Expert Reviews: Author Guidelines

www.expert-reviews.com

1. Audience

The audience for the Expert Review series consists of clinicians, R&D scientists, regulatory and marketing professionals in the pharmaceutical industry and decision-makers in healthcare provision. Authors should bear in mind the multidisciplinary status of the readership when writing the article.

Expert Review articles have been engineered specifically for the online environment. The structure is designed to draw the reader's attention directly to the information they require.

2. Key formatting points

Please ensure your paper concurs with the following article format:

Title: concise, not more than 120 characters.

Author(s) names & affiliations: including full name, address, phone & fax numbers and e-mail.

Abstract/Summary: approximately 120 words. No references should be cited in the abstract.

Keywords: approximately 5–10 keywords for the review.

Body of the article: article content under relevant headings and subheadings.

Expert commentary: the author's expert view on the current status of the field under discussion.

Five-year view: a speculative viewpoint on how the field will evolve in 5 years time.

Key issues: 8–10 bullet points summarizing the review.

References:

• Should be numerically listed in the reference section in the order that they occur in the text.

• Should appear as a number i.e., [1,2] in the text.

• If websites or patents are included, please use a separate numbering system for them, i.e., start numbering patent references at [101] and websites at [201] to allow the reader to distinguish between websites/patents and primary literature references both in the text and in the bibliography.

• Any references that are cited in figures/tables/boxes that do not appear in the text should be listed at the end of the reference list in the order they occur.

• Quote first six authors' names. If there are more than six, then quote first three et al. The Expert Reviews Endnote style can be downloaded from our website

• A maximum of 20 references are allowed for Editorials, Key Paper Evaluations and Meeting Reports.

• A maximum of 80 references is recommended for Reviews, Perspectives and Special Reports.

Reference annotations: please highlight 6–8 references that are of particular significance to the subject under review as "* of interest" or "** of considerable interest" and provide a brief (1–2 line) synopsis.

Figures/Tables/Boxes: Summary figures/tables/boxes are very useful, and we encourage their use in reviews/perspectives/special reports. The author should include illustrations and tables to condense and illustrate the information they wish to convey. Commentary that augments an article and could be viewed as 'stand-alone' should be included in a separate box. An example would be a summary of a particular trial or trial series, a case study summary or a series of terms explained.

If any of the figures or tables used in the manuscript requires permission from the original publisher, it is the author's responsibility to obtain this. Figures must be in an editable format.

No figures/tables/boxes are permitted in Editorials and Meeting Reports.

3. Article types

Reviews

Reviews aim to highlight recent significant advances in research, ongoing challenges and unmet needs. Authors should strive for brevity and clarity.

Each article should concentrate on the most recent developments in the field and should aim for concise presentation of relevant information.

Word limit: 5000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)
Required sections (for a more detailed description of these sections see Article sections):

• Summary

• Keywords

• Expert commentary

• Five-year view

• Key issues

• References: target of 80 references

• Reference annotations

• Financial disclosure/Acknowledgements

Perspectives

Perspectives have the same basic structure and length as review articles, however they should be more speculative and very forward looking, even visionary. They offer the author the opportunity to present criticism or address controversy. Authors of perspectives are encouraged to be highly opinionated. The intention is very much that these articles should represent a personal perspective.

Referees will be briefed to review these articles for quality and relevance of argument only. They will not necessarily be expected to agree with the authors' sentiments.

Word limit: 3000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)
Required sections (for a more detailed description of these sections see Article sections):

- Summary
- Keywords
- Expert commentary
- Five-year view
- Key issues
- References: target of 80 references
- Reference annotations
- Financial disclosure/Acknowledgements

Special reports

Special reports are short review-style articles that summarize a particular niche area, be it a specific technique or therapeutic method.

Word limit: 1500–3000 words (excluding Abstract, Key issues, References and Figure/Table legends)
Required sections (for a more detailed description of these sections see Article sections):

- Summary
- Keywords
- Expert commentary
- Five-year view
- Key issues
- References: target of 50 references
- Reference annotations
- Financial disclosure/Acknowledgements

Editorials

Editorials are short articles on issues of topical importance. We encourage our editorial writers to express their opinions, giving the author the opportunity to present criticism or address controversy. The intention is very much that the article should offer a personal perspective on a topic of recent interest.

