariatric surgery on qualitative and quantitative breast density

3D areola dermopigmentation (nipple-areola complex)

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Breast cancer in a female to male transgender patient 20 years post-mastectomy: Issues to consider

Decision-making determinants for breast reconstruction in women over 65 years old

Factors associated with genetic testing in a cohort of breast cancer survivors

Idiopathic granulomatous mastitis: A systematic review of 3060 patients

**SHORT COMMUNICATIONS**

Attitudes and beliefs toward the use of stereotactic body radiotherapy in oligometastatic breast cancer: A commentary on a survey of Canadian Medical Oncologists

Early triple negative breast cancer: Are we getting better outcomes? A retrospective analysis from a single institution

Management trends and outcomes of breast angiosarcoma: Is breast conservation feasible?

Factors associated with genetic testing in a cohort of breast cancer survivors

Idiopathic granulomatous mastitis: A systematic review of 3060 patients

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