

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:

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

PRESUBMISSION CHECKLIST

To submit a manuscript it is recommended that you use our [Editorial Manager system](#). Please ensure that your submission meets our editorial policies 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](#).

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](#);
 - 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. If you are unable or do not wish to provide suggestions for potential reviewers then please use the following information to bypass this requirement (First name: NA; Last name: NA; Affiliation:

NA; e-mail: NA@NA.com).

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, and figure legends;
- ✓ [Figures](#) (each figure should be saved as a separate file);
- ✓ Bullet points for [summary slide](#);
- ✓ Disclosure form signed by the corresponding author (found at the end of this document);
- ✓ 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.

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.

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.

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.

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.

Letters to the Editor

Letters will be considered on a case-by-case basis. These include, but are not limited to, letters commenting on a recently published paper. Letters are limited to one comment and one response by the authors of the original paper if they wish to respond. These will be reviewed and approved by the journal's Editorial Board.

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)

Plain language summaries (PLSs) are intended for readers requiring a succinct, simplified overview of a manuscript (such as informed patients and caregivers, and scientists outside of the field who may not have an in-depth knowledge of the topic). The aim of PLSs is to assist in understanding the scientific content and overall implications of the manuscript. While some prior understanding of the topic may be assumed, shorter sentences without ambiguous or unnecessarily complex terms are recommended, as well as use of the active voice. PLSs should be up to 250 words in length, and be placed after the Abstract of the article under the heading: 'Plain Language Summary'. PLSs should be submitted to the relevant journal alongside the respective article in order for the PLS to be published after the main abstract – but if submitted retrospectively, will be published as an accompaniment to the article via a linkout positioned underneath the abstract. All PLSs are peer-reviewed, either at the same time as the submitted article or later if submitted separately.

Please find examples below:

<https://link.springer.com/article/10.1007%2Fs40744-017-0080-4>

<https://link.springer.com/article/10.1007/s40120-018-0096-x>

PLSs can be structured at the authors discretion, and may include subheadings for clarity if appropriate.

ENHANCED DIGITAL FEATURES

To further encourage readership, every paper is accompanied by a bulleted summary slide, highlighting the key points of the article. The journals also have the capability to publish:

- Slide decks (providing an overview of the paper);
- Videos (providing an accurate representation of the article/demonstrating a procedure);
- Video abstracts;
- Animations;
- Audio slides.

These features are designed to increase visibility of articles, encourage a broader readership, augment the level and speed of understanding, and enhance the educational value of the data.

The journals team has the capability to create enhanced features on behalf of the author. If you are interested in any of the available enhanced features, please indicate your needs in the box provided during manuscript submission and a member of the team will contact you with further details.

If you have a ready-made animation, video or slide set at the submission stage, please upload it with your manuscript. Please note that we can only accept videos that provide an accurate representation of the article/demonstrate a procedure; we do not accept video commentaries. All sponsorship and disclosures must be cited within the enhanced feature, to ensure complete transparency and adherence to good publishing practices. All enhanced material is peer reviewed. Please note, based on peer reviewer comments, you may be required to edit your video or animation before acceptance. For additional guidelines on the journal's enhanced content please see the 'Guidelines for Enhanced Content' at the end of this document.

Authors are welcome to create and submit an enhanced feature after the article has been published online. Features should be emailed to adisrapidplus@springer.com with details of the article citation. The feature will be assessed and peer reviewed before being added to the article.

Once approved, this enhanced material will be visible alongside the article on the journal website. The copyright for any enhanced material provided will stay with the author.

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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 £2,000/€2,200/\$3,000 (in addition to the article processing charges, which are per typeset page). 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

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 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

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 article processing charges were funded by Pharma Ltd.*” Or “*No funding or sponsorship was received for this study or publication of this article.*”

Where the study sponsor could have had a proprietary or financial interest in the outcome of the study (i.e., they own the drug/device being studied) then the following declaration should be made:

“All authors had full access to all of the data in this study and take complete responsibility for the integrity of the data and accuracy of the data analysis.”

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. Authors must state that they have received the approval of an institutional review board, providing the name of the ethics committee (including any available reference numbers), and that the study conformed with the Helsinki Declaration of 1964, as revised in 2013, concerning human and animal rights, and that Springer's policy concerning informed consent has been followed. You can view Springer's ethical policies online [here](#).

For studies involving human participants, human data and/or human material/samples, the ethics statement should include the following information:

- Text relating to ethics committee approval (including committee name(s) and 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.
- Full details if ethics committee approval was waived or not required. Information to this effect should be stated in the manuscript alongside the reason.
- Full details relating to consent to participate.
- Full details relating to consent for publication if any identifying information is included in the article.

