

Contents

JOURNAL INFORMATION..... 3

PRESUBMISSION CHECKLIST..... 3

    Information Checklist..... 3

    File Checklist ..... 5

PRESUBMISSION ENQUIRIES ..... 5

ARTICLE TYPES ..... 5

    Original Research/Brief Reports ..... 5

    Reviews ..... 6

    Case Series ..... 6

    Case Reports ..... 7

    Commentaries..... 7

    Patient/Physician Perspectives ..... 7

    Podcast Articles..... 8

    Trial Designs/Study Protocols ..... 8

    Practical Approaches..... 9

    Summary of Research Articles (SRAs) ..... 9

    Guidelines ..... 11

    Letters to the Editor..... 11

TOPICAL COLLECTIONS AND SUPPLEMENTS ..... 11

DIGITAL FEATURES..... 11

PREPRINTS ..... 12

OPEN ACCESS AND COPYRIGHT..... 12

FEES ..... 12

MANUSCRIPT STRUCTURE..... 12

    General..... 13

    Title Page..... 13

    Abstract..... 14

    Plain Language Summaries (Optional) ..... 14

    Keywords..... 15

    Key Summary Points ..... 15

    Introduction ..... 16

    Methods..... 16

Results..... 16

Discussion..... 17

Conclusion..... 17

Acknowledgements..... 17

    Funding ..... 17

    Medical Writing, Editorial, and Other Assistance ..... 18

    Authorship ..... 18

    Author Contributions ..... 19

    Conflict of Interest ..... 19

    Ethics/Ethical Approval ..... 20

    Data Availability ..... 21

    Thanking Patient Participant(s)..... 21

    Patient Involvement..... 21

References ..... 21

Figures and Illustrations..... 22

Tables..... 23

Supplementary Material ..... 23

Ethical Responsibilities of Authors ..... 23

MANUSCRIPT SUBMISSION ..... 25

    Editorial Manager Sites ..... 26

AFTER SUBMISSION ..... 26

    Peer Review ..... 26

    Copyediting, Typesetting, and Proofing..... 26

    Publication ..... 27

    Press Releases..... 27

REPRINTS AND E-PRINTS ..... 27

CONTACT US..... 27

## JOURNAL INFORMATION

For more information on individual Adis Rapid+ journals including aims and scope, publication fees, contact information, and Editorial and Advisory board members, please visit the journal websites.

[Advances in Therapy](#)  
[Cardiology and Therapy](#)  
[Dermatology and Therapy](#)  
[Diabetes Therapy](#)  
[Infectious Diseases and Therapy](#)  
[Neurology and Therapy](#)  
[Oncology and Therapy](#)  
[Ophthalmology and Therapy](#)  
[Pain and Therapy](#)  
[Pulmonary Therapy](#)  
[Rheumatology and Therapy](#)

Please note that there is a Rapid Service Fee associated with publication across the entire Adis Rapid+ journals portfolio. This is a **mandatory** fee that must be paid upon article acceptance. For more information on compulsory fees, please see each journal website, using the links above. Information regarding fees can then be found under the “*Aims and Scopes*” heading on each of the journal websites.

## PRESUBMISSION CHECKLIST

Manuscripts should be submitted through the [Editorial Manager online submission system](#). Please ensure that your submission meets our editorial policies by following the below instructions. Prior to submission, please use the below checklists to make sure you have the necessary information and files that are required to submit your manuscript. We cannot proceed with the submission until we receive all of the necessary requirements outlined below.

Further information on how to submit your article can be found [here](#).

### Information Checklist

The below details should be given in the appropriate fields in the online submission system:

- ✓ Article type (see [here](#));
- ✓ Article title;
- ✓ Author information, including affiliations, and email addresses for all authors;
- ✓ Abstract (including the trial registration number, if applicable);
- ✓ Three to ten keywords;
- ✓ Confirmation that your submission complies with the following requirements:
  - The manuscript is not being considered for publication by another journal, nor will it be submitted elsewhere while under consideration by this journal;

- The manuscript has not been published previously (partly or in full);
  - No tables/figures/images/other material that infringe the copyright of another publisher/individual are included in the manuscript (or if there are such items included in the manuscript, permission to reproduce [both in print and online for the lifetime of product] has been sought and received for publication in this manuscript);
  - All co-authors are aware of the submission to this journal, and agree to allow the corresponding author to serve as the primary correspondent with the editorial office and to review and sign off on the final proofs for publication;
  - The authors whose names appear on the submission have contributed sufficiently to the manuscript (concept and planning of the work described; acquisition, analysis and interpretation of the data; drafting and/or critical revision of the manuscript; and approved the final submitted version of the manuscript) and, therefore, share collective responsibility and accountability for the manuscript;
  - No deserving authors have been omitted from the authorship list;
  - All persons who made substantial contributions to the manuscript but who do not fulfil the authorship criteria are listed with their specific contributions in the Acknowledgements section of the manuscript, and all persons named in the Acknowledgements section have given written permission to be named in the manuscript.
- ✓ Additional information (failure to provide this information at submission may lead to delays in processing):
- Name, email, postal address, telephone number, and VAT number (where applicable; for registered EU companies) for financial correspondence;
  - Details of and reasons for any specific publication deadline;
  - Information on where you heard about the journal;
  - The email address of anyone, other than the corresponding author, who should receive manuscript correspondence throughout the publication process;
  - Details of any digital features;
  - Details of the ethics statements applicable to the study;
  - If the trial was registered, please include details of the trial registration including a clinical trials number, beneath the abstract (e.g. *Trial registration: ClinicalTrials.gov identifier, NCT12345678*). For trials that were registered retrospectively, please also include the date of registration and the words “retrospectively registered” beneath the abstract. We strongly encourage prospective registration of clinical trials.
  - *Advances in Therapy ONLY*: Whether you require the article to be published open access; all other journals in the portfolio are fully open access.
- ✓ Details (name, affiliation, and email address) of up to three suggested reviewers for your submission (optional). Recommended reviewers should not be from any of the authors' affiliations or institutions or have any potential conflicts of interests that may affect their ability to provide an unbiased review of the article. Please note that, although your help is appreciated and may speed up the selection of appropriate reviewers, the Editorial Team reserves the right to select reviewers.

## File Checklist

The following files are needed during the submission process. Each item in the checklist should be saved as a separate file.

- ✓ [Manuscript](#) including title page, abstract, keywords, 4-5 key summary points, main text, acknowledgements, references, tables, figure legends, and line numbers;
- ✓ [Figures](#) (each figure should be submitted as a separate file either as a JPG or TIFF file);
- ✓ Any [supplementary material](#) (optional);
- ✓ Any [digital features](#) (optional).

## PRESUBMISSION ENQUIRIES

Please contact the journal's [Editorial Team](#) to address any queries you may have prior to, during, or after manuscript submission. In particular, contact the [Editorial Team](#) regarding enquiries for manuscripts with specific, important publication deadlines, or in instances where you are unsure of a manuscript's suitability for the journal.