Word limit: 1500 words maximum (excluding keywords and references)

Required sections:

• Keywords

• Photo (headshot) of authors (including all co-authors [up to 3])

• Please note: No figures, tables or boxes are permitted in editorials

• Please note: A maximum of 20 references are permitted

• Financial disclosure/Acknowledgements

Key paper evaluations

Key paper evaluations review significant, recently published original research articles carefully selected and assessed by specialists in the field (not a paper from the author's own group). The original research detailed in the chosen paper is discussed with the aim of keeping readers informed of the most promising discoveries/breakthroughs relevant to the subject of the journal through review and comment from experts.

Key Paper Evaluations are intended to extend and expand on the information presented, putting it in context and explaining why it is of importance.

The ideal article will provide both a critical evaluation and the author's opinion on the quality and novelty of the information disclosed.

Word limit: 1500 words maximum (excluding summary, keywords and references)

Required sections (for a more detailed description of these sections see Article sections):

• Summary

• Keywords

• Summary of methods and results

• Discussion

• Five-year view

• Key issues

• References: Please note: a maximum of 20 references are permitted

• Reference annotations

• Figures/tables: if necessary, only one of each is permitted

• Financial disclosure/Acknowledgements

Meeting reports

Meeting reports aim to summarize the most important research presented at a recent conference in the subject area of the journal.

It is not usually feasible to attempt comprehensive coverage of the conference, as presentations are frequently too numerous for each to be done justice. The author should focus on those presentations that are most topical, interesting or thought-provoking.

Word limit: 1500 words maximum (excluding abstract, conference details and references)

Required sections:

• Conference details (title, date, location)

• Abstract/overview of meeting of approximately 100 words (120 words max)

• Please note: No figures, tables or boxes are permitted in meeting reports

• Please note: A maximum of 20 references are permitted

• Financial disclosure/Acknowledgements

Technology reports (Expert Review of Molecular Diagnostics)

Technology reports discuss new technologies and techniques in the context of their place in the field of molecular diagnostics.

Word limit: 5000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)
Required sections (for a more detailed description of these sections see Article sections):

• Summary

• Keywords

• Expert commentary

• Five-year view

• Key issues

• References

• Reference annotations

• Financial disclosure/Acknowledgements

Diagnostic profiles (Expert Review of Molecular Diagnostics)

Diagnostic profile articles provide an overview of diagnostic products individually as they are approved and become available on the market.

Word limit: 5000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)
Required sections (for a more detailed description of these sections see Article sections):

• Summary

• Keywords

• Introduction – why is there a need for the test? How will it benefit treatment?

• Market profile – overview of the current market underlining the unmet needs of currently available therapies and highlighting which competitor compounds/classes of compounds are in the clinic/late development

• How the test works – technology basis, collection devices, sample types, ease of use, speed…

• Cost-effectiveness – training, waste disposal, equipment required…

• Sensitivity and specificity

• Clinical profile – Phase I, II and III data

• Alternative tests – a standalone box, summarizing competing tests in the field

• Expert commentary

• Five-year view

• Key issues

• References

• Reference annotations

• Financial disclosure/Acknowledgements

Letters to the Editor

Readers may submit Letters to the Editor, commenting on an article published in the journal.

Word limit: 1500 words

Inclusion of Letters to the Editor in the journal is at the discretion of the Editor. All Letters to the Editor will be sent to the author of the original article, who will have 28 days to provide a response to be published alongside the Letter.

Drug profiles

Separate author guidelines for the submission of this article type are available.

Clinical trial reports

Separate author guidelines for the submission of this article type are available.

4. Manuscript preparation

Spacing & headings

Please use double line spacing throughout the manuscript. No more than four levels of subheading should be used to divide the text and should be clearly designated.

Abbreviations

Abbreviations should be defined on their first appearance, and in any table and figure footnotes. It is helpful if a separate list is provided of any abbreviations.

Spelling

US-preferred spelling will be used in the finished publication.

5. Article sections

Summary

Not more than 150 words, this should not be an abstract but merely a scene-setting summary outlining the article scope and briefly putting it in context. The role of the summary is to draw in the interested casual browser.

Keywords

Up to 10 keywords (including therapeutic area, mechanism(s) of action etc.) plus names of drugs and compounds mentioned in the text.

Expert commentary

The authors' recommendations regarding existing and new clinical strategies and drug products, introducing new therapeutic/diagnostic paradigms and discussing their likely impact on current management of disease.

Five-year view

Authors are challenged to include a speculative viewpoint on how the field will have evolved 5 years from the point at which the review was written.

