Expert Opinion

Expert Opinion on Drug Discovery: Author Guidelines

1. Overview

Expert Opinion on Drug Discovery is the premier journal dedicated to in-depth reports and reviews of the latest developments in the field of drug target discovery and validation. It is distinguished from other publications by its high quality authorship and expertly drafted articles, which are structured to incorporate the author's own expertise on the subject.

The following document details the requirements for article submissions. Please refer to the **Submission Checklist** at the end of this document, and ensure that all criteria are met before submission. This will ensure the timely publication of your article.

1.1 Audience

The audience consists of scientists and managers in the healthcare and pharmaceutical industry, academic pharmaceutical scientists and related professionals. Reviews are intended to be concise updates on the field, both providing interest for the specialist reader as well as a clear introduction for those with less familiarity.

1.2 Peer-review

All articles are subject to double-blind, independent peer-review. When all comments have been submitted to the Editorial Office, they will be collated and forwarded to the author, along with any Editorial recommendations. Comments remain confidential and are shared only with the corresponding author or submitting party. For a detailed description of the journal's peer review process, authors are referred to the journal's website.

2. Manuscript content

Every article must contain:

2.1 Title

All article types should have a concise, informative title that contains no brand names (except in Technology Evaluations). Meeting Highlights titles should have the meeting name, date and location as the title.

2.2 Authors' names and addresses

Including address, academic qualifications and job titles of all authors, as well as telephone number, fax number and email address of the author for correspondence on a **separate cover sheet** as the peer reviewers will be blinded to the authors' identity. Please note that only the address of the first author of the article will appear on Medline/PubMed, not necessarily the corresponding author.

2.3 Abstract

The aim of the abstract is to draw in the interested reader, so the clearer and more insightful your abstract is the more interest the manuscript will attract. For full-length Review articles, the following structure is requested to make the most of your abstract:

Importance of the field Authors are required to provide a statement on the significance of the topic under discussion and reason for this review

Areas covered in this review Authors are required to describe the research discussed and the literature search undertaken, including years covered.

What the reader will gain Authors are required to provide a statement on what learning will be undertaken by reading the paper, e.g., what knowledge gaps will be filled, what insight will be gained

Take home message Authors are required to provide a statement on key message of the paper

For other, briefer article types, such as Editorials and Perspectives, the above sections are not required, but the abstract must describe the nature and objective of the paper.

References must not be included in the abstract. You will be required to remove them and renumber your references if they are included in the abstract.

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2.4 Keywords

A brief list of keywords, in alphabetical order, is required to assist indexers in cross-referencing. The keywords will encompass the therapeutic area, mechanism(s) of action, key compounds and so on.

2.5 Body of the article

Depending on what type of article you are preparing, please refer to the relevant section from the list below, along with the appropriate row from the Guide Table:

Guide Table.

Article type	Length (not including tables, figures and references)	Number of figures	Number of tables	Length of Expert opinion section	Number of references
DRUG DISCOVERY CASE HISTORY	4000 – 7000	5	5	500 – 1000	100
EDITORIAL	1000 – 1500	2	1	200 – 500	< 20
MEETING HIGHLIGHTS	1000 – 1500	2	2	200 – 500	< 20
PERSPECTIVES	1500 – 2000	3	3	200 – 500	< 30
REVIEWS	4000 – 6000	5	5	500 – 1000	100
TECHNOLOGY EVALUATIONS	3000 – 5000	5	5	500 – 1000	100

- **Drug discovery case history:**

Introduction

Describe the basis for the initiation of the project and the blueprint for the targeted molecule, and outline the salient features of the disease and current therapy available. What was the initial concept, why was the compound needed? Areas such as medical need, business strategy, intellectual property issues, market issues, etc., may be discussed. A timeline of the key events in the drug's discovery and development should be provided to aid the reader in following the subsequent discussion.