For enquiries specifically related to one of the Adis Rapid+ journals, you are also welcome to contact the Managing Editor directly ([see links to journal-specific websites at the beginning of this document](#)).

## ARTICLE TYPES

The journals publish a variety of article types. All article types described below are subject to peer review.

### Original Research/Brief Reports

We recommend that manuscripts reporting on original research conform to the [CONSORT guidelines](#), whenever possible, although this is not mandatory. Research articles are welcome across the clinical research pathway (including post-marketing research, observational studies, and health economics and outcomes research).

As a guide, Original Research articles should be around, but not limited to, 4000 words.

Brief Reports describing a clinical study, or new insights into clinical management, diagnosis, or treatment are welcome. Brief Reports describe studies that are smaller in scale and patient numbers, and may report limited pilot data that warrant the need for further investigation. Authors are encouraged to use these sections when submitting the manuscript: Introduction (including the research hypothesis), Methods, Results, Discussion, and Conclusion. As a guide, Brief Reports should be around, but not limited to, 2000-3000 words.

The abstract and main text of all Original Research articles and Brief Reports should be structured as follows: Introduction (including the research hypothesis), Methods, Results, Conclusion.

For all studies involving human participants, we encourage all authors to follow the [Sex and Gender Equity in Research \(SAGER\) guidelines](#), and to include sex and gender considerations where relevant. Authors should use the terms sex (biological attribute) and gender (shaped by social and cultural circumstances) carefully to prevent confusion between both terms. Article titles and/or abstracts should indicate what sex(es) the study applies to. Authors should also describe in the background, whether sex and/or gender differences may be expected; report how sex and/or gender were accounted for in the design of the study; provide disaggregated data by sex and/or gender, where appropriate; and discuss respective results. If a sex and/or gender analysis was not conducted, the rationale should be given in the Discussion. We recommend that authors consult the [full guidelines](#) before submission.

If reporting findings from a disproportionality analysis in an individual case safety reports database, please follow the [READUS-PV](#) guidelines.

### Reviews

Comprehensive reviews of a specific drug, device, or particular area of interest are welcome. If conducting a review of the current literature, please provide details of the databases searched, the dates to which the search is limited, and search terms. Systematic reviews and meta-analyses should conform to the [PRISMA guidelines](#), although this is not mandatory. The abstract and main text of systematic reviews and meta-analyses should be structured as follows: Introduction, Methods, Results, Discussion, Conclusion. If submitting a Review, please indicate in the title the format of the Review (e.g. systematic, narrative). ). There is no word limit for Reviews submitted to the Adis Rapid+ journals.

### Case Series

Manuscripts describing a number of interesting, unusual, or novel individual medical cases focusing on the same indication are welcome in the form of a Case Series. Manuscripts are encouraged to follow the [CARE guidelines](#) for reporting cases, although this is not mandatory. Authors should make clear the importance of their particular cases, summarise previous research in the condition, explain the implications for future therapy, and how the Case Series adds to the medical literature. Manuscripts must meet at least one of the following criteria to be eligible for consideration:

- Unreported or unusual side effects or adverse interactions involving medications;
- Unexpected or unusual presentations of a disease;
- New associations or variations in disease processes;
- Presentations, diagnoses, and/or management of new and emerging diseases;
- An unexpected association between diseases or symptoms;
- An unexpected event in the course of observing or treating a patient;
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect.

Case Series should have the following structure: Abstract; Introduction (including a summary of why the cases are unique/important with reference to relevant medical literature); Case presentations (including patient information, clinical findings, timeline, diagnostic assessment,

therapeutic intervention, follow-up, and outcomes, etc.); Discussion; Conclusion(s) (including the primary “take-away” lessons from the case series); Acknowledgements; References. As a guide, case series should be around, but not limited to, 3000 words.

Consent to publish must be obtained from the patients or the patients’ parents, relatives, guardian, etc. A consent form can be [requested from the Editorial Team](#). Note: We do not require this form as part of the submission, but it must be declared in the manuscript that written informed consent for the publication of the patients’ clinical details was obtained and that a copy of the consent form is available for review by the Editor.

### **Case Reports**

Please note that *Advances in Therapy* does not accept Case Reports.

All other Adis Rapid+ journals will consider unique individual Case Reports but these should meet the same eligibility criteria and ethical requirements regarding consent given above for Case Series. Manuscripts are encouraged to follow the [CARE guidelines](#) for reporting cases.

As a guide, Case Reports should be around, but not limited to 2000 words.

### **Commentaries**

Commentary articles are designed to allow an author to put a particular topic/research into their own perspective, drawing on their own experiences and insights, and backing up their arguments with existing evidence. There is no mandatory structure and authors are encouraged to structure their Commentary in a way that best suits their voice. As a guide, Commentaries should be around, but not limited to, 2000-3000 words.

### **Patient/Physician Perspectives**

These commentary-style articles are designed to highlight patient experiences and raise healthcare professional awareness of the patient perspective and best practices for patient-centricity. The first half of the piece is written by a patient, describing their experience of living with a particular condition. For example, day-to-day experiences, the journey to a correct diagnosis, response to treatment, psychosocial aspects of the condition, side effect management, quality of life issues, or anything that is important and relevant to them. This section may also be written (or co-written) by the carer or guardian of the patient. The second half of the article is written by an expert physician or any other healthcare practitioner(s). This would usually be the patient’s own treating physician; however, if this is not possible, another healthcare practitioner who is familiar with the condition could write the accompanying perspective. This section may also be written (or co-written) by other healthcare professionals and should be underpinned with evidence referenced from available literature. As indicated above, these articles can include multiple perspectives and are not limited to patients/physicians. As a guide, Patient/Physician Perspectives should be around, but not limited to 2000-3000 words.

Physicians should discuss with their patients the potential consequences of identifiable personal and medical information being published open access, so that patients can choose in a fully

informed way whether to co-author in an open access publication. If requested, patients/caregivers/parents can choose to remain anonymous.

An example of a Patient/Physician Perspective article can be found below:

<https://link.springer.com/article/10.1007/s40487-020-00132-2>

### **Podcast Articles**

Podcast articles follow a commentary style of publication, and typically feature a Q&A expert discussion with the author (or authors) around a topic of clinical interest, such as clinical data or real-life expert experience and opinions.

Adis Podcasts are published on SpringerLink. If open access, the podcast audio will also be published on Figshare and a number of popular podcast platforms (including Apple, Spotify, Deezer, and GooglePlay). Podcast articles are also indexed on PubMed.

The SpringerLink-hosted version consists of the audio podcast, along with the verbatim transcript. This transcript is typeset and published as a regular article within the journal with a DOI. Abstracts for Podcast articles are optional.

