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AIMS AND SCOPE

For more information on the individual journals in the Adis Rapid+ range including Aims and Scope, article processing charges, contact information for the journal's Managing Editor and details of the Editorial and Advisory board members please visit the journal websites:

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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

PRESUBMISSION CHECKLIST

To submit a manuscript it is recommended that you use our Editorial Manager system. Please ensure that your submission meets our editorial polices as outlined in the instructions for authors provided below. Prior to submission, please use the following checklist to make sure you have the necessary information and files that are required to submit your manuscript.

Further information on how to submit your article can be found here.

Please note that there is a Rapid Service Fee that is **mandatory** for publications across our entire Rapid Plus journals portfolio. For more information on those compulsory fees, please see each journal website, under the heading – Aims and Scopes.

Information

- ✓ Article type (see here);
- ✓ Article title;
- ✓ Author information, including affiliations and e-mail addresses;
- ✓ Abstract (including the trial registration number, if applicable);
- ✓ Three to ten keywords;
- ✓ Additional information:
    - The name, email, postal address, telephone number, and VAT number (where applicable; for registered EU companies) for financial correspondence;
    - Copyright permissions for previously published figures and tables;
    - 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 enhanced features;
    - Details of the ethics statements applicable to the study;
    - Details of the trial Registration for the study;
    - 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 three potential reviewers for your submission. Recommended reviewers should not be from any of the authors' affiliations or institutions. 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.

Files

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, main text, acknowledgments, references, tables, figure legends and line numbers;
- ✓ Figures (each figure should be saved as a separate file either as a JPG or tiff);
- ✓ 4-5 Bullet points for summary slide;
- ✓ Any supplementary material (optional);
- ✓ Any enhanced features (optional).

PRESUBMISSION ENQUIRIES

Contact with the journal's Editorial Team is encouraged 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 (see below). There are no word limits, nor limits for the number of tables and/or figures that can be included. All article types described below are subject to peer review.

The journals publish data on trials that are pre-registered on clinical trial web sites. Pre-registration is not mandatory for consideration providing there is a suitable reason for lack of registration, which must be acknowledged in the manuscript. The trial registration number should be included at the end of the abstract. The journals will not publish data that have been published elsewhere. Presentation at scientific meetings (in the form of abstracts or posters) does not constitute full publication. However, prior presentations must be stated in the acknowledgments section.

Original Research

We recommend that manuscripts reporting on original research conform to the CONSORT guidelines, whenever possible. Although this is not mandatory, it may be requested during peer review. Research articles are welcome across the clinical research pathway (including all phases of development, post-marketing, and observational studies, and health economics and outcomes research).

Unsolicited 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, whenever possible. Although this is not mandatory, it may be requested during peer review. 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).

Commissioned Reviews

The journal's Editorial Team actively commissions comprehensive reviews in a range of topics and indications. Proposals for review articles are welcome and should include scope, criteria for data inclusion/exclusion, suggested authors, and other relevant information. Please send all proposals by email to the journal's Managing Editor (contact information available on the journal's website). There are no publication fees associated with commissioned reviews if they fit within the journal's commissioning plan. If submitting a review, please indicate in the title the format of the review

(e.g. systematic, narrative).

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 submitted to the journals should follow the CARE guidelines for reporting cases. Authors should make clear the importance of their particular cases, summarize previous research in the condition, and 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 and keywords; 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.); Overall discussion and conclusion(s) (including the primary "take-away" lessons from the case series); Acknowledgements; References.

Case Reports

Please note that Advances in Therapy does not accept case reports.

All other journals will consider unique individual case reports but these should meet the same eligibility criteria given above for Case Series. Manuscripts submitted to the journal should follow the CARE guidelines for reporting cases.

Consent must be obtained from the patient or the patient's parents, relatives, guardian etc. for publication of the case. 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 publication of the patient's clinical details was obtained and that a copy of the consent form is available for review by the Editor.

Commentaries

Commentary articles or opinion pieces 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 for these articles and authors are encouraged to structure their commentary in a way that best suits their voice.