Discovery strategy and preclinical development

A detailed analysis of the identification and validation of the compound under discussion. Depending on the nature of the strategies used, this may cover target identification and validation, library screening, assay development, PK/PD, ADME-Tox, in vitro work, animal studies, modelling, translational medicine and so on. An overview should be provided of the methods used, the rationale for their use and the results obtained. Points of diversion from classical development pathways, new technologies, registration strategies and other novel aspects should be highlighted. Detail of the studies need not be as extensive as that required for an original paper but must contain sufficient description of the protocols and outcomes, so that the reader can make appropriate comparison with his/her own experience. For a detailed description of the methods and data, readers should be referred to the original work. Details of any patents filed should be provided here. The section can end with a discussion of the preclinical to clinical transition, which leads logically into the next section. This section should form the main focus of the article.

Clinical development

This section should highlight key trials and data leading to the launch of the drug. Again, this should be presented as an overview in which readers can be referred to original papers for detail.

Post-launch
A discussion of key events following the launch of the drug; for example, postmarketing data, studies on market, safety and pharmacovigilance, success of the drug, what are its main competitors, is the drug due to come off patent, controversial issues arising since the drug's launch.

Expert opinion
The author's opinion of the discovery and development strategies used: what worked well, what didn't? What could have been done differently? What has been learnt from this experience/how might the same strategies be applied elsewhere?

- **Editorial:**

The author should discuss the various therapeutic strategies which have been, and are being, explored, providing the reader with an overview of the research field.

- **Meeting Highlights:**

- Should include summary of important presentations by particular speakers, with particular reference to novel drugs and therapies in development.
- The Expert opinion and conclusion section also allows the summation of the meeting together with your opinion and discussion of the overall event with reference to some of the more exciting research areas.

- **Perspectives:**

Introduction
Incorporating basic background information on the area under discussion, and outlining the rationale and purpose of the article.

Body of article
This section affords authors the opportunity to give their opinion, comment and talk about a speculative hypothesis, any controversial prospects or work carried out by their own research group (although authors are reminded that this is not a primary research report, but an opinion piece). The authors are encouraged to comment on future directions, i.e., in what direction is the field heading? What will be the next big trends or discoveries? In addition, there is the opportunity to discuss the developments that are likely to be important in the future and the avenues of research likely to become exciting as further studies yield more detailed results.

Expert opinion
Although the article as a whole is the author's 'expert opinion', this section allows the author to go beyond the conclusion and provide a statement to bring the whole article together. It should ideally contain: i) The author's opinion with regard to the current state of the topic under discussion, ii) The author's opinion about where the field is going (or should go) in the next 5 – 10 years, iii) How, in the author's opinion, this will be achieved. This section should not be a summary of the paper, but rather provide the reader with food for thought. Please note that 'Perspectives' are wholly opinion pieces, and as such, referees are asked to keep this in mind when peer-reviewing the manuscript.

- **Review article:**

Introduction
Incorporating basic background information on the area under review.

Body
Body of the review paper covering the subject under review.

Expert opinion
Should also compare and contrast the approach/drug reviewed in the article with the range of alternative approaches/drugs.

- **Technology Evaluation:**

Overview of the market
Incorporating basic background information on the area under review including existing technologies, unmet needs and so on.

How the technology works
Description of the theory and principles behind the technology and mechanism of action.

Clinical profile and post-marketing findings (if applicable)
Discussion of available pre-clinical, Phase I, II and III data. Potential applications of the technology in other settings.

Alternative technologies
A standalone box, summarising competing technologies in the field.

Expert opinion

2.6 Conclusion
The conclusion for all articles should contain an analysis/summary of the data presented in the article. Please note that this section is meant to be distinct from, and appear before the 'Expert opinion' section.