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 studies with human participants or animals performed by any of the authors.”

Data availability

We encourage authors to ensure that their datasets are either deposited in publicly available repositories where possible or published alongside the paper as supplementary material. This is not compulsory but it is encouraged that authors 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. The datasets generated during and/or analyzed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.
3. The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.
4. Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.
5. All data generated or analyzed during this study are included in this published article/as supplementary information files.

Please note that, although data sharing is optional for the journal, during the submission process you will be asked about data sharing regarding your manuscript. If this is not applicable to your study then please select option 2 (“My manuscript has no associated data or the data will not be deposited”).

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.

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.

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

Summary Slide

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.

MANUSCRIPT SUBMISSION

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

Editorial manager sites:

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[Dermatology and Therapy](#)
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OVERVIEW

This document is divided into a series of [frequently asked questions](#) about Adis Rapid+ Journals' enhanced features, followed by [instructions for authors](#), covering creation guidelines for each of the enhanced features.

If you have any further queries, please contact: Adisdigitalfeatures@springer.com.

FREQUENTLY ASKED QUESTIONS

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Enhanced content is designed to increase the visibility of articles, encourage broader readership, augment the level and speed of understanding, and enhance the educational value of the original article. For example, to further encourage readership, all authors are encouraged to submit bulleted summary points which highlight the key points of the study, i.e., why the study was carried out and what was learned. These points are published in summary slide format alongside the article.

Enhanced content includes, but is not limited to:

- Slide decks (providing an overview of the paper)
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- Animations
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If your paper has already been published and you would like to submit enhanced features, this can be submitted retrospectively and should be sent by email to the journals team (adisrapidplus@springer.com). Please quote the published article's title and DOI in this email.

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Authors can supply content themselves or alternatively the journal team has the capability to create

selected enhanced features on their behalf (e.g., slide decks). Summary slides are created for every article from bullet points supplied by the authors during the submission process. If the content is developed by the journal team, the authors will have the opportunity to review and approve the content before it is sent for peer review.

Is Enhanced Content Peer Reviewed?

Yes. All enhanced content is thoroughly peer reviewed to ensure the content is of the highest scientific standard. Furthermore all content is marked as 'Peer-reviewed content' to ensure readers are aware that it has been reviewed to the same level as the articles with which they are published. All submissions to Adis Rapid+ journals undergo single-blind peer review, meaning only the reviewers' identities are hidden from the authors; authors may be identified by reviewers.

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An example of our enhanced content pages can be viewed [here](#).

