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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.

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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. Trial registration is not mandatory; however, 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, Discussion, 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.

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). As a guide, Reviews should be around, but not limited to, 8000-10,000 words.

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.

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.

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. If included on the title page, the member's names will be included as collaborators on PubMed. 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).

DIGITAL FEATURES

Adis Rapid+ journals can publish a range of digital features alongside articles (including videos, video abstracts, slide decks, audio features, infographics, and more). These features are designed to increase visibility, readership, and the educational value of the article. As all digital features are peer reviewed to the same high standard as the article itself, the journal prefers submission of such content at the same time as the article. However, digital features can be submitted retrospectively.

Please note that features submitted after final acceptance are subject to an additional charge. Digital features must be fair/balanced and provide an accurate representation of the article. Digital material can be embedded in the article and/or made available on the Adis Figshare page via a link in the article on the journal website (for articles published open access). 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).

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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.

- *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).

Authors are strongly advised to ensure that the correct author group, corresponding author, and order of authors are provided at submission. Adding and/or deleting authors during the revision stages is generally not permitted, but in some 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.

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."

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 of 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 at all, PNAS February 27, 2018

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."

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