2.7 Expert opinion
To distinguish the articles published in the *Expert Opinion* series, authors **must** provide an additional section entitled 'Expert opinion'. This section affords authors the opportunity to go beyond the conclusion and provide their interpretation of the data presented in the article. In addition, there is the opportunity to discuss the developments that are likely to be important in the future and the avenues of research likely to become exciting as further studies yield more detailed results. In general, the section is meant to contain:

- What are the key findings and weaknesses in the research done in this field so far?
- What potential does this research hold? What is the ultimate goal in this field? How can it facilitate the discovery of new compounds or reduce attrition rates?
- What research or knowledge is needed to achieve this goal and what is the biggest challenge in this goal being achieved?
- Where do you see the field going in the coming years? What is going to happen?
- Is there any particular area of the research you are finding of interest at present?
- What are alternative technologies/approaches?

Please note that 'opinions' are encouraged in the Expert opinion section, and as such, referees are asked to keep this in mind when peer-reviewing the manuscript.
Also, please refer to Section 2.5 for article-specific advice on how to frame the Expert opinion.

2.8 Article highlights box
Please provide, in the form of a bulleted list, a key statement from each of the subsections of the article, such that it acts as a guide for the reader to the paper.

2.9 Annotated bibliography
Important references should be highlighted with a one/two star system and brief annotations should be given (see Section 4 of these guidelines for examples and for a more detailed description of our referencing style).

3. House style
3.1 File formatting
Keep all formatting to a minimum. Do not assign 'styles' to headings, extracts or paragraphs. Make sure that the 'normal' style is used throughout the text. Turn off the automatic hyphenation feature.

3.2 Spacing and headings

Please use double line spacing throughout the manuscript. Headings, sub-headings and title paragraphs should be used to divide the text. Please use numbers (Arabic numerals) to indicate a hierarchy of headings/sub-headings (i.e., 1., 1.1, 2., 2.1, 2.1.1, 2.1.2 and so on).

3.3 Abbreviations and units

Abbreviations should be defined on their first appearance both in the abstract and in the text; commonly used abbreviations need not be defined. Authors are encouraged to submit a list of abbreviations used to the Editorial Office alongside the manuscript. Use SI units or quote SI equivalents where possible. To indicate atom positions in a molecule, use the convention C-1, C-2 and so on.

3.4 Spelling

Manuscripts may be submitted in either US or UK English and will published using the version of English used in the manuscript submitted to the Editor.

3.5 Companies and drug brand names

- Companies are treated as single entities requiring a verb in the third person singular (e.g., GSK is developing an AII antagonist).
- Drug brand names should not appear in paper titles. In the body of the review, the generic name should be used in preference to brand names. Drug brand names are to be used only if absolutely necessary. In such a case, when referring to a lead compound (or compounds claimed in patents) for the first time, please ensure that the ® or ™ symbols are used as required, and that the name of the relevant company is also stated. Generic names always take a lower case first letter unless they are beginning a new sentence.

4. References

Articles should principally review recent primary literature and scientific meeting reports, rather than patents, although relevant patent information may be included where appropriate.
Websites of interest may also be referenced. Occasional 'historic' papers may be cited.
Ensure that all key work relevant to the topic under discussion is cited in the text and listed in the bibliography.
Reference to unpublished data should be kept to a minimum and authors must obtain a signed letter of permission from cited persons to use unpublished results or personal communications in the manuscript.

4.1 Numbering

References MUST be numbered consecutively, using Arabic numerals in square brackets, in the order in which they are first mentioned in the text. The reference list should appear in the *same sequence* as the numbers in the text.

4.2 Annotations

Papers or patents of particular interest should be identified using one or two asterisk symbols (• = of interest, •• = of considerable interest), and annotated with a brief sentence explaining why the reference is considered to be of interest.

4.3 Bibliography

References can be formatted using EndNote or Reference Manager according to the style of *Current Medical Research and Opinion*.