Patient/ Physician Perspectives

These articles are commentaries in which a patient writes a short piece describing their experience of living with their particular condition – whether that be day-to-day aspects, or response to

treatment, or quality of life issues; anything that is important and relevant to them and that other patients and treating physicians might also be interested in. An expert physician then writes their response alongside, which would usually be the patient's own treating physician, but if this is not possible then another physician who is familiar with the condition could write the accompanying perspective. This section should be underpinned with evidence referenced from available literature.

We recommend that physicians 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 overtly in an open access publication.

Trial Design/Study Protocols

Study protocols for any proposed or ongoing trials may also be submitted. All protocols will undergo peer review prior to publication. Trial registration numbers should be provided when available. We encourage registration of all trials on clinical trial web sites, although this is not mandatory for consideration. It is recommended that the article be structured as follows: title, 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 read the SPIRIT statement.

Study Protocols are not only limited to clinical trials, they can also detail Real World Outcome Data and can also detail any future planned study.

Manuscripts submitted to the journal should follow the ISPOR guidelines for Health Economics and Outcomes Research : Real World Outcome Data.

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

Practical Approach Articles

The "Practical Approach" articles intend to provide evidence-based practical guidance on a series of difficult clinical management issues. Each article aims to provide a condensed and accessible 1500-2000 word overview of a key topic for the broad range of healthcare professionals working with patients, including nurses and general practitioners, and encompassing engaged patients and their carers where appropriate. The objective of these Practical Approach articles is to concisely review the most recent evidence related to a wide range of clinical care and place this into a practical context.

Supplements and Topical Collections

Adis Rapid+ journals also publish supplements. Material appropriate for supplements includes: sponsored meeting proceedings, roundtable discussions, workshop reports, case series, and collections of articles on the same topic. All articles are subject to peer review, and must adhere to the International Committee of Medical Journal Editors and Good Publication Practice (GPP)

policies on acknowledgments and disclosures.

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.)

Brief Reports

Brief reports describing a clinical study, or new insights into clinical management, diagnosis, or treatment are welcome. Brief reports detail 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 in length.

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.

DEVICE-FOCUSED RESEARCH

As well as research around drug therapies, the journals will also consider research around all types of devices including diagnostics. All types of articles will be considered regardless of the outcome, as well as those with small sample sizes, with limited or bridging data, and non-blinded studies and retrospective analyses.

PLAIN LANGUAGE SUMMARIES (Optional)

A plain language summary (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.
The PLS should be no more than 250 words and should be placed below the abstract and before the introduction to the article.

- 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 defined in full the first time it is used.
- 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

For more information on 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").

Digital Features

The journal can publish a range of digital features alongside articles (including animated abstracts, video abstracts, slide decks, audio slides, instructional videos, infographics, podcasts and animations). 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 article submission stage; however, digital features can be submitted (and peer reviewed) after article acceptance, although this will be subject to a charge. Digital features must 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.

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.

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All Adis Rapid+ journals are fully open access with the exception of *Advances in Therapy* which is open choice. *Advances in Therapy* offers open access at a flat fee of €3060/$3860 (in addition to the Mandatory Rapid Service Fee, which is a fixed fee). For more information visit the journal websites.

MANUSCRIPT STRUCTURE

All articles should follow the guidelines below for the title page, abstract, keywords, introduction, discussion, conclusion, acknowledgments, references, figures, tables, supplementary material, and summary slide. Original research articles should also follow the guidelines for methods and results. Submissions should 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 t*he 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.

Randomized controlled trials (RCTs), systematic reviews, and meta-analyses: RCT reports should aim to present information specified by the CONSORT guidelines. Systematic reviews and meta-analyses should aim to present information specified on the PRISMA guidelines.

Title Page

The title page should include the following elements:

- *Title*: The 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 the author(s) and their institutional affiliation(s) and address(es) should be provided. Please follow ICMJE authorship guidelines when considering authorship. All contributors who do not meet the criteria for authorship should

be listed in the acknowledgments 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.