The journal strongly encourages authors to contact the relevant journal with a presubmission enquiry before initiating a Podcast article, and to read the Adis "*Guidelines for Digital Features and Plain Language Summaries*", which can be found under the submission guidelines on the relevant journal's homepage. Please note that podcast articles carry an additional processing fee.

An example of a Podcast article is provided below:

<https://link.springer.com/article/10.1007/s40120-021-00266-z>

### **Trial Designs/Study Protocols**

Study Protocols for any proposed or ongoing trials may also be submitted. All protocols will undergo peer review prior to publication. It is recommended that the article be structured as follows: Abstract (summarising the introduction [background/objectives], methods, planned outcomes); Introduction (background, objectives, trial design); Methods (study design, sample selection, measurements, planned outcomes, data collection, data analysis); Strengths and Limitations; Ethics; and Dissemination. For further information on protocol reporting, please read the [SPIRIT statement](#). As a guide, Study Protocols should be around, but not limited to, 2000-3000 words.

Study Protocols are not only limited to clinical trials; they can also apply to real-world/observational studies or other types of future planned research.

Publication of original research relating to study protocols that have already been published in an Adis Rapid+ journal is entitled to a 20% discount on the journal's Rapid Service Fee. This should be highlighted in your cover letter when submitting.



## Practical Approaches

Practical Approach articles intend to provide innovative and novel evidence-based practical guidance on difficult clinical management issues. Each article aims to provide a succinct and accessible overview of a key topic for the broad range of healthcare professionals working with patients, including nurses and primary care physicians, and encompassing engaged patients and their caregivers where appropriate. The objective of these articles is to concisely review the most recent evidence relating to a clinical care situation and place this into a practical context. The use of flow charts, demonstrative videos, and visual material is encouraged in these articles to help readers digest the key information. As a guide, Practical Approach articles should be around, but not limited to, 2000 words.

## Summary of Research Articles (SRAs)

A Summary of Research Article (SRA) is a standalone summary of a source article previously published in an Adis journal, or in a journal from another publisher. The SRA allows the key information to be understood more quickly and by a wider audience than that intended for the source article. It should provide a balanced and accurate representation of the study findings/source article: nothing key from the parent article should be left out and new content not previously included in the source article should not be added in.

SRAs must be a **maximum of 4 PDF pages** (more detail provided in ‘Word count and formatting’ section). This shorter format is essential to better engage a wider, less-specialised audience of healthcare professionals with the scientific content and implications of the source article, considering their limited familiarity with the subject area and time constraints.

All Adis journals can consider SRAs for publication. The SRA will usually be based on an original research source article; SRAs based on other source article types will be considered on a case-by-case basis.

We strongly encourage pre-submission enquiries for SRAs: please [contact us](#) with information regarding the source article, the proposed authors and target journal.

**Intended readership:** SRAs should be written for a readership that is less specialised than that intended for the source article. They are primarily intended for healthcare professionals (HCPs) who are non-specialists in the specific subject area of the source article, but they may also be of interest to other readers looking for a concise and accessible summary in plain language. Jargon, abbreviations, data-heavy tables and complex graphs should be avoided, while medical/scientific precision should be maintained.<sup>1</sup>

---

<sup>1</sup> Examples:

“Stomach” or “Abdomen” (not “tummy”)

Not necessary to define common scientific terms such as “placebo” “Initial light sleep stage” (not “stage N1 sleep”)

**Authorship:** SRAs submitted to the Adis journals for consideration must include at least one author from the source publication.<sup>2</sup> Other authors not previously involved in the primary publication are permitted but must meet ICMJE criteria for authorship.

**Article details:**

- SRAs can either be graphic-based and formatted as a single figure with an introductory sentence linking to the figure, or text-based with figures/tables.
- The title of the article must include the term “Summary of Research:” as the prefix, followed by the title of the source article being summarised.
- There should be a brief abstract which includes a statement explaining that this is a summary of the source article.
- The first sentence in the main text should also state that this is a summary of the source article and include a citation to the source article. If this is a graphic-based summary, this sentence must conclude with “figure 1” (where figure 1 is the graphic summary).
- The source publication should be the primary (and usually only) reference.
- The SRA should not recycle segments of text from the source article. SRAs will be screened with plagiarism software in the same way as any other article type.
- SRAs should not include a Plain Language Summary abstract, as the SRA itself is a summary in plain language.
- Other article information requirements are as for a standard article in the journal, including Acknowledgements, Author information and Ethics declarations. Any funding or editorial assistance for the SRA should be declared. Further information on these requirements may be found in the relevant journal’s Submission Guidelines.
- For a graphic-based SRA, the Adis logo and Peer Reviewed stamp should be included. This can be requested from the journal team prior to submission or can be added in during production.
- Colour combinations should enhance reader accessibility and not detract from the content.
- ‘Commentary’ should be selected as the article type at submission. This will be changed to ‘Summary of Research’ during production.
- The final complete article should be a maximum of 4 published pages in length.
- SRAs published open access are published under CC BY-NC copyright.

**Permissions:** We recommend that authors contact the publisher of the source article at the outset to seek permission to publish the SRA in an Adis journal. Authors wishing to include figures and tables that have previously been published are required to obtain the necessary permissions from the copyright owner(s), and to confirm that the necessary permissions have been granted when submitting the SRA. All material received without such evidence will be assumed to have been originated by the authors.

**Post publication:** All SRAs are published on SpringerLink and in a standard issue of the journal. In addition, SRAs are also included within a collection of all SRAs available on SpringerLink.

---

<sup>2</sup> Adis also publishes Adis-authored SRAs, selected and developed by the Editorial staff of Drugs & Therapy Perspectives: <https://www.springer.com/journal/40267>.

Please contact [adisjournals@springernature.com](mailto:adisjournals@springernature.com) copying Clare Cook ([clare.cook@springernature.com](mailto:clare.cook@springernature.com)) for further information.

**Guidelines**

Guidelines provide a comprehensive guide to the optimum management of a disease, disorder, or situation which highlight clinically relevant considerations and recommendations. These articles may be affiliated with societies but this is not a requirement. If guidelines are from a particular society, this should be highlighted in the article title. For Guidelines, we also ask that the following disclaimer is included within the acknowledgements section of the article: “Springer Healthcare is not responsible for the validity of guidelines it publishes.”. As a guide, Guidelines should be around, but not limited to, 10,000-15,000 words.

**Letters to the Editor**

Letters will be considered on a case-by-case basis and reviewed by the journal’s Editorial Board. Letters should comment on a recently published article in the journal and are limited to one comment and one response by the authors of the original paper, should they wish to respond. As a guide, Letters to the Editor should be around, but not limited to, 1000 words.

**TOPICAL COLLECTIONS AND SUPPLEMENTS**

Adis Rapid+ journals welcome supplements. Material appropriate for supplements includes: sponsored meeting proceedings, roundtable discussions, workshop reports, case series, and collections of articles on the same topic.