References use plain, unformatted text, as in the following examples:

Journals:

1. Weissman P, Goldstein BJ, Rosenstock J, et al. Effects of rosiglitazone added to submaximal doses of metformin compared with dose escalation of metformin in type 2 diabetes: the EMPIRE Study. Curr Med Res Opin 2004;21:2029-35

Books:

2. Gottman J. Time Series Analysis. Cambridge: CUP, 1981

Working party reports and similar:

3. Clinical Disputes Forum Working Party. Pre-action protocol for the resolution of clinical disputes. London: Clinical Disputes Forum, 1998

Pre-publication articles assigned DOI numbers:

4. de Lau LM, Koudstaal PJ, Hofman A, Breteler MM. Subjective complaints precede Parkinson disease: the Rotterdam study. Arch Neurol 2006: published online 9 January 2006, doi:10.1001/archneur.63.3.noc50312

Internet articles and website information:

5. Suicidality in adults being treated with antidepressant medications. FDA Public Health Advisory. Washington, DC: FDA/Center for Drug Evaluation and Research, 2005. Available at: www.fda.gov/cder/drug/advisory/SSRI200507.htm [Last accessed 3 January 2006]

Patents:

6. Basf AG. Means and methods for preventing and treating caries. WO2006027265 (2006)

Use the following formats for patent numbers issued by the World, US and European patent offices, respectively: WO0113324; US6803189; EP1549318

Note, for citations with four or fewer authors/assignees, cite all names; for citations with more than four authors, cite three author names plus et al.

Full reference details must be provided in the bibliography (for example, for journal citations, author surnames and initials, article title, journal name, year, volume, page range). Failure to do so may lead to a delay in publication or a return of the paper by the Editor to the author.

5. Tables

Number tables consecutively in the order of their first citation in the text. Place explanatory matter in the footnotes, not in the header. Define in the footnotes all abbreviations that are used in the table. Be sure each table is cited in the text. If you are using data from another published or unpublished source, please obtain permission and acknowledge the source(s).

6. Illustrations

Do include illustrations (figures/diagrams/structures) as appropriate. Please ensure that the following recommendations are adhered to as closely as possible:

- Provide electronic copies if possible; otherwise, please ensure that camera-ready copy is of the highest resolution available.
- Please submit figures as eps, illustrator, jpeg, ISISdraw or ChemDraw format.
- Figures should employ CMYK rather than RGB colour scheme.
- Small figures should be 300 dpi and large figures should be 72 dpi.
- Figures and structures should be in separate files to the text. It is unnecessary to incorporate the figures into the body of the manuscript. If there are several figures, please submit these individually, rather than as one file (preferably the original source files). We cannot improve resolution beyond that of the file submitted.
- If these formats are not possible, figures can be submitted in PowerPoint or Word as a last resort.
- 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.
- If a figure has been previously published, acknowledge the original source and please submit written permission from the copyright holder to reproduce the material.

Publication in colour costs £100/$150/€120 per colour figure.

6.1 Chemical structures

Please submit structures drawn in ISISDraw or Chemdraw and ensure that you submit these in their original, editable format. Also, use the following conventions:

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

- Draw small peptides (up to five amino acids) in full; use amino acid abbreviations (Gly, Val, Leu and so on) for larger peptides.
- Refer to each structure with a number in the text and submit a separate file (i.e., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used.
- Where structures do not appear as part of a figure, number each structure (using Arabic numerals only) and cite the compound number in the body of the article. Note that structures within figures can also be cited in this way.

7. Copyright

As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. As the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible. A template permission letter is available on request. 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. **You will be asked to transfer copyright to Informa UK Ltd following acceptance for publication. If there are any problems with this, this should be raised with the Editor as soon as possible.**

7.1 NIH/Wellcome-funded research

For NIH/Wellcome-funded manuscripts Informa Pharmaceutical Science will deliver to PMC/UKPMC the final peer-reviewed manuscript, which was accepted for publication and that reflects any author-agreed changes made in response to the peer review. We will also authorize the author manuscript's public access posting 12 months (NIH) or 6 months (Wellcome Trust) after final publication. Following the deposit, authors will receive further communications from the NIH Manuscript Submission System/UK Manuscript Submission System with respect to the submission. It is the author's responsibility to make the Editor aware of this funding as early as possible.

