INSTRUCTIONS FOR AUTHORS

General remarks
Advances in Therapy will endeavor to publish results from all well-designed and balanced studies in support of concerns raised in the GPP guidelines relating to publication bias.

Regarding authorship, Advances in Therapy refers to the guidelines of the International Committee of Medical Journal Editors (ICMJE, www.icmje.org). All individuals who do not meet the criteria for authorship should be listed in an Acknowledgments section at the end of the manuscript.

Advances in Therapy views medical writers as legitimate contributors and requests their roles and affiliations be declared in the Acknowledgments section at the end of the manuscript, thereby ensuring transparency.

We request that personal, commercial, academic, or financial interests are also declared thereby ensuring transparency.

Advances in Therapy will publish data that has been pre-registered on clinical trial websites. We do ask, however, that if a trial registration number is available, it is included at the end of the abstract.

Presentation at scientific meetings (in the form of abstracts or posters) is not considered to constitute full publication. However, we ask that the manuscript makes reference to such presentation of the data.

To facilitate rapid publication, submissions to Advances in Therapy should conform to the standards outlined in the “Uniform Requirements for Manuscripts submitted to Biomedical Journals,” prepared by ICMJE (www.icmje.org). Randomized controlled study reports should present information specified on the CONSORT checklist (www.consort-statement.org).

Advances in Therapy accepts the following article types:

Original research articles and reviews
Manuscripts outlining original research are welcome from a range of clinical research areas. Research should be relevant and, where possible, should present information as described by the CONSORT checklist. Research articles are welcome across the clinical research pathway (including phase 1, phase 2, phase 3, phase 4, and pre-release studies).

Commissioned drug reviews
Advances in Therapy also actively commissions comprehensive reviews in a range of therapeutic areas. These are usually commissioned by the in-house editing team; however proposals are welcome by email to gina.thompson@springer.com. The scope of the review should be made clear, as should the criteria for data inclusion. There are no page charges associated with commissioned reviews.

Word count: to be discussed with Commissioning Editor
Abstract: 300 words
Keywords: 3-10 keywords
Tables/Illustrations: up to 3
References: up to 50
Manuscript submission
Submitted original research articles and reviews should be relevant and conform with the journal’s aims and scope and, where possible, present information as described by the CONSORT checklist. Full aims and scopes can be found on the journal homepage (www.advancesintherapy.com).

To keep the peer review time as short as possible, we encourage authors to submit their manuscripts online at www.editorialmanager.com/ait. It is the author's responsibility to ensure all permissions for figures/data/tables have been obtained prior to submission. Authors must submit proof of permission from the copyright holder to reproduce any tables/figures.

The online manuscript submission and review system for Advances in Therapy offers easy and straightforward log-in and submission procedures. This system supports a wide range of submission file formats: for manuscripts - Word, WordPerfect, RTF, TXT and LaTeX; for figures - TIFF, GIF, JPEG, EPS, PPT, and Postscript.

All noncommissioned articles are fast-tracked and are therefore subject to page charges ($495 per page). Color figures may be printed at the author’s expense for an additional fee of $2300 for up to 8 printed pages. Please indicate at submission which figures should be printed in color, the number of color pages you prefer, and to which address we can send the invoice. In addition, please specify if figures are to appear together on a color page. Please note that your images will appear online in color free of charge regardless of whether you choose to pay the additional cost for print.

Language editing
All manuscripts are subject to copy editing and technical editing as appropriate. For manuscripts where the standard of language is below that needed for the journal, Advances in Therapy offers a language editing service. Please contact the Managing Editor for further details.

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 chemical composition, manufacturer, and the country of manufacturer should be stated in full in the Materials and Methods section. The source of any new and experimental preparation should also be given.

Abbreviations and nomenclature
Ensure that US (Merriam-Webster Collegiate Dictionary) spellings are used throughout your article. 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 Advances in Therapy.

Substances, materials, and instruments: The correct designation and the manufacturer’s name should be given. Where the manufacturer is not well known, the city and country should also be included.

Units of measure: SI units should be used throughout, except where non-SI units are more common.

Manuscript format
Manuscripts should be double-spaced with 25 mm margins, and all pages should be numbered.

Figures should not be included in the main manuscript document but submitted as separate image files.
Article outline (original research articles)

Title Page
The title page should include the following elements:

- **Title**: Should capture the essence of the scientific contribution in no more than 15 words. It should be specific enough for electronic retrieval and searches.
- **Author details**: Name(s) of the author(s), institutional affiliation(s) of each author, address, telephone and fax numbers, and email address.

Please follow ICMJE guidelines when considering authorship. All individuals who do not meet the criteria for authorship should be listed in the Acknowledgments section at the end of the manuscript.

*Advances in Therapy* requests that one author is named as the “guarantor” author and identified as the person who takes responsibility for the integrity of the work as a whole, from inception to published article. This information will be published in the journal.

One author should be named as the “corresponding” author. This may be the same as individual as “guarantor”, or another individual responsible for the submission of the article.

Abstract
Each paper must include an abstract of up to 300 words that is intelligible to the journal’s general readership without reference to the text. Abstracts should be presented in a structured format (ie, Introduction, Methods, Results, Conclusion) and must reflect the content of the article accurately.

Readers should be able to understand why the study was done, the question asked, and how the study was done. 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.

Keywords
A list of 3 to 10 keywords should be supplied in alphabetical order after the abstract characterizing the scope of the paper.

Introduction
Should provide a brief review of pertinent literature and cite relevant findings that led to the study. Be careful not to exclude relevant findings by other investigators.

Discuss unknowns that remain to be determined or controversies that exist in the literature.