The journals also support topical collections, which aim to collate articles on a certain topic, making them easily accessible to interested readers. Articles in a topical collection are published in a standard journal issue; however, they are also accessible through a dedicated topical collection page on the website.

Proposals for supplements and topical collections are welcome and should be addressed to journal specific Managing Editors (see list of journal specific links at the beginning of this document).

The peer review process for special/guest-edited issues and topical collections is the same as the peer review process of the journal in general. Additionally, if the guest editor(s) authors an article in their special issue/ collection, they will not handle the peer review process.

**DIGITAL FEATURES**

Adis journals can publish a range of peer reviewed digital features alongside articles, including animated abstracts, video abstracts (talking heads), slide decks, audio slides, instructional videos, infographics, podcasts/audio discussions, and animations. These features are designed to increase visibility, readership, and the educational value of the manuscript content. Digital features must provide an accurate representation of the article. For further information about digital features, please contact the journal editor (see “Contact the Journal” for email address), and see the “*Guidelines for Digital Features and Plain Language Summaries*” document via the journal website.

## PREPRINTS

We encourage posting of preprints of primary research manuscripts on preprint servers, authors' or institutional websites, and open communications between researchers whether on community preprint servers or preprint commenting platforms. Posting of preprints is not considered prior publication and will not jeopardize consideration in our journals. Authors should disclose details of preprint posting during the submission process or at any other point during consideration in one of our journals. Once the manuscript is published, it is the author's responsibility to ensure that the preprint record is updated with a publication reference, including the DOI and a URL link to the published version of the article on the journal website.

Please [see here](#) for further information on preprint sharing.

## OPEN ACCESS AND COPYRIGHT

All Adis Rapid+ journals are fully open access with the exception of *Advances in Therapy*, which is Open Choice. *Advances in Therapy* offers an open access option at a flat fee (in addition to the mandatory Rapid Service Fee, which is a fixed fee).

When authors publish open access with Adis Rapid+, their article is published under the [Creative Commons Attribution Non-Commercial \(CC BY-NC\) License 4.0](#). This means that anyone can read, redistribute, and reuse material from the articles for free, as long as they cite the authors of the original work properly, provide a link to the license, and indicate if any changes were made. The license does not, however, permit use of the material for commercial purposes.

Under the CC-BY-NC license, the non-commercial copyright is retained by the authors. If there are instances where the Rights Holder is not the Author(s) themselves (i.e. Work for Hire), please notify us upon submission.

For *Advances in Therapy* articles that are **not** published open access, the copyright belongs to the author(s), under exclusive license to Springer Healthcare Ltd., part of Springer Nature.

## FEES

For all Adis Rapid+ journals, authors are required to pay the mandatory Rapid Service Fee upon article acceptance. As *Advances in Therapy* is Open Choice, authors opting for open access publication in this journal will be required to pay an additional open access fee. The open access fee will be issued through a separate invoice. For full pricing information, please visit the journal websites.

## MANUSCRIPT STRUCTURE

All articles should follow the guidelines below for the Title page, Abstract, Keywords, Key summary points, Introduction, Discussion, Conclusion, Acknowledgements, References, Figures, Tables, and Supplementary material. Original Research articles should also follow the guidelines for Methods and Results. Abstracts and Key summary points are not mandatory for Letters, Commentaries and

Editorials and authors can use their discretion for the structure and headings used in these article types. Submissions are encouraged to conform to the standards outlined in the [“Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals,”](#) prepared by the ICMJE.

## General

*Line Numbers:* To facilitate the review process, we request that authors submit a line-numbered version of their manuscript.

*Drug Names:* When drugs are mentioned, the international (generic) name should be used. If the proprietary name is required, for example to distinguish between formulations, the manufacturer should be stated in full after the first mention of the proprietary name and the unregistered (™) or registered (®) trademark symbol should be used. The symbol does not need to be used subsequent to the first mention. The source of any new and experimental preparation should also be given.

*Spelling, Abbreviations, Nomenclature, and Units:* Authors may choose US or UK English spelling. However, this must be consistent throughout the manuscript. All standard and nonstandard abbreviations in the text must be defined at first mention and used consistently thereafter. Symbols should not be used unless first explained in the text (reference guide: *Units, Symbols and Abbreviations*, Royal Society of Medicine, London). Highly sophisticated, specialist terms should either be defined or avoided. Intelligibility is a major aim of the journals. For substances, materials, and instruments, the correct designation and the manufacturer’s name should be given. The city and country of the manufacturer should also be included. For units of measure (International System of Units) SI units should be used throughout, except where non-SI units are more common.

## Title Page

The title page should include the following elements:

- *Title:* Should capture the essence of the manuscript in no more than 20 words (within reason). The title should be specific enough for electronic retrieval and searches. Where relevant, the title should include the drug name, indication, and study design. If appropriate, the country- or population-specific (e.g. pediatric) nature of the study should also be clear from the title. Where possible use generic drug names.
- *Author Details:* The name(s) of all authors and their institutional affiliation(s) and address(es). It is recommended that authors adhere to the guidelines for authorship that are applicable in their specific research field, but in the absence of specific guidelines, authors are encouraged to follow the [ICMJE authorship guidelines](#) when considering authorship. All contributors who do not meet the selected criteria for authorship should be listed in the acknowledgements at the end of the manuscript.
- *Study Groups:* If a manuscript has been produced on behalf of a study group, this should be indicated by including the following text at the end of the author list: ‘on behalf of [INSERT NAME] study group’. We then encourage the list of investigators to be included on the title

page of the manuscript. This way the investigator's names will be included as collaborators on PubMed. If preferred, however, the list of investigators can be included in the Acknowledgments or Supplementary Material. When naming individual investigators or members of a study group (who are not authors on the paper), please ensure you have permission from each individual to include their full name on the publication.

- *Correspondence Details:* At least one author should be designated as the corresponding author and is responsible for the submission of the article. Their email address and full correspondence address should be provided.
- *ORCID iDs:* Adis also encourages the use of ORCID iDs, which can be inputted when uploading a submission. To ensure that ORCID iDs are published in articles, authors should ensure that these are listed on the title page of the manuscript for each author (where required).
- *Prior Presentation:* Presentation at scientific meetings (in the form of abstracts or posters) does not constitute full publication. However, if any part of the manuscript has been previously shared, please highlight that this manuscript is based on work that has been previously presented. The statement should include details of where the contents was presented, (e.g. conference) including relevant dates and location.

## Abstract

Each paper must include an abstract of up to 300 words that is understandable to the journal's readership without referring to the main text. Abstracts are mandatory for all article types except for Letters, Commentaries, and Editorials. For Original Research and Brief Reports, the abstract should be presented in a structured format (i.e. Introduction, Methods, Results, Conclusion). Abstracts for Review articles do not need to be structured. Abstracts must reflect the content of the article accurately. The abstract should not cite any references. Readers should be able to understand why the study was done, the question asked, and how the study was carried out. The results must contain sufficient data for readers to evaluate the credibility of the conclusion. Not all of the data from the methods and results sections need to be presented. The conclusion should be an inference, not a summary. The trial registration number, if available, should be provided at the end of the abstract.