8. Conflict of interest

We require all authors to complete and return the Disclosure Statement found at the end of these guidelines on submission of their work. It is the responsibility of authors to disclose any affiliation with any organisation with a financial interest, direct or indirect, in the subject matter or materials discussed in the manuscript (such as consultancies, employment, expert testimony, honoraria, speakers bureaus, retainers, stock options or ownership) that may affect the conduct or reporting of the work submitted. If uncertain as to what might be considered a potential conflict of interest, authors should err on the side of full disclosure. Information about potential conflict of interest may be made available to reviewers and may be published with the manuscript at the discretion of the Editors. The declaration of interest statement must be returned to the Editor upon submission (see end of this document).

For a detailed description of all the journal's editorial policies, including plagiarism, authorship, patient privacy, and redundant publication, authors are referred to the editorial policy document on the journal's website.

9. Submission

All material should be prepared as detailed below. Please refer to the Submission Checklist at the end of this document and ensure that all criteria are met before submission. This will ensure timely publication of your article.

Please submit manuscripts in Microsoft Word (double spaced, Times New Roman, 12 pt) using the Manuscript Central online submission system (http://mc.manuscriptcentral.com/eodc). As the peer reviewers will be blinded to the identity of the authors, contributors MUST provide a copy of the manuscript containing no author names or affiliations. These details should be provided on a separate cover sheet. Pages must be numbered.

Submissions should conform to the latest version of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, prepared by the International Committee of Medical Journal Editors (ICMJE: http://www.icmje.org/). Although it is recommended that authors read the entire Uniform Requirements document, in particular, authors and contributors are referred to the following sections/paragraphs of this document:
II A.1 and II A.2. – Notes defining and distinguishing authorship and contributorship.
II .D.1. – Peer review
II. E.1. – Patients and study participants
II.F – Protection of human subjects in research
IV.A.3 – Conflict of interest notification

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.

Authors are also reminded to ensure that they follow the ICMJE requirements when dealing with privacy and informed consent from patients – see Section II.E.1.of the ICMJE requirements document http://www.icmje.org/#privacy.

10. Deadlines and what happens after you submit

- Please ensure that manuscripts are submitted on or before the deadline issued by the Editors.
- Please provide an outline of your article 1 month prior to the submission deadline. This will enable us to advise you on any problems with scope etc.
- Once the manuscript has been received in-house, it will be peer-reviewed (this usually takes ~ 3 weeks). A further 2 weeks is then allowed for any revisions (suggested by the Referees/Editor) to be made.
- The final version is then typeset and edited. Page proofs are sent to the author for final approval before the journal is printed.

Note: If a manuscript requires company authorisation before submission, please remember to take this into account when working towards these deadlines.

11. Contact details

If you have any queries with regard to submission or publication, or would like to find out more about other *Expert Opinion* titles, please contact us at the address below:

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12. Submission Checklist

Before submission of your manuscript, please ensure that the following criteria are met:

General

- Number of figures: no more than 5
- Number of tables: no more than 5
- Submit a list of abbreviations used in the manuscript
- Submit confirmation of figure permissions with submission
- Disclosure statement MUST be submitted WITH manuscript
- Submit manuscript online at http://mc.manuscriptcentral.com/eodc
  Include: i) a separate cover sheet containing all author details as a file marked 'not for peer review', ii) completed Disclosure Form, iii) main document (containing no author details) (in MS Word, double spaced, Times New Roman, 12 pt) and iv) any separately attached image files.
- Pages must be numbered
- Author details must be provided on separate cover sheet; the main document/figures/tables must not contain any author-identifying information
- Paper will be published in UK or US English depending on how it is submitted
- All figures and tables cited in the text are supplied. No figures or tables appear without being cited in the text
- Tables are in cellular format, appearing at the end of the manuscript (following the references)
- All figures are supplied as editable, separate files with the legends appearing on a fresh page at the end of the manuscript.