Key issues

An executive summary of the authors' main points (bulleted) is very useful for time-constrained readers requiring a rapidly accessible overview.

Example:

Key issues

- Chronic infection is defined as greater than 6 months of hepatitis B surface antigen-positive and detectable hepatitis B virus (HBV) DNA.
- Chronically infected children respond best to all studied therapies when the baseline alanine aminotransferase (ALT) level is elevated at least two-times the upper limit of normal.
- IFN-α monotherapy (6 MU/m² three-times a week for 16–24 weeks) is the most effective therapy to date studied in children (~22–30% virologic response) and may be more effective in younger children (2–5 years old) and those with elevated baseline ALT levels. Side effects are significant, and delivery is difficult and painful. Pegylated-INF-α has not been studied in children with HBV infection, although it is an approved therapy in the USA for adults.
- Lamivudine therapy benefits from ease of delivery and minimal side effects in children with similar effectiveness to IFN-α (23–30% response after 12–24 months of 3 mg/kg/day up to 100 mg). Efficacy was greatest in children with elevated ALT levels at baseline. Hepatitis B surface antigen seroconversion is less than with IFN-α. Virologic mutations (YMDD mutation) leading to drug resistance are frequent and increase with duration of therapy. The duration of therapy that will be needed in an individual patient is unclear.
- Adefovir is the most recently approved medication for children and shows good safety in all age groups but effectiveness primarily in adolescents (23% with minimal HBV DNA load after 48 weeks of 10 mg/day). However, hepatitis B e antigen seroconversion was poor in all age groups, and decreased viral load in children under 12 years was not statistically significant for treatment versus placebo.
- Future research will look at combining therapies, particularly lamivudine priming before IFN-α, as well as other agents such as tenofovir and entecavir.
- Watchful waiting of children is an option as spontaneous seroconversion is relatively common (2–5% per year) and current therapies are only 30% effective at best. The long-term impact of therapy in childhood on rates of cirrhosis and hepatocellular carcinoma remains unknown, and this is the ultimate proof of therapeutic effectiveness for all HBV treatments.

6. References

Authors should focus on recent papers and papers older than 5 years should not be included except for an over-riding purpose.

References should be denoted numerically and in sequence in the text, using Arabic numerals placed in square brackets, i.e., [12].

If websites or patents are included, please use a separate numbering system for them, i.e., start numbering patent references at [101] and websites at [201] to allow the reader to distinguish

between websites/patents and primary literature references both in the text and in the bibliography.

Please note: A maximum of 20 references are permitted in Editorials, Key Paper Evaluations and Meeting reports.

Format

• Author's names should appear without full stops in their initials

• Quote first six authors' names. If there are more than six, then quote first three et al

• Journal name should be in italics and abbreviated to standard format

• Volume number followed by comma, not bold

• Page number range separated by a hyphen with no spaces, followed by the year in brackets, and then a full stop

Examples

Journal example:

Fantl JA, Cardozo L, McClish DK et al. Estrogen therapy in the management of urinary incontinence in postmenopausal women: a meta-analysis. Obstet. Gynecol. 83(1), 12–18 (1994).

Book example:

De Groat WC, Booth AM, Yoshimura N. Neurophysiology of micturition and its modification in animal models of human disease. In: The Autonomic Nervous System (Volume 6). Andrews WR (Ed.), Harwood Academic Publishers, London, UK, 227–289 (1993).

Meeting abstract example:

Smith AB, Jones CD. Recent progress in the pharmacotherapy of diseases of the lower urinary tract. Presented at: 13th International Symposium on Medicinal Chemistry. Atlanta, GA, USA, 28

November–2 December 1994.

Patent example:

Merck Frosst Canada, Inc. WO9714691 (1997).

(Use the following formats for patent numbers issued by the World, US and European patent offices, respectively: WO1234567, US1234567, EP-123456-A).

Reference annotations

Papers or of particular interest should be identified using one or two asterisk symbols:

* = of interest

** = of considerable interest

Each of the chosen references should be annotated with a brief sentence explaining why the reference is considered to be of interest/particular interest.

7. Figures

Figures should be numbered consecutively according to the order in which they have been first cited in the text. Define in the legend all abbreviations that are used in the figure.

Figures should be provided in separate files to the text. It is unnecessary to incorporate the figures into the body of the manuscript.

Please ensure that scale bars are included where appropriate.

Please note: No figures are permitted in Editorials and Meeting Reports.

Color figure charge

Publication in color will be charged at $575 per paper.