<p>First online: 17 March 2016 Open Access</p> <h3>Impact of the Topical Ophthalmic Corticosteroid Loteprednol Etabonate on Intraocular Pressure</h3> <p>John D. Sheppard, Timothy L. Comstock, Megan E. Cavet</p> <p>Download PDF (592 KB)</p> <p>View Article</p> <h4>Abstract</h4> <p>Corticosteroids are a mainstay therapeutic option for the treatment of ocular inflammation. However, safety remains a concern for clinicians, particularly with long-term use. Though highly effective at suppressing inflammatory and allergic responses, topical ophthalmic corticosteroids carry an inherent risk of side effects, including elevated intraocular pressure (IOP), a risk factor for the development of glaucoma. The corticosteroid loteprednol etabonate (LE) contains an ester rather than a ketone at the C-20 position, minimizing the potential for side effects, including IOP elevation. In early pivotal clinical trials of LE ophthalmic suspension for conjunctivitis (allergic, giant papillary), anterior uveitis, and post-operative inflammation, LE had minimal impact on IOP over short-term (<28 days) and long-term (≥28 days) use. Since then, new LE formulations—including a gel, an ointment, and a suspension of LE in combination with tobramycin—have become commercially available. Multiple studies evaluating the safety and efficacy of LE for inflammatory conditions have been reported, including those requiring longer-term treatment such as photorefractive keratectomy, corneal transplantation, and dry eye disease. We review the available published data on the effect of LE on IOP and report on the cumulative incidence of clinically significant IOP elevations (≥10 mm Hg from baseline) with short-term and long-term LE use. In all studies, LE consistently demonstrated a low propensity to elevate IOP, regardless of formulation, dosage regimen, or treatment duration, including in known steroid responders. The cumulative proportion of patients exhibiting clinically significant IOP increases was 0.8% (14/1725 subjects) in studies evaluating short-term LE treatment and 1.5% (21/1398 subjects) in long-term studies. Furthermore, use of LE was associated with significantly lower rates of IOP elevation ≥10 mm Hg as compared to prednisolone acetate or dexamethasone (when used in combination with tobramycin). The cumulative data to date substantiates a favorable IOP-safety profile for LE with both short-term and long-term use.</p> <p>Keywords</p> <p>Corticosteroid – Glaucoma – Intraocular pressure – Loteprednol etabonate – Ophthalmology – Safety – Topical ophthalmic</p> <div style="border: 1px solid red; padding: 5px;"><p>Enhanced content To view enhanced content for this article go to http://www.medengine.com/Redeem/0C44F0606370E8F1.</p></div>	<p>Adv Ther DOI 10.1007/s12325-016-0315-8</p> <p>REVIEW</p> <h3>Impact of the Topical Ophthalmic Corticosteroid Loteprednol Etabonate on Intraocular Pressure</h3> <p>John D. Sheppard · Timothy L. Comstock · Megan E. Cavet</p> <p>Received: February 5, 2016 © The Author(s) 2016. This article is published with open access at Springerlink.com</p> <p>ABSTRACT</p> <p>Corticosteroids are a mainstay therapeutic option for the treatment of ocular inflammation. However, safety remains a concern for clinicians, particularly with long-term use. Though highly effective at suppressing inflammatory and allergic responses, topical ophthalmic corticosteroids carry an inherent risk of side effects, including elevated intraocular pressure (IOP), a risk factor for the development of glaucoma. The corticosteroid loteprednol etabonate (LE) contains an ester rather than a ketone at the C-20 position, minimizing the potential for side effects, including IOP elevation. In early pivotal clinical trials of LE ophthalmic suspension for conjunctivitis (allergic, giant papillary), anterior uveitis, and post-operative inflammation, LE had minimal impact on IOP over short-term (<28 days) and long-term (≥28 days) use. Since then, new LE formulations—including a gel, an ointment, and a suspension of LE in combination with tobramycin—have become commercially available. Multiple studies evaluating the safety and efficacy of LE for inflammatory conditions have been reported, including those requiring longer-term treatment such as photorefractive keratectomy, corneal transplantation, and dry eye disease. We review the available published data on the effect of LE on IOP and report on the cumulative incidence of clinically significant IOP elevations (≥10 mm Hg from baseline) with short-term and long-term LE use. In all studies, LE consistently demonstrated a low propensity</p> <div style="border: 1px solid red; padding: 5px;"><p>Enhanced content To view enhanced content for this article go to http://www.medengine.com/Redeem/0C44F0606370E8F1.</p></div>
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- **Summary slides:** There are no charges for the creation of summary slides as these are provided as standard with every article and included within the Article Processing Charges.
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Do All Adis Journals Offer Enhanced Content?

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Further Questions About Enhanced Content?

The journals team welcome any enquires and will be happy to answer any further questions you may have. Please contact adisrapidplus@springer.com and we will respond within one working day.

INSTRUCTIONS FOR AUTHORS

Summary Slides

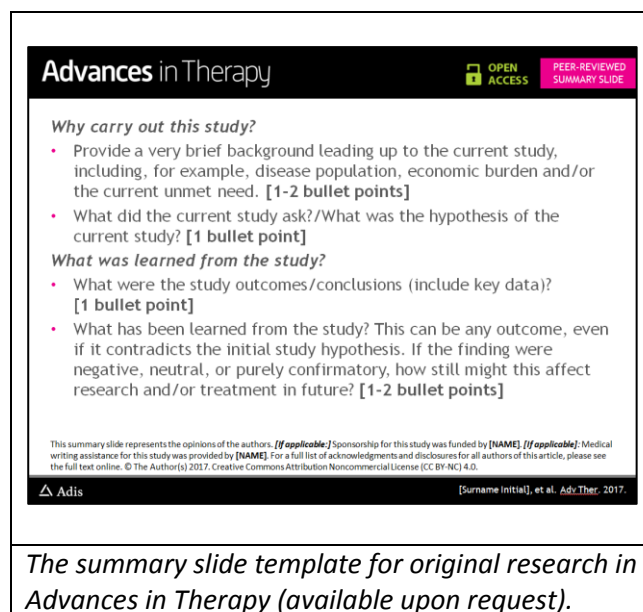
Summary slides are encouraged in all Rapid+ journals for all articles published. They are intended to explain the value and relevance of your research to a wide audience, including non-specialists. The broad audience should therefore be borne in mind when writing summary points. Summary points must also purely reflect only the content of the article and will undergo peer review.



Authors are asked during submission to provide 4–5 single-sentence bullet points summarizing their paper, under the following headings: ‘*Why carry out this study?*’ and ‘*What was learned from the study?*’ A guide on what to include in your summary points can be seen in the image to the right.

Note that this structure may not be suitable for all types of article. If so, 4–5 single-sentence bullet points summarizing the key messages from your 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 us](#) for more information.