## Plain Language Summaries (Optional)

Authors are welcome to submit a plain language summary (PLS) with their manuscript. A PLS is an effective tool to summarise your paper, extending the reach and impact that the paper can have, and making it accessible to a wider audience. The aim of the PLS is to assist in understanding the scientific content and overall implications of the manuscript. The summary should be aimed at non-specialists in the field, including members of the public and non-academics.

To be indexed on PubMed, the PLS should be no more than 250 words, and should be placed below the abstract.

- The summary should be based on the abstract of the paper and should be written in an easy-to-understand manner, using accessible language that does not patronise the reader;
- Sentences should be written in the active voice, rather than the passive voice, and should be short, clear sentences broken up into relevant sections;
- Keywords from the abstract should be used and defined where needed.
- Jargon should be avoided other than where absolutely necessary. In which case, it should be explained in full on first use;
- Abbreviations should be avoided.

Two examples are provided below:

- <https://link.springer.com/article/10.1007%2Fs40271-020-00460-5>
- <https://link.springer.com/article/10.1007%2Fs12325-020-01377-z>

Non-standard PLS, such as those longer than 250 words, graphical PLS, slide sets, or video PLS can also be accommodated. For more information on the different types of PLS, please read the “Author Information - Guidelines for Digital Features and Plain Language Summaries” document available to download on the journal website (under “Submission Guidelines”).

### Keywords

A list of 3–10 keywords must be given in alphabetical order after the abstract characterising the scope of the paper. These should include any drug names and indication(s) where appropriate.

### Key Summary Points

Authors are required to provide 4–5 single-sentence bullet points, below the abstract, summarising their paper. Authors should use the following structure for Original Research articles:

#### Why carry out this study?

- Very brief background leading to the study, including for example disease population, economic burden, and/or unmet need. *(1–2 bullet points)*
- What did the study ask?/What was the hypothesis of the study? *(1 bullet point)*

#### What was learned from the study?

- What were the study outcomes/conclusions? (data) *(1 bullet point)*
- What has been learned from the study? This can be any outcome even if it contradicts the initial study hypothesis. If the findings were negative, neutral or purely confirmatory, how might this affect research and/or treatment in future? *(1–2 bullet points)*

For other article types (e.g. Reviews), 4–5 single-sentence bullet points summarizing the key messages from the paper should be provided. For Case Reports/Case Series, authors should state what is unique about the case and what it will add to the current literature. If you are unsure what should be included in the key summary points please contact the journal’s [Editorial Team](#) for more information.

The key summary points will sit online alongside your article, and are intended to explain the value and relevance of your research. The summary points will undergo peer review with your article and so must purely reflect the content within the article.

It is **mandatory** to provide key summary points for all articles types except for Letters, Commentaries, and Editorials. Not providing them will delay your submission being sent for peer review.

### Introduction

The introduction should provide a brief review of pertinent literature and cite relevant findings that led to the current study. Be careful not to exclude relevant findings by other investigators. It should discuss the unknowns that remain to be determined or controversies that exist in the literature. Controversial findings should be presented in the introduction if they are important to the rationale for the study. Explain why the study was undertaken; if appropriate, state the proposed hypothesis. End the introduction with a stated aim or question, preferably expressed as a testable hypothesis. For example, if the study is aimed at identifying the color of apples, or asks what color are apples, state “We hypothesized that apples will be green rather than red.” The reason for this hypothesis should be contained in the rationale.

### Methods

The methods should provide sufficient detail such that another investigator can repeat your research. This section should describe the procedures used and provide sufficient information (subjects, measurements, statistical analyses) so that a reader can evaluate the credibility of results and interpretation in the light of possible methodological limitations. If authors have used similar methodologies that have been used in a previous study, this should be acknowledged and appropriately referenced. Findings should be quantified when possible, and presented with appropriate indicators of measurement error or uncertainty (e.g. confidence intervals). Any statistical software used during analysis should be identified. If any scales or questionnaires have been used, authors should check that the appropriate permissions to use such resources have been acquired and this permission should be clearly stated at an appropriate place in the manuscript. For literature reviews, authors should include the details of how their search was conducted, i.e. when the search was conducted; inclusion/exclusion dates; search terms; databases searched. Authors should also include details of how many papers/abstracts were retrieved, and how many were discarded and why. Authors should always consider clarity for other researchers when detailing how and why a study was done in a particular way.

**All articles must contain a statement of ethics compliance within the main body of the text**, for example, within the methods (or any other appropriate section for articles without a specific methods section). This should be the same as the statement given in the “*Compliance with Ethics Guidelines*” sub-section in the acknowledgements (see [below](#)).

### Results

The results should present the findings in a logical progression through the research process. Tell a story; this does not necessarily mean that findings will be presented in the chronological order in



which they were discovered. Results concerning the primary testable hypothesis should be presented first, followed by any secondary outcomes. Do not save the “best” for last. Provide a sufficient interpretation of data to lead the reader from one concept to the next, but leave the detailed analysis for the discussion section. The results must contain a sufficient summary of data. Data should be presented as concisely as possible, if appropriate, in the form of tables and/or graphs. Avoid duplication of information particularly of data within text, figures, tables, or in figure legends. Save the comparison of the findings with other studies for the discussion.

### **Discussion**

The discussion should include a summary of the main findings from most to least important, including a statement on whether the results are consistent with the stated hypothesis. Avoid a simple reiteration of background information and results. Discuss how the results confirm or contrast with published literature. If the results differ, discuss the possible reasons for this. Details of methodology and results of published literature may be appropriate here. Avoid reviewing literature outside the scope of the study. Discuss the significance and implications of the new data. Having developed the rationale to define the limits of current knowledge, how does this new information advance understanding? The inferences made throughout the discussion must be written bearing in mind the constraints of the methodological limitations of the work. Any issues of bias should be mentioned, and how these have been dealt with in the design and interpretation of the study. A paragraph detailing the limitations of the study must be included in the discussion section.

### **Conclusion**

The conclusion is an inference. Within the constraints of the limitations of the study, the authors may speculate regarding the significance of the findings, recommendations, and future research. However, authors should not make any conclusions that are not supported by the results.

### **Acknowledgements**

Information relating to all Editorial policies can be viewed [here](#).

All manuscripts must contain an acknowledgements section, given before the reference list, which contains the following information, where applicable.

### ***Funding***

Please list all sources of funding received for the study and publication of the article. All institutional and corporate funding sources should be mentioned. The names of funding organizations should be written in full, including the city and country. If no funding was received this should also be declared.

E.g. “Sponsorship for this study and Rapid Service Fee were funded by Pharma Ltd.” or “No funding or sponsorship was received for this study or publication of this article.”