Sections

- Abstract
- Keywords
- Expert Opinion
- All article-specific requirements listed in the Guide Table are met

References

- Number of references: no more than 100
- Reference annotations present
- Journal reference style is adhered to as closely as possible
- References are listed numerically, and not in alphabetical order
- Abstract/titles do not contain references
- Check references match the citations in the text to avoid later problems

Please be aware that failure to meet the above criteria may delay the publication of your manuscript.

Expert Opinion...

Manuscript Title: .....

All authors: .....
(please fill out manually or type in the fields)

Expert Opinion on Drug Discovery does not discriminate on the basis of the source of material submitted to its journals, provided full disclosure is provided and appropriate declaration of interest statements and acknowledgments are included in published manuscripts.

***We* ask the Corresponding Author (or another principal Coauthor) to complete this form on the part of all authors, taking into consideration all relevant disclosure for each author.**

Some or all of the information below may be published at the discretion of the Editor as a *Declaration of Interest* statement in the Acknowledgment section of the manuscript. Please note that this section must be present before we initiate peer review.

1. The manuscript submitted represents original work and has not been previously published or simultaneously submitted elsewhere for publication.
Yes to all above ☐
No, because .....

2. The manuscript has been read and approved by all authors.
Yes ☐
No, because .....

3. All conditions as stated by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org) have been met.
Yes ☐
No, because .....

4. For clinical studies, the body providing explicit ethical approval of the work reported has been stated in the manuscript.
Yes ☐
No, because .....

5. For clinical trials, please provide trial registration information and a trial registration number for the study (where available):

.....

6. How has your paper been sponsored/funded? Please name all academic bodies, and/or pharmaceutical (or other) companies that have supported this work, in whole or in part.

.....

Authorship/disclosure/'contributorship'

7.1 If any employees of the sponsors/other contributors meet the criteria for authorship (as per ICMJE guidelines – see first bullet point under section IIA. 1 of the Uniform Requirements – http://www.icmje.org/), then, these individuals should be added as authors on the manuscript.

7.2 If they do not meet authorship criteria, but the sponsor/other contributor(s) had a role in the preparation of the manuscript, this should be explained. Did the sponsors have a role in article preparation – study design/data analysis/statistical input/review of drafts/writing of the article/identification of papers for inclusion/any other form of input?

Describe here: .....

8. A statement of financial, commercial or other relationships of a declarable nature relevant to the manuscript being submitted, (i.e., associations/relationships with the sponsors or any other associations which might lead to a potential conflict of interest), must be provided.

Please include the following information for each individual coauthor:
(A) Disclosure of sources of support in the form of sponsorship, grants, materials, etc.
(B) Declaration of interest, including grants, fellowships, or commercial assistance or financial sponsorship received; or of any affiliation, organization or entity which is relevant.

Lead author: Name: .....
Disclosure: .....

Corresponding author: Name: .....
Disclosure: .....

Coauthor: Name: .....
Disclosure: .....

Coauthor: Name: .....
Disclosure: .....

(Use additional pages if this space is insufficient.)

9.1 Acknowledge any further contributions to this paper, such as data analysis, statistical analysis, data collection, data management or any other assistance.
9.2 We recognise the role of the professional medical writer and medical communication agencies. In case any writing/editorial assistance was taken for the preparation of this article, then, include also the agency and the writer(s)/person(s) to be acknowledged.

Name and affiliation: .....
Nature of contribution: .....

Name and affiliation: .....
Nature of contribution: .....
(Use additional pages if this space is insufficient.)

I confirm that I, all coauthors, medical writers and other contributors to the manuscript have provided full disclosure regarding any relevant relationships, financial and otherwise.

…….....……. …….....……
Corresponding author signature ***Date***

Please return this form to **Joris Roulleau, Expert Opinion, 5th Floor, Telephone House, 69-77 Paul Street, London, EC2A 4LQ Tel: +44 (20) 701 75918, Fax: +44 (0)20 7017 7667, E-mail: joris.roulleau@informa.com**