This charge does not apply to the online (including PDF) version of articles, where all figures appear in color at no charge.

Chemical structures

If possible, please submit structures drawn in ISISDraw or Chemdraw format. However, chemical structures can be redrawn in-house. Please use the following conventions:

• Always indicate stereochemistry where necessary – use the wedge and hash bond convention for chiral centers and mark cis/trans bonds as such.

• Draw small peptides (up to five amino acids) in full; use amino acid abbreviations (Gly, Val, Leu, etc.) for larger peptides.

• Refer to each structure with a number in the text; submit a separate file (i.e., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used.

Electronic figure files

Please submit any other illustrations/schemes in an editable electronic format such as Illustrator, PowerPoint, Excel or as postscripted/encapsulated postscripted (.ps/.eps) files.

Photos should be provided at a resolution of 600 dpi, or as high as possible

Copyright

If a figure has been published previously (even if you were the author), acknowledge the original source and submit written permission from the copyright holder to reproduce the material where necessary.

As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. Since the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible.

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8. Tables/Boxes

Tables/Boxes should be numbered consecutively according to the order in which they have been first cited in the text. Define in the legend all abbreviations that are used in the table/box.

Tables/boxes to appear in the article should fit onto one A4 page. Any table/box larger than one A4 page will be included as an online supplementary file.

Please note: No tables or boxes are permitted in Editorials and Meeting Reports.

Electronic files

Tables/Boxes should be provided in separate files to the text, preferably in either Word or Excel format. It is unnecessary to incorporate the tables/boxes into the body of the manuscript.

Copyright

If a table or box has been published previously (even if you were the author), acknowledge the original source and submit written permission from the copyright holder to reproduce the material where necessary.

As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. Since the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible.

Please send us photocopies of letters or forms granting you permission for the use of copyrighted material so that we can see that any special requirements with regard to wording and placement of credits are fulfilled. Keep the originals for your files. If payment is required for use of the table/box, this should be covered by the author.

9. Submission

Please ensure that manuscripts are submitted on or before the agreed deadline. If a manuscript requires authorization by your organization before submission, please remember to take this into account when working towards these deadlines.

Peer review

Once the manuscript has been received in-house, it will be peer-reviewed. This usually takes 3 – 4 weeks; however, we do have rapid publication options (listed below). Please provide a list of suitable peer reviewers with your initial submission.

Revision

After peer review is complete, a further 2 weeks is allowed for any revisions (suggested by the referees/Editor) to be made.

Rapid Publication

Publication in Expert Reviews is driven entirely by editorial considerations and independent authoritative peer review. As part of the journal's responsive approach to the publication of clinical evidence, we offer two prioritised modes of rapid publication and a third non-prioritised mode:

• FastTrack: This offers the most highly prioritised service, with a submission to online publication timeline of 5–7 weeks (subject to 1–2 week author revision following initial peer-review and prompt turnaround of proofs). There is a publication support fee for this, based on a charge of $850/€625/£550 per published page. This charge supports the ultra-swift processing of material and 20 downloads of the article via e-access tokens.

• Rapid Track: This prioritised service offers submission to online publication in 10–12 weeks and is subject to a publication support fee of $400/€300/£260 per page; 10 downloads of the article are also provided.

• StandardTrack: This non-prioritised standard service provides submission to online publication in up to 20 weeks; there are no publication support fees charged for this mode.

Expert Reviews welcomes contact with the Editorial Offices preceding formal submission and particularly encourages prior contact for FastTrack submissions where a particular publication deadline is desired.

10. Journal policies

Expert Reviews titles endorse the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, issued by the International Committee for Medical Journal Editors, and Code of Conduct for Editors of Biomedical Journals, produced by the Committee on Publication Ethics. This information is also available at www.expert-reviews.com.

Manuscript submission & processing

Expert Reviews titles publish solicited and unsolicited reviews. Receipt of all manuscripts will be acknowledged within 1 week and authors will be notified as to whether the article is to progress to external review. Initial screening of articles by internal editorial staff will assess the topicality and importance of the subject, the clarity of presentation, and relevance to the audience of the journal in question.

Please submit your article online at http://mc.manuscriptcentral.com/expertreviews

External peer review

Through a rigorous peer review process, Expert Reviews titles aim to ensure that reviews are unbiased, scientifically accurate and clinically relevant. All articles are peer reviewed by three or more members of the International Advisory Board or other specialists selected on the basis of experience and expertise. Review is performed on a double-blind basis – the identities of peer reviewers and authors are kept confidential. Peer reviewers must disclose potential conflicts of interests that may affect their ability to provide an unbiased appraisal (see Conflict of Interest Policy below). Peer reviewers complete a referee report form, to provide general comments to the editor and both general and specific comments to the author(s).

