



AUTHOR GUIDELINES

Thank you for your interest in *Journal of Diabetes* (JDB). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

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LATEST INFORMATION

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Young Clinician Investigator Award: Cash award of USD 2,000 USD; USD 1,000 contribution for a round trip economy ticket to attend and present at the Annual Meeting of Chinese Society of

1. AIMS AND SCOPE

Journal of Diabetes (JDB) devotes itself to diabetes research, therapeutics, and education. It aims to involve researchers and practitioners in a dialogue between East and West via all aspects of epidemiology, etiology, pathogenesis, management, complications and prevention of diabetes, including the molecular, biochemical, and physiological aspects of diabetes. The Editorial team is international with a unique mix of Asian and Western participation. The Journal has established a specific "Asia Track" to further this endeavor by bringing to the international community articles which focus on aspects of diabetes of particular relevance to Asia.

The Editors welcome submissions in form of original research articles, images, novel case reports and correspondence, and we solicit reviews, point-counterpoint, commentaries, editorials, news highlights, and educational content.

Editors-in-Chief: Zachary T. Bloomgarden, Guang Ning

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Journal Abbreviation: J Diabetes

2. REVIEW PROCESS

Manuscripts are assigned sequentially to Associate Editors. An Associate Editor solicits reviewers (typically, two external reviews are sought). The reviewers' evaluations and Associate Editor's comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within six weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within four weeks of decision; major revisions within three months. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Associate Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast-track decisions' will normally occur within one week of receipt of the manuscript.

Authors shall provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor-in-Chief.

All journals Manuscripts should be written so



that they are intelligible to the professional reader who is not a specialist in the particular field. They should be written in a clear, concise, direct style. Where contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

3. MANUSCRIPT CATEGORIES

(1) Original Articles

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, with sub-headers.

References: no limit.

Figures/ tables: no limit, but 8 figures should be sufficient.

Description: Full-length reports of current research in either basic or clinical science.

(2) Case Reports

Word limit: 1,000 words maximum including abstract but excluding references, tables and figures.

Abstract: no abstract required for this manuscript type

References: 20 maximum.

Figures/ tables: 4 maximum.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in diabetes.

The text should be arranged as follows:

Introduction; Case Report; Discussion. Such cases would be expected to illustrate highly unusual demonstrations of diabetes-related principals, such as genetic or hormonal variations, which would not be expected to occur with sufficient frequency to be demonstrable in the setting of a clinical trial or population study.

(3) Point Counter-Point [by invitation of Editors]

Title: 10 words maximum.

Word limit: 700 words maximum.

Abstract: not required for this manuscript type

References: 8 maximum.

Figures: 2 maximum.

Description: Balanced discussion of controversies in pathology.

(4) Letters to the Editor

Word limit: 500 words maximum.

Abstract: not required for this manuscript type.

References: 5 maximum.

Figures/ tables: 1 maximum.

Description: Letters must offer perspective to content published in JDB. A Letter must reference the original source, and a Response to a Letter must reference the Letter in the first few paragraphs. Letters can use an arbitrary title, but a Response must cite the title of the Letter: e.g. Response to [title of Letter]. This ensures that readers can track the line of discussion.

(5) Commentaries [by invitation of Editors]

Word limit: 1,500 words maximum including abstract but excluding references.

Title: 20 words maximum.

References: 20 maximum, including the article discussed.

Figures/tables: 2 maximum.

Description: Commentaries discuss a paper published in a specific issue and should set the problems addressed by the paper in the wider con-text of the field.

(6) Review Articles

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum.

References: no maximum.

Figures/tables: minimum 1 image or figure.

Description: Reviews are comprehensive analyses of specific topics. They are submitted upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

(7) Research Letters

Word limit: 800 words maximum

Abstract: none

References: 8 maximum

Figures/tables: 2 maximum

Authors: 5 maximum; Other persons who have contributed to the study may be indicated in an Acknowledgement with their permission, including their academic degrees, affiliations, contribution to the study, and an indication if compensation was received for their role.

Description: Research Letters should report original findings in an intermediate fashion between an abstract and an article. These submissions must not duplicate other material published or submitted for publication. In general, Research Letters should be divided into

the following sections: To the Editor (which serves an introduction), Methods, Results, and Comment. Research Letters considered for publication will undergo peer review.

(8) Editorials [by invitation of Editors]

Word Limit: 1,500 words maximum.

Abstract: no abstract required for this manuscript type.

References: 5 maximum.

Description: Proposals for Editorials may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

(9) Rapid Publication

Word limit: 700 words maximum.

Abstract: no abstract required for this manuscript type

References: 8 maximum.

Figures: 2 maximum.

Description: Rapid Communications are intended to disseminate information as quickly as possible due to the new research and information presented. They undergo one review only and no revisions are allowed unless very minor.

(10) Diabetes News [by invitation of Editors]

Word limit: 500 words maximum.

Abstract: no abstract required for this manuscript type

References: 5 maximum.

Figures: 2 maximum.

Description: Proposals for Diabetes News may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

4. AUTHOR CRITERIA

As a condition of submission, and based on International Committee of Medical Journal Editors (www.icmje.org) guidelines, authorship credit must be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. All contributors who do not meet the criteria for authorship, such as medical writers, proofreaders and editors, should be listed in the acknowledgments section. Authors are responsible for ensuring that this is correctly reported without any omission or non-qualified additions.

5. DISCLOSURE

At the time of submission, the submitting



author must include a disclosure statement in the body of the manuscript. All authors are required to disclose all potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript. This information should be provided under the heading titled 'Disclosure,' which should appear after the 'Acknowledge' section and before the 'References' section. Authors without conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject of their manuscript, should include a statement of no such interests in the Disclosure section of the manuscript. Failure to include this information in the manuscript may delay evaluation and review of the manuscript. The conflict of interest policy for the Editors is available at the [home page](#).

6. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Seoul, 2008), available at: <http://www.wma.net/en/30publications/10policies/b3/>

The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated to be ethically acceptable and

must conform to international guidelines for animal usage in research, such as those of the US NIH or the UK Home Office.

7. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>); (3) the Australian New Zealand Clinical Trials Registry (ANZCTR) (<http://www.anzctr.org.au/>); (4) the Chinese Clinical Trials Register (<http://www.chictr.org>); and (5) the Clinical Trials Registry - India (<http://www.ctri.in>).

8. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guide-lines of The CONSORT Statement:

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10. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the



International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>

Author name Each author's given name should be followed by family name.

Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region

Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

Spelling The Journal uses US spelling and authors should therefore follow the latest edition of the *Merriam-Webster's Collegiate Dictionary*.

Units All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>

Abbreviations Must be used sparingly – only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

11. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) Title Page, (ii) Abstract and Keywords, (iii) Text, (iv) Acknowledgments, (v) Disclosure, (vi) References, (vii) Supporting Information (if any), (viii) Figure legends, (ix) Tables (each table complete with title and footnotes) and (x) Figures.

Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

TITLE PAGE

The title page should contain (i) the title of the

paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified. The title should be short, informative and contain the major key words so that readers and in particular online users will discover the article easily in online search. In general, abbreviations should not be used in the title. A short running title (less than 40 characters) should also be provided.

ABSTRACT

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the objective, methods, results, and conclusions. There should be no subheadings in the abstract except for Original Articles. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. "the significance of the results is discussed") should be avoided.

Immediately after the conclusion section of the abstract, authors are required to individually answer two questions, with maximum 40 words for each answer; bullet points are allowed.

- Significant findings of the study
- What this study adds

KEYWORDS

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>

TEXT

Authors must use the following subheadings to

divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Disclosure, References, and when relevant, Supplementary Material.

ACKNOWLEDGEMENTS

This should include sources of support, including federal and industry support. All authors who have contributed to the manuscript must be acknowledged. Medical writers, proofreaders and editors should not be listed as authors, but acknowledged at the beginning or end of the text.

DISCLOSURE

At the time of submission, each author must disclose and describe any involvement, financial or otherwise, that might potentially bias his or her work. Disclosure must be included in the text of the manuscript.

REFERENCES

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are six or fewer; when seven or more, list the first three followed by *et al.* Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in *Index Medicus*. Authors are responsible for the accuracy of the references.

• Journal article

1. Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet.* 1986; **19**: 254-62.

• Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

3. Kengne Ap, Nakamura K, Barzi F, et al. Smoking, Diabetes and cardiovascular diseases in men in the Asia-Pacific Region. *J Diabetes*



2009; doi: 10.1111/j.1753-0407.2009.00028.x

• Book

3. Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

• Chapter in a Book

4. Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-5.

TABLES

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *P*-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

FIGURES

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

- **Size** Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).
- **Resolution** Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.
- **Color figures** Files should be set up as CMYK

(cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

- **Line figures** Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.
- **Text sizing in figures** Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.
- **Figure legends** Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

More help on preparation of illustrations can be found at:

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EQUATIONS

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

12. SUPPORTING INFORMATION

Supporting Information can be a useful way for an author to include important but ancillary information with the online version of an article. Examples of Supporting Information include additional tables, data sets, figures, movie files, audio clips, 3D structures, and other related nonessential multimedia files. Supporting Information should be cited within the article text, and a descriptive legend should be included. It is published as supplied by the author, and a proof is not made available prior to publication; for these reasons, authors should provide any Supporting Information in the desired final format.

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13. SUBMISSION OF MANUSCRIPTS

Manuscripts must be submitted online at: <http://mc.manuscriptcentral.com/jdb>

Authors must supply an email address as all correspondence will be by email.

Plagiarism Detection

The *Journal of Diabetes* employs a plagiarism detection system. By submitting your manuscript to this journal you accept that your manuscript may be screened for plagiarism against previously published works

General

All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

- Submissions must be double-spaced.
- All margins should be at least 30 mm.
- All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.
- Do not use Enter at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
- Specify any special characters used to represent non-keyboard characters.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for β (Greek beta).
- Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).

Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 dpi) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

Covering Letter

Papers are accepted for publication in *Journal of Diabetes* on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter.

The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors



are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified.

14. PROOFS

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the *essential* correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: <http://www.adobe.com/products/acrobat/readstep2.html> This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.

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2) After acceptance

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editor to check on progress. For more details on online production tracking and for a wealth of resources, including FAQs and tips on article preparation, submission and more, visit:

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17. ACCEPTED AND EARLY VIEW ARTICLES (EPUB AHEAD OF ISSUE PUBLICATION)

ACCEPTED ARTICLES

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EARLY VIEW ARTICLES

Journal of Diabetes is covered by Wiley Blackwell Publishing's Early View service. Early View articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore

available as soon as they are ready, rather than having to wait for the next scheduled print issue. Early View articles are complete and final. They have been fully reviewed, revised and edited for publication, and the authors' final corrections have been incorporated. Because they are in final form, no changes can be made after online publication. The nature of Early View articles means that they do not yet have volume, issue or page numbers, so Early View articles cannot be cited in the traditional way. They are therefore given a Digital Object Identifier (DOI), which allows the article to be cited and tracked before it is allocated to an issue. After print publication, the DOI remains valid and can continue to be used to cite and access the article. More information about DOIs can be found at <http://www.doi.org/faq.html>.

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