Present controversial findings in the Introduction if they are key 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.
**Materials and methods**

Provide sufficient details so that another investigator can repeat your experiments.

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 (eg, confidence intervals).

For literature reviews, authors must include the details of how their search was conducted, ie, 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.

Details of consent must be provided. When participants are unable to give fully informed consent, research should follow international guidelines, such as those of the Council for International Organizations of Medical Sciences (CIOMS).

Animal experiments require full compliance with local, ethical and regulatory principles, and local licensing arrangements. International standards vary.

**Results**

Present findings in a logical progression through the experimental process. Tell a story; this does not necessarily mean that findings will be presented in the chronological order in which they were performed.

Provide sufficient interpretation of data to lead the reader from one concept to the next but leave the detailed analysis for the Discussion section.

Avoid duplication of information particularly of data within text, figures, tables, or in figure legends.

Save comparison of findings from studies to those of others for the Discussion.

Results concerning the primary testable hypothesis should be presented first. Do not save the "best" for last. For example, if the main aim is to assess antifracture efficacy, present these data first and surrogates (BMD or biochemical markers) later.

Data should be presented as concisely as possible, if appropriate in the form of tables and/or graphs.

The Results must contain a sufficient summary of data.

**Discussion**

Avoid simple reiteration of background information and results.

Include a summary of the main findings from most to least important including a statement whether the results are consistent with the stated hypothesis.

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 this 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. Please make clear the significance limitations of the study.

Summarize and conclude. The conclusion is an inference. Within the constraints of the limitations of the study, the authors may boldly speculate regarding the significance of the findings and future research.

Acknowledgments and contributors
Authors are expected to disclose any commercial or other associations that might pose a conflict of interest in connection with submitted material. All funding sources supporting the work should be acknowledged, as should the authors’ institutional or corporate affiliations.

Please ensure that clinical trials sponsored by pharmaceutical companies follow the guidelines on Good Publication Practice, initiated by the International Committee of Medical Journal Editors (ICMJE, www.icmje.org).

The acknowledgments should include the specific contributions of all persons who have substantially contributed to the work reported (eg, technical assistance, data collection, analysis, writing, or editing assistance) but who do not fulfill authorship criteria. Authors should obtain written permission from all persons listed in the acknowledgments. All institutional and corporate funding sources should be mentioned. The names of funding organizations should be written in full.

Medical writers are considered as legitimate contributors and their roles and affiliations should be detailed.

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 manuscript was provided by Dr. Jane Doe of Medical Communications Inc. Support for this assistance was funded by Pharma Ltd.”

References
References must include current citable literature. Where possible please use primary references and avoid using ‘data on file’, ‘poster’, ‘abstract’ or other unpublished references. If data is to be referenced from one of these sources, permission must have been provided by the author.

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 6 authors are listed, all should be cited; when more than 6 authors are given, the names of the first 3 authors should be listed, followed by et al. In-text citations should be given as superscript numbers.

The reference list should appear in the same sequence as the numbers in the text.

Sample in-text reference:
“Hepatitis is an increasing concern in the developing world.”

Sample reference list:
Illustrations
All figures (photographs, graphs, or diagrams) and tables should be cited in the text, and each numbered consecutively throughout. All data presented within table 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 or altering of data should never be used as a means of ensuring anonymity; masking of the eye region in photographs of patients may be inadequate. 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 him-/herself or by his/her legal representative.

If submitted material has been previously published, acknowledgment to the original source must be made and written permission from the copyright holder must be submitted with the illustration by the author. Any material received without such evidence will be assumed to be original from the authors.

All illustrations should be submitted as electronic files with a minimum resolution of 800 dpi for line drawings, and 300 dpi for digital halftones.

Store color illustrations as RGB (8 bits per channel) in TIFF format.

Authors are encouraged to submit good quality color illustrations for submission online without charge.

Figure legends must be brief, self-sufficient explanations of the photographs, graphs, or diagrams. All abbreviations, colors, and symbols used in the figure should be explained. All figures must be cited in the text, and each numbered consecutively throughout. Figure parts should be identified by lower-case roman letters.

Tables
All tables should be cited in the text, and each numbered consecutively throughout. Tables should have a title and a legend explaining any abbreviations used in that table. Footnotes to tables should be indicated in superscript symbols. Data presented in tables should not then be repeated in the text.

Like illustrations, if submitted material has been previously published, acknowledgment to the original source must be made and written permission from the copyright holder must be submitted with the illustration by the author. Any material received without such evidence will be assumed to be original from the authors.

Appendices
If there is more than one appendix, they should be numbered consecutively. Equations in appendices should be designated differently from those in the main body of the paper, e.g., (A1), (A2), etc. In each appendix equations should be numbered separately.

Proofreading
Proofreading is the responsibility of the author. 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.

Substantial changes in content (e.g., new results, corrected values, title, and authorship) are not allowed without the approval of the responsible editor. In such a case please contact the Editorial Office before returning the proofs to the publisher.
Copyright and reprints
On publication of an article, each author will be entitled the receive two copies of the issue in which their article appears. Published manuscripts are the full copyright property of Springer Healthcare Communications. Further reprints can be ordered by contacting Springer Healthcare Communications.

Queries
For any queries relating to the journal please contact:

Alison Brown  Evelisa Rosario
Springer Healthcare Communications  Springer Healthcare Communications
1st floor, Farside House  233 Spring Street
Nantwich Road, Tarporley  5th floor
Cheshire, CW6 9UY, England  New York, NY 10013, USA
Tel: +44 (0) 1829 731226  Tel: +1 (212) 620 8495
Email: advancesintherapy@springer.com  Email: advancesintherapy@springer.com