Revision

Most manuscripts require some degree of revision prior to acceptance. Authors should provide two copies of the revised manuscript – one of which should be highlighted to show where changes have been made. Detailed responses to reviewers' comments, in a covering letter/email, are also required. Review manuscripts may be accepted at this point or may be subject to further peer review. The final decision on acceptability for publication lies with the journal editor.

Post-acceptance

Accepted review manuscripts are edited and authors will receive proofs of their article for approval and sign off and will be asked to sign a transfer of copyright agreement.

Author disclosure & conflict of interest policy

Authors must state explicitly whether potential conflicts do or do not exist (e.g. personal or financial relationships that could influence their actions) and any such potential conflict of interest (including sources of funding) should be summarized in a separate section of the published review. Authors

must disclose whether they have received writing assistance and identify the sources of funding for such assistance. Authors declaring no conflict of interest are required to publish a statement to that effect within the article.

Authors must certify that all affiliations with or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in their manuscript have been disclosed. Please note that examples of financial involvement include: employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending and royalties. This is list is not exclusive of other forms of financial involvement. Details of relevant conflicts of interests (or the lack of) must be declared in the 'Disclosure' section of the manuscript for all listed authors.

External peer reviewers must disclose any conflicts of interest that could bias their opinions of the manuscript, and they should disqualify themselves from reviewing specific manuscripts if they believe it appropriate. Should any such conflict of interest be declared, the journal editor will judge whether the reviewer's comments should be recognized or will interpret the reviewer's comments in the context of any such declaration.

Ethical conduct of research

In the instance where preclinical research/work with animal subjects is included within the original research submission, contributors are required to follow the procedures in force in their countries which govern the ethics of work done with human or animal subjects. The Code of Ethics of the World Medical Association (Declaration of Helsinki) represents a minimal requirement. In particular:

When experimental animals are used, state the species, strain, number used, and other pertinent descriptive characteristics.

When describing surgical procedures on animals, identify the pre anaesthetic and anaesthetic agents used and state the amount of concentration and the route and frequency of administration for each. The use of paralytic agents, such as curare or succinylcholine, is not an acceptable substitute for anaesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drugs used; if none were used, provide justification for such exclusion.

When reporting studies on unanaesthetized animals or on humans, indicate that the procedures followed were in accordance with institutional guidelines.

Patients' rights to privacy

Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be included unless the information is essential for scientific purposes and the patient (or parent or legal guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published. When informed consent has been obtained it should be indicated in the manuscript.

In attempting to maintain patient anonymity, identifying details should be omitted where they are not essential. However, patient data should never be amended or falsified. Informed consent should be obtained whenever there is any doubt that anonymity can be assured.

Use of personal communications & unpublished data

Where an individual is identified within a review as a source of information in a personal communication or as a source for unpublished data, authors should include a signed statement of permission from the individual(s) concerned and specify the date of communication.

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Authors must acknowledge the origin of all text, figures, tables or other information that has been adapted or reproduced from other publications. Authors must provide a copy of the original source documents and should submit permission from the authors of the original work and the original publishers for unlimited use in all markets and media (that includes both electronic and print use in any language).

Duplicate publication/submission & plagiarism

All manuscripts submitted to Expert Reviews titles are considered for publication on the understanding that they have not been published previously elsewhere or are under consideration for publication elsewhere. The journal may, however, consider republication of a paper previously published in a language other than English, subject to prominent disclosure of the original source and with any necessary permission. Authors will be asked to certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere, except as described in an attachment, and copies of closely related manuscripts are provided.

All submitted articles will be evaluated using plagiarism detection software, which compares the submitted manuscript with full text articles from all major journals databases and the internet.

The use of published or unpublished ideas, words or other intellectual property derived from other sources without attribution or permission, and representation of such as those of the author(s) is regarded as scientific misconduct and will be addressed as such.

Misconduct

If misconduct by authors or reviewers is suspected, either pre- or post-publication, action will be taken. An explanation will be sought from the party or parties considered to be involved. If the response is unsatisfactory, then an appropriate authority will be asked to investigate fully. Expert Reviews will make all reasonable attempts to obtain a resolution in any such eventuality and correct the record or archive as necessary.