Please ensure that clinical trials sponsored by pharmaceutical companies follow the guidelines on Good Publication Practice ([GPP](#)).

***Medical Writing, Editorial, and Other Assistance***

The acknowledgements should include the specific contributions of all persons who have substantially contributed to the work reported (e.g. technical assistance, data collection, analysis, writing, or editing assistance) but who do not fulfill the selected authorship criteria. Ideally, authors should obtain permission from all persons listed in the acknowledgements, although this is not mandatory. Medical writers are considered as legitimate contributors and their names, roles, affiliations, and source of funding must all be detailed in the acknowledgements. An example of suitable text for acknowledging the contribution of a medical writer to a manuscript would be:

“Editorial assistance in the preparation of this article was provided by Dr. Jane Doe of Medical Communications Inc. Support for this assistance was funded by Pharma Ltd.”

For guidance relating to the use of Artificial Intelligence, please visit:

<https://www.springer.com/us/editorial-policies/artificial-intelligence--ai-/25428500>

***Authorship***

The publisher does not prescribe the kinds of contributions that warrant authorship. It is recommended that authors adhere to the guidelines for authorship that are applicable in their specific research field. In the absence of specific guidelines, it is recommended to adhere to the following guidelines for authorship\*:

All authors whose names appear on the submission should have:

- 1) Made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work;
- 2) Drafted the work or revised it critically for important intellectual content;
- 3) Approved the version to be published; and
- 4) Agreed 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.

\*Based on/adapted from:

[ICMJE, Defining the Role of Authors and Contributors, Transparency in authors' contributions and responsibilities to promote integrity in scientific publication, McNutt et al, PNAS February 27, 2018](#)

Large Language Models (LLMs), such as [ChatGPT](#), do not currently satisfy our authorship criteria (imprint editorial policy link). Notably an attribution of authorship carries with it accountability for the work, which cannot be effectively applied to LLMs. Use of an LLM should be properly documented in the Methods section (and if a Methods section is not available, in a suitable alternative part) of the manuscript.

**Author Contributions**

In the absence of specific instructions, and in research fields where it is possible to describe discrete efforts, the publisher recommends authors to include contribution statements in the work that specifies the contribution of every author in order to promote transparency.

For Review articles where discrete statements are less applicable, a statement should be included that states who had the idea for the article, who performed the literature search and data analysis, and who drafted and/or critically revised the work.

E.g. 1, “Conceptualization: [full name], ...; Methodology: [full name], ...; Formal analysis and investigation: [full name], ...; Writing - original draft preparation: [full name, ...]; Writing - review and editing: [full name], ...; Funding acquisition: [full name], ...; Resources: [full name], ...; Supervision: [full name] ...”

E.g. 2, “All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by [full name], [full name], and [full name]. The first draft of the manuscript was written by [full name] and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.”

**Conflict of Interest**

All manuscripts must contain full competing interest information for all listed authors of the submission (listing each author separately by name). Within the acknowledgements under the subheading “*Conflict of Interest*”, authors must disclose any commercial or other associations that might (or may be perceived to) pose a competing interest in connection with the submitted material. Perceptions of competing interests are as important as actual competing interests. All funding sources supporting the work should be acknowledged, as should the authors’ institutional or corporate affiliations. Articles submitted without a disclosure statement will be returned to the author as incomplete.

E.g. “John Smith declares that he has no competing interests. Paula Taylor has received research grants from Drug Company A. Mike Schultz has received a speaker honorarium from Drug Company B and owns stock in Drug Company C.”

If multiple authors declare no competing interests, this can be done in one sentence.

E.g. “John Smith, Paula Taylor, and Mike Schultz declare that they have no competing interests.”

Editorial Board Members and Editors are required to declare any competing interests and may be excluded from the peer review process if a competing interest exists. In addition, they should exclude themselves from handling manuscripts in cases where there is a competing interest. This may include – but is not limited to – having previously published with one or more of the authors and sharing the same institution as one or more of the authors. Where an Editor or Editorial Board Member is on the author list, we recommend they declare this in the competing interests section on the submitted manuscript. If they are an author or have any other competing interest regarding

a specific manuscript, another Editor or member of the Editorial Board will be assigned to assume responsibility for overseeing peer review. These submissions are subject to the exact same review process as any other manuscript. Editorial Board Members are welcome to submit papers to the journal. These submissions are not given any priority over other manuscripts, and Editorial Board Member status has no bearing on editorial consideration.

### ***Ethics/Ethical Approval***

Also, within the Acknowledgements section, under a “*Ethics/Ethical approval*” subheading, authors must include a statement of ethics. For studies involving human participants, human data and/or human material/samples, authors must:

- State that they have received approval or a waiver from an institutional review board, providing the name of the ethics committee (including any available reference numbers). For collaborative research between several institutions, please confirm that the study was approved by all institutions and provide the names of all the ethics committees. This can be provided in table format as a supplementary material file. Please note the name of the “master” ethics committee at the main center should be included in the ethics statement;
- Advise if ethics committee approval was not required for a particular study by providing a statement to this effect containing as much detail as possible (including proof of legislation where applicable);
- Confirm that their study was performed in accordance with the Helsinki Declaration of 1964, and its later amendments;
- Confirm that all subjects provided informed consent to participate in the study;
- Confirm that participants provided consent for publication if any identifying information is included in the manuscript.

For studies involving animals, please include a statement that clarifies that the research complied with institutional, national, or international guidelines. If the study was approved by an institutional animal ethics committee, please detail this in the manuscript together with the name of the committee.

For Reviews, Commentaries, and Editorials that do not contain studies with human or animal subjects performed by the authors, please add a sentence to the effect:

“This article is based on previously conducted studies and does not contain any new studies with human participants or animals performed by any of the authors.”

You can view Springer’s ethical policies online [here](#).

The corresponding author should be prepared to collect documentation of compliance with ethical standards and send if requested during peer review or after publication.

***Data Availability***

For Original Research/Brief Reports, we require authors to ensure that their datasets are either deposited in publicly available repositories, where possible, or published alongside the paper as supplementary material. It is compulsory to include one of the following statements where applicable at the end of the acknowledgements section under the title “*Data Availability*”:

1. The datasets generated during and/or analyzed during the current study are available in the [NAME] repository, [WEB LINK TO DATASETS].
2. All data generated or analyzed during this study are included in this published article/as supplementary information files.
3. The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.
4. The datasets generated during and/or analyzed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC].
5. Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

Please note that during the submission process you will be asked about data sharing if the submission is an Original Research article/Brief Report and the statement is not present.

Upon request, authors should be prepared to send relevant documentation or data in order to verify the validity of the results presented. This could be in the form of raw data, samples, records, etc. Sensitive information in the form of confidential or proprietary data is excluded.

***Thanking Patient Participant(s)***

The journals encourage the author(s) to thank any study participant(s) for their involvement in the study in the acknowledgements section; however, this is entirely at the author(s) discretion. If included, the statement should not jeopardize patient anonymity.