- **Authors are strongly advised to ensure the correct author group, corresponding author, and order of authors at submission.**

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. For original research, the abstract should be presented in a structured format (i.e., Introduction, Methods, Results, Conclusion). Abstracts must reflect the content of the article accurately. The abstract should not cite any references. Abstracts for review articles do not need to be structured. 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.

Keywords

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

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. 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. 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 acknowledgments (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.

Conclusions

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.

Acknowledgments

Information relating to all Editorial policies can be viewed here.

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

Funding

The acknowledgments should provide details of all sources of funding that was received for the study and publication. 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 GPP, initiated by the ICMJE.

Authorship

The journals refer to the ICMJE authorship guidelines. Authors should declare in the acknowledgments that all authors meet the required criteria for authorship by including the text:

"*All named authors meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship for this article, take responsibility for the integrity of the work as a whole, and have given their approval for this version to be published.*"

Medical writing, editorial, and other assistance

The acknowledgments 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 authorship criteria as outlined by the ICMJE guidelines. Ideally, authors should obtain permission from all persons listed in the acknowledgments, though this is not mandatory. Medical writers are considered as legitimate contributors and their roles, affiliations, and source of funding must be detailed in the acknowledgments, thereby ensuring transparency. 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."

Disclosures

Within the acknowledgments under the subheading *Disclosures*, authors are expected to disclose any commercial or other associations that might (or may be perceived to) pose a conflict of interest in connection with submitted material. Perceptions of conflicts of interest are as important as actual conflicts of interest. All funding sources supporting the work should be acknowledged, as should the authors' institutional or corporate affiliations. Please ensure a disclosure statement has been added to the acknowledgments, listing each author separately by name.

E.g., *"John Smith declares that he has no conflict of interest. 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 conflict, this can be done in one sentence.

E.g., *"John Smith, Paula Taylor, and Mike Schultz declare that they have no conflict of interest."*

Compliance with ethics guidelines

Also within the acknowledgments section under a subheading Compliance with Ethics Guidelines, 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.

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 acknowledgments 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 regarding your manuscript if the submission is an original research article/brief report and the statement is not present.

Thanking patient participant(s)

The journals encourage the author(s) to thank any study participant(s) for their involvement in the study in the acknowledgments 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.

Prior Presentation

If the 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.

References

References must include current citable literature. Where possible please use primary references and avoid using “data on file” or other unpublished references. 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.

Please be aware of citing material from suspicious/misleading sources. We abide by Good Publishing Practices and therefore raise awareness of predatory publisher practices. For more information on this please see the Think, Check, Submit information here.

Figures and Illustrations

All figures (photographs, graphs, or diagrams) should be cited in the text, and each numbered consecutively throughout. All data presented within tables and figures must be explained. Figure parts should be identified by lower case roman letters. 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 guarantee that the reproduction of illustrations in which a patient is recognizable is approved either by the patient or by their legal representative. If an illustration has been

previously published, acknowledgment to the original source must be made and written permission from the copyright holder must be submitted with 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 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 figure file format (e.g. JPG/TIFF) All abbreviations, colors, and symbols used in the figure should be explained.

Tables

All tables should be cited in the text, and each numbered consecutively throughout. 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. If a table has been previously published, acknowledgment 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. Please provide tables in an editable format (e.g. Word) and not as, for example, an image (JPEG).

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. 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., "S*ee Table S1 in the electronic supplementary material for details."*
"… (see the appendix in the electronic supplementary material)."

Summary Slide (Mandatory)

Upon submission authors are required to provide 4–5 single-sentence bullet points summarizing their paper, under the following headings:

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)*

This structure may not be suitable for all article types (e.g., reviews). In these instances 4–5 single-sentence bullet points summarizing the key messages from the paper should be provided. For case reports authors should state what is unique about the case being reported and what it will add to the current literature. If you are unsure what should be included in the summary slide please contact the journal's Editorial Team for more information.

The summary slide will sit online alongside your article, and is intended to explain the value and relevance of your research to a wider audience, some of whom will be non-specialists. Please bear this audience in mind when writing your summary. 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 a Summary Slide with your submission, not providing one will delay your submission being sent for peer review.

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