Summary points can either be provided in a Word document or in the journal’s PowerPoint template. If you prefer to use PowerPoint, please request a PowerPoint template from adisrapidplus@springer.com, indicating which journal you intend to submit to.

Summaries should be a single slide only, with no more than five single-sentence bullets, and, ideally, should fit on the journal’s summary slide template without reducing the size of the font. If you are having difficulty restricting your summary to a single slide, please [contact us](#) for support.



Advances in Therapy  


Why carry out this study?

- Provide a very brief background leading up to the current study, including, for example, disease population, economic burden and/or the current unmet need. [1-2 bullet points]
- What did the current study ask?/What was the hypothesis of the current study? [1 bullet point]

What was learned from the study?

- What were the study outcomes/conclusions (include key 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 finding were negative, neutral, or purely confirmatory, how still might this affect research and/or treatment in future? [1-2 bullet points]

This summary slide represents the opinions of the authors. [if applicable] Sponsorship for this study was funded by [NAME]. [if applicable] Medical writing assistance for this study was provided by [NAME]. For a full list of acknowledgments and disclosures for all authors of this article, please see the full text online. © The Author(s) 2017. Creative Commons Attribution Noncommercial License (CC BY-NC) 4.0.

 Adis [Surname Initial], et al. Adv. Ther. 2017.

The summary slide template for original research in Advances in Therapy (available upon request).

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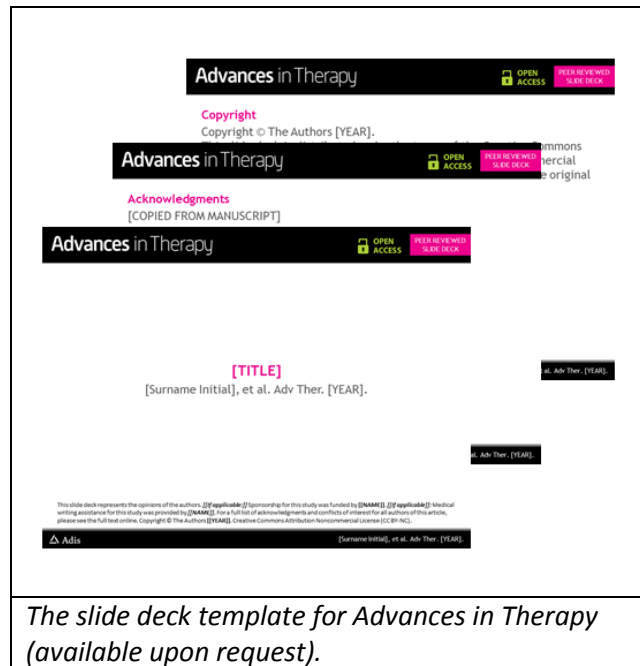
Slide decks summarize your article in bullets and graphics, for a more extensive presentation of the key facts and figures than can be provided on summary slides. You can either create your own for us to host, or let our team create them (a fee may be applicable for this). Slide decks are perfect for readers who prefer assimilating data quickly and succinctly and enable others to present your findings to colleagues.

Slide decks should have the following basic structure: Title slide, Abbreviations, Introduction, *'Slides related to the article content'*, Discussion, Conclusion, Acknowledgments, Copyright.

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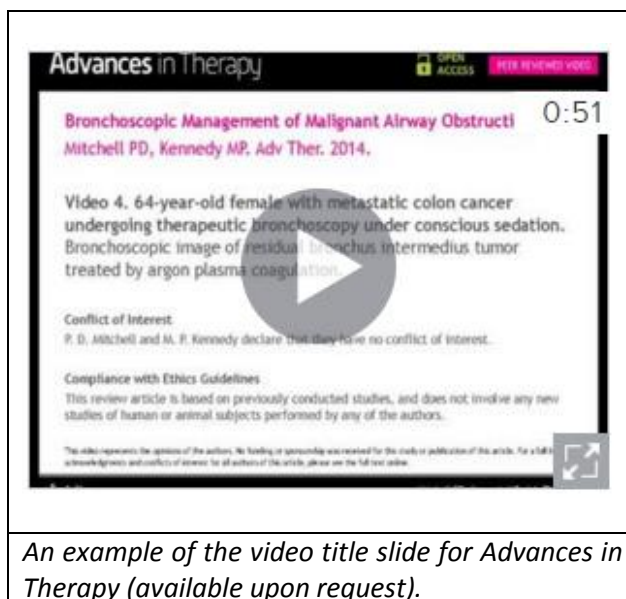
Authors can submit audio abstracts and short (up to 2 minutes) audio clips in which the author can briefly describe their paper, explaining their motivation for performing the study, how the study was performed, what they found out, and the implications.

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For audio abstracts, a two minute length is recommended.



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