

AIMS AND SCOPE

Diabetes Therapy (link.springer.com/journal/13300) is an international, open access, peer-reviewed, rapid publication journal (peer review in 2 weeks, published 3–4 weeks from acceptance). The journal is dedicated to the publication of high-quality preclinical, clinical (all phases), observational, real-world, and health outcomes research around the discovery, development, and use of diabetes therapies, including devices. Studies relating to diagnostics and diagnosis, pharmacoeconomics, public health, quality of life, and patient care, management, and education are also encouraged.

Diabetes Therapy is of interest to a broad audience of pharmaceutical and healthcare professionals and publishes original research, reviews, case reports, and short communications. The journal appeals to a global audience and receives submissions from all over the world.

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- ✓ Any supplementary material (*optional*);
- ✓ Any enhanced features (*optional*);

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ARTICLE TYPES

Original research, reviews, case reports, and short communications (brief reports and commentaries) are all considered. 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 journal will publish data on trials that are pre-registered on clinical trial web sites. The trial registration number, if available, should be included at the end of the abstract. The journal 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.

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- 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
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- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Case reports/series should have the following structure:

- Abstract and keywords
- Introduction; summary of why the case(s) is unique/important with reference to relevant medical literature
- Case presentation(s); Patient information, clinical findings, timeline, diagnostic assessment, therapeutic intervention, follow-up and outcomes, etc.
- Overall discussion and conclusion(s) incl. the primary "take-away" lessons from the case(s)
- Acknowledgements
- References

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Commentaries: Commentaries concerning topics relevant to the readership of the journal are accepted and are intended to engender discussion. Reviews of the literature, methods and other how-to papers are not appropriate.

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

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

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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 trademark (e.g., ®) should be used. The trademark 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: 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 the journal. 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.

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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 unknowns that remain to be determined or controversies that exist in the literature. Controversial findings should be presented 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.

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Results: The results should present the 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. 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 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 and future research.

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

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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.

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- 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 data was negative, neutral or purely confirmatory, how might this still affect research and/or treatment in future? (1–2 bullet points)

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