***Patient Involvement***

The journals also encourage the author(s) to disclose any patient involvement in the study trial design or dissemination of results and, if applicable, to provide details of their involvement. Again, this is at the author(s) discretion and should not jeopardize patient anonymity.

**References**

The list of references should only include works that are cited in the text. Work that is cited should have been published or accepted for publication, though other sources can be cited where appropriate. Please keep unpublished “data on file” or other unavailable sources to a minimum. These types of citations should only be mentioned in the text, and not included in the reference list. Citation of conference posters/abstracts and preprints should be clearly identified and kept to a minimum. Information from preprints can also be included in the reference list, but these should be kept to a minimum and it should be made clear in the text, where cited, that the data originates from a preprint. The citation in the reference list should also include the name and location of the preprint server and, preferably, the preprint DOI. Data from “predatory” journals should not be

used to support statements made in the article. Please also be aware of citing material from suspicious/misleading sources. For more information on how to avoid predatory publishers, please visit the Think, Check, Submit information [here](#).

All references, including those supporting tables and figures, should be supplied using the Vancouver system. Their accuracy is the author's responsibility. If up to six authors are listed, all should be cited; when more than six authors are given, the names of the first three authors should be listed, followed by et al. In-text citations should be given as normal-text numbers (Arabic numerals) within square brackets. The reference list should appear in the same sequence as the numbers in the text.

E.g. "Hepatitis is an increasing concern in the developing world [1]."

Sample reference list:

1. Leung AKC, Kellner JD, Davies HD. Hepatitis: a preventable threat. *Adv Ther.* 2005; 22:578–86.
2. Reilly I, Doran D. Fitness Assessment. In: Reilly T, Williams, eds. *Science and Soccer*. London: Routledge; 2003:21–41.

### Figures and Illustrations

All figures (photographs, graphs, or diagrams) should be cited in the text, and each numbered consecutively throughout. Figure parts should be identified by lower case roman letters. There are no restrictions on the number of figures per article.

Details that might identify patients should be omitted unless absolutely necessary for scientific reasons. Falsification of or altering data should never be used as a means of ensuring anonymity; masking of the eye region in photographs of patients is not suitable to protect patient anonymity. If identification of patients is unavoidable, the author must confirm that they have received written informed consent from the patient or their legal representative for the publication of the image(s).

If an illustration has been previously published, acknowledgement to the original source must be made, and written permission from the copyright holder must be submitted with manuscript by the authors. It should also be clearly stated in the figure legend that permission was obtained from the copyright holder. Any material received without such evidence will be assumed to be original from the authors. It is the author's responsibility to ensure all permissions for illustrations have been obtained prior to submission.

All illustrations should be submitted as electronic files, separate from the manuscript document. Please ensure that all figures are legible as these will be used as provided in the final publication. Authors are encouraged to submit good quality (i.e. text/data are clearly visible when viewed at 100% scale) color illustrations for publication online without charge.

Figure legends must be brief, self-sufficient explanations of the photographs, graphs, or diagrams, and should be provided in the manuscript given after the reference list. Figure Legends should not be part of the separate figure file, which should be added to the submission in a JPG or TIFF figure file format. All abbreviations, colors, and symbols used in the figure should be explained.

Please note that there are different instructions for graphical abstracts compared to regular figures (graphical abstracts and infographics are considered digital features). For more information, please read the “*Guidelines for Digital Features and Plain Language Summaries*” document which is available under “Submission Guidelines” on the journal website.

### Tables

All tables should be cited in the text, and each numbered consecutively throughout. There are no restrictions on the number of tables per article. Tables should have a concise descriptive legend (or title). Any additional information (e.g. definitions of abbreviations, footnotes) should be provided as table notes beneath the table. All abbreviations used within a table should be defined in the table notes. Footnotes should be indicated in superscript lower-case letters. Data presented in tables should not then be repeated in the text. Please provide tables in an editable format (e.g. Word) and not as, for example, an image (JPEG).

If a table has been previously published, acknowledgement to the original source must be made and written permission from the copyright holder must be submitted with the manuscript by the authors. Any material received without such evidence will be assumed to be original from the authors. It is the author’s responsibility to ensure all permissions for tables have been obtained prior to submission.

### Supplementary Material

Supplementary material can be hosted alongside the online version of your manuscript. There is no additional charge for this service. Supplementary material can be additional information that is not required in the main text including appendices, supplementary tables, and supplementary figures. Supplementary material should be compiled into one separate document (in Word format) and a cover page should be included. The cover page should include the following: title, authors, author affiliations, corresponding author, and corresponding author email address.

Please note, when referring to supplementary figures or tables please use the notation “S” to avoid any confusion with the tables and figures in the main text.

E.g. “See Table S1 in the electronic supplementary material for details.”  
“... (see the appendix in the electronic supplementary material).”

### Ethical Responsibilities of Authors

Authors must not misrepresent research results, or manipulate data in any way that would damage the trust in the journal, the professionalism of scientific authorship, and ultimately the entire scientific endeavour. Maintaining integrity of the research and its presentation is helped by following the rules of good scientific practice, which include\*:

- The manuscript should not be submitted to more than one journal for simultaneous consideration.

- The submitted work should be original and should not have been published elsewhere in any form or language (partially or in full), unless the new work concerns an expansion of previous work. (Please provide transparency on the re-use of material to avoid the concerns about text-recycling ('self-plagiarism').
- A single study should not be split up into several parts to increase the quantity of submissions, and then submitted to various journals or to one journal over time (i.e. 'salami-slice publishing').
- Concurrent or secondary publication is sometimes justifiable provided certain conditions are met. Acceptable examples may include translations or a manuscript that is intended for a different group of readers.
- Results should be presented clearly, honestly, and without fabrication, falsification or inappropriate data manipulation (including image-based manipulation). Authors should adhere to discipline-specific rules for acquiring, selecting and processing data.
- No data, text, or theories by others should be presented as if they were the author's own ('plagiarism'). Proper acknowledgements to other works must be given, including material that is closely copied (near verbatim), summarized and/or paraphrased. Quotation marks should be used to indicate words taken from another source (especially when material is copied verbatim), permissions must be secured for material that is copyrighted.

**Important note: All Adis Rapid+ journals use anti-plagiarism software (iThenticate®) to check all submissions before peer review.**

- Authors should make sure they have permissions for the use of software, questionnaires/(web) surveys and scales in their studies (if appropriate).
- Research articles and non-research articles (e.g. Opinion, Review, and Commentary articles) must cite appropriate and relevant literature in support of the claims made. Excessive and inappropriate self-citation or coordinated efforts among several authors to collectively self-cite is strongly discouraged.
- Authors should take care to avoid including any untrue statements about an entity (either an individual person or a company) or descriptions of their behavior or actions that could potentially be seen as personal attacks or allegations about that person.
- Research that may be misapplied to pose a threat to public health or national security should be clearly identified in the manuscript (e.g. dual use of research). Examples include the creation of harmful consequences of biological agents or toxins, disruption of immunity of vaccines, unusual hazards in the use of chemicals, and the weaponization of research/technology (amongst others).
- Authors are strongly advised to ensure the author group, the Corresponding Author, and the order of authors are all correct at submission. Adding and/or deleting authors during the revision stages is generally not permitted, although in exceptional cases may be warranted. Reasons for changes in authorship should be explained in detail. Please note that changes to authorship cannot be made after acceptance of a manuscript.



\*All of the above are provided as guidelines. It is the responsibility of authors to ensure that third-party rights such as copyright and/or moral rights are respected.

Upon request, authors should be prepared to send relevant documentation or data in order to verify the validity of the results presented. This could be in the form of raw data, samples, records, etc. However, sensitive information in the form of confidential or proprietary data is excluded.

If there is suspicion of any misbehavior or alleged fraud, the Journal and/or Publisher will carry out an investigation in accordance with COPE guidelines. If there are valid concerns following investigation, the relevant author(s) will be contacted via email and given the opportunity to address the issue. Depending on the situation, this may result in the Journal and/or Publisher implementing the following (or other) measures:

- If the manuscript is still under consideration, it may be rejected and returned to the author.
- If the article has already been published online, depending on the nature and severity of the infraction:
  - I. an erratum/correction may be placed with the article
  - II. an expression of concern may be placed with the article
  - III. or in severe cases retraction of the article may occur.

The reason for the decision will be included in the published erratum/correction, expression of concern or retraction note. Please note that “retraction” means that the article will be maintained on the platform watermarked “retracted”, and the explanation for the retraction will be provided in a note linked to the watermarked article. In addition:

- The author’s institution may be informed
- A notice of suspected transgression of ethical standards in the peer-review system may be included as part of the author’s and article’s bibliographic record.

### **Fundamental errors**

Authors have an obligation to correct mistakes once they discover any significant error or inaccuracy in their published article. In such cases the author(s) is/are requested to contact the journal as soon as possible to explain the error and how this impacts the article. A decision on how to correct the literature will depend on the nature of the error. This may be a correction or retraction. Any retraction note deemed necessary will explain the error and provide transparency regarding the parts of the article that are impacted by the error.

### **MANUSCRIPT SUBMISSION**

Manuscript submission can be done through Editorial Manager. You will be asked to fill in relevant details and upload your manuscript as instructed by the system. The Editorial Manager submission and review system offers easy and straightforward log-in and submission procedures.

**Editorial Manager Sites**

[Advances in Therapy](#)  
[Cardiology and Therapy](#)  
[Dermatology and Therapy](#)  
[Diabetes Therapy](#)  
[Infectious Diseases and Therapy](#)  
[Neurology and Therapy](#)  
[Oncology and Therapy](#)  
[Ophthalmology and Therapy](#)  
[Pain and Therapy](#)  
[Pulmonary Therapy](#)  
[Rheumatology and Therapy](#)

It is recommended that authors submit their manuscript through the Editorial Manager system to ensure that we are provided with all of the information we require to process the submission. However, as part of our service we offer to upload manuscripts on an author's behalf.

If you would like us to do this then please [contact us](#) with as much information regarding your submission as possible (please see the [presubmission checklist](#)). We will get in touch for any missing information or if clarification is required. If you are not the corresponding author, but would like to submit the article on their behalf, please [contact us](#) and we would be more than happy to help you with this.

**AFTER SUBMISSION****Peer Review**

All articles undergo single-blind peer review, conducted by at least two independent experts in the field. Articles are evaluated for medical and scientific accuracy, clinical relevance, and to ensure the paper is balanced, objective, and methodologically sound. In support of concerns raised in the [GPP](#) guidelines relating to publication bias, Adis Rapid+ aims to publish results from all well-designed and balanced studies, whether they report positive, negative, confirmatory or inconclusive data, or data from halted trials; and whether they relate to an international and/or a country-specific audience. We do not consider lack of interest or novelty to be in itself a reason for rejection.

**Copyediting, Typesetting, and Proofing**

Should your submission be accepted for publication following peer review and author amendments, your submission will be copyedited and typeset by Springer's production department ([spr\\_corrections@striave.com](mailto:spr_corrections@striave.com)). The corresponding author should receive typeset proofs for approval within the next ten working days from acceptance of their article. Proofreading, and submission of the final corrections, is the responsibility of the corresponding author. During the submission process, the corresponding author may request other contacts to receive the proofs; however, ultimately, it is the responsibility of the corresponding author to submit the final corrections. Therefore, please ensure this is carefully coordinated between all involved. Corrections should be clear; standard correction marks should be used. Corrections that

lead to a change in the page layout should be avoided. The author is entitled to formal corrections only (i.e. minor corrections and errors introduced during typesetting). Substantial changes in content are not allowed without the approval of the responsible editor. In such a case, please [contact us](#) before returning the proofs to the corrections team.

For accepted submissions to *Advances in Therapy* only, once the proofs have been typeset, the corresponding author will receive a link by email to complete the publishing agreement, prior to receiving the article proofs. This must be completed before the typeset proofs can be released. The publishing agreement will be sent to the corresponding author only and only the corresponding author can complete the publishing agreement.

### Publication

Articles are published online as “Online First” shortly after the author approves their proofs. Once your article is online, it has full pagination and a DOI number, making it instantly citable and is made available as an “Epub Ahead of Print” entry on PubMed for PubMed listed journals. Paginated issues are collated at regular time intervals, which vary by journal ([see the links for the journal specific websites at the beginning of this document](#)). Articles are published in full-text HTML and PDF versions.

Metrics are also available on SpringerLink including accesses, citations, and the article’s Altmetric score. Further metrics for articles and digital features are available [on request](#).

### Press Releases

If you wish to issue a press release relating to your research prior to acceptance for publication in our journals, the below points must be followed:

- The press release can only include data that has been previously presented (e.g. at congresses, as long as the abstract/poster presentation is appropriately referenced);
- The press release can also include data that is in the public domain (e.g. the results cited on the trial registry site);
- Until the article is accepted for publication, the journal name should not be mentioned in the press release.

For any queries regarding press releases, please contact the journal.

### REPRINTS AND E-PRINTS

Reprints can be ordered as soon as the author has approved the final proofs. Reprints can be ordered by contacting Springer Healthcare: [christopher.bassett@springer.com](mailto:christopher.bassett@springer.com).

### CONTACT US

For journal specific contacts and information, [please visit the journal websites as listed at the beginning of this document](#). For general presubmission and other enquiries, contact:

**Editorial Office**

Springer Healthcare Ltd HQ Offices,  
Third Floor, Suite B  
58 Nicholas Street  
Chester  
CH1 2NP, UK  
e-mail: [adisrapidplus@springer.com](mailto:adisrapidplus@springer.com)