

# Expert Medicine Author Guidelines

---

## Table of Contents

Article types considered.....	3
At-a-glance article formatting checklist.....	4
Article types .....	5
Review-based articles.....	5
Review .....	5
Systematic Review.....	6
Perspective .....	6
Special Report .....	7
Drug, Device and Vaccine Evaluations, Clinical Trial Protocols & Clinical Trial Evaluations.....	8
Original research articles.....	8
General information for original articles .....	8
Research Article.....	9
Bioanalytical Challenge.....	10
Method.....	11
Software Tool, Study Protocol and Laboratory Protocol.....	12
Meta-Analysis .....	12
Case Report/Case Series.....	13
Plain Language Summary of Publication articles.....	13
Added-value Articles .....	14
White Paper.....	14
Editorial .....	14
Interview .....	14
Key Paper Evaluation.....	15
Meeting Report .....	15
Profile .....	16
Letter to the Editor.....	16
Podcast.....	17
Article sections.....	18
Title.....	18
Author(s) names & affiliations.....	18
Abstract .....	18
Structured abstract (for article types where this is specified e.g., Research Article).....	19
Plain Language Summary (within article).....	19
Keywords.....	19

Body of the article .....	19
Future perspective .....	19
Article highlights (max 500 words).....	20
Disclosures.....	20
Example writing disclosure:.....	20
Acknowledgements .....	20
Author contributions .....	20
Data availability statement .....	21
Original results of a clinical trial .....	21
Secondary analysis of shared clinical trial data .....	22
References.....	22
Key points.....	22
Reference annotations.....	22
Making the most of your article .....	23
Plain Language Summaries.....	23
Plain Language Summary (within article) .....	23
Standalone Plain Language Summary of Publication articles.....	24
Graphical abstract .....	25
Infographics.....	26
Videos.....	26
Podcasts .....	27
Figures, tables, boxes & supplementary materials.....	27
Figure/table/box guidelines .....	27
Chemical structures.....	29
Units of measurement.....	29
Statistics .....	29
Abbreviations .....	30
Product brand names .....	30
Companies.....	30
Accelerated publication option .....	30
Open access.....	30
Commercial use by 'for-profit' organizations .....	31
Methods Reporting Checklist for Authors .....	31
Epigenomics Research Article Reporting Checklist for Bioinformatic and Data Re-analysis Studies.....	33

## Article types considered

	Bioanalysis	Biomarkers in Medicine	CNS Oncology	Colorectal Cancer	Epigenomics	Future Cardiology	Future Medicinal Chemistry	Future Microbiology	Future Neurology	Future Oncology	Future Rare Diseases	Future Science OA	Future Virology	Hepatic Oncology	Immunotherapy	Lung Cancer Management	Melanoma Management	Nanomedicine	Neurodegenerative Disease Management	Pain Management	Personalized Medicine	Pharmacogenomics	Regenerative Medicine	Therapeutic Delivery
Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Systematic Review	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perspective	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Special Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Research Article	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bioanalytical Challenge	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Method	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Software Tool	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Study Protocol	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Laboratory Protocol	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Meta-analysis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Case Report/ Case Series	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗
White Paper	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Editorial	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Key Paper Evaluation	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗
Meeting Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Profile	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗
Letter to the Editor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Podcast	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Plain Language Summary of Publication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical Trial Evaluation	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗
Clinical Trial Protocol	✗	✗	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗
Device Evaluation	✗	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓
Drug Evaluation	✗	✗	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓
Vaccine Evaluation	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✓

## At-a-glance article formatting checklist

	Word Count	Abstract	Keywords	Future Perspective	Article Highlights	Reference Guide	Figure & Tables Permitted
Review Based Articles							
Review	4000–8000	✓	✓	✓	✓	~80-200	✓
Systematic Review	4000–8000	✓ (structured)	✓	✗	✓	As appropriate	✓
Perspective	4000–8000	✓	✓	✓	✓	~80	✓
Special Report	1500-4000	✓	✓	✓	✓	~50-80	✓
Original Research Articles							
Research Article	5000–8000	✓ (structured)	✓	✗	✓	~80	✓
Bioanalytical Challenge	3000	✓ (structured)	✓	✗	✓	~50	✓
Method	3000–8000	✓	✓	✗	✓	~40–80	✓
Software Tool	3000–8000	✓	✓	✗	✓	As appropriate	✓
Study Protocol	3000–8000	✓	✓	✗	✓	As appropriate	✓
Laboratory Protocol	3000–8000	✓	✓	✗	✓	As appropriate	✓
Meta-analysis	4000–8000	✓ (structured)	✓	✗	✓	As appropriate	✓
Case Report/ Case Series	1500–3000	✓	✓	✗	✓	~50	✓
Added-value Articles							
White Paper	1500–3000	✓	✓	✗	✓	~50	✓
Editorial	1500	✗	✓	✗	✗	20	✗
Key Paper Evaluation	1500	✓	✓	✓	✓	20	One of each max.
Meeting Report	1500	✓	✓	✗	✗	20	✗
Profile	2000	✓	✓	✗	✓	20	One of each max.
Letter to the Editor	1500	✗	✓	✗	✗	20	✗

---

## Article types

Expert Medicine publishes a range of article types, descriptions of which are outlined below. Authors are encouraged to consult the [‘at-a-glance formatting checklist’](#) for details on word counts and other formatting requirements.

The information below gives an overview of the requirements for each article type published by Expert Medicine journals. However, authors should consult the International Committee of Medical Journal Editors (ICMJE) *“Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals”* (<https://www.icmje.org/recommendations/>), in particular the section on *“Preparing a Manuscript for Submission to a Medical Journal”* prior to submitting to an Expert Medicine journal, for more detailed information.

## Review-based articles

### Review

Reviews aim to highlight recent significant advances in research, ongoing challenges and unmet needs; authors should be concise and critical in their appraisal of the subject matter and strive for clarity. The focus should be on key, defining developments rather than providing a comprehensive literature survey. Reviews should provide balanced coverage of the field and not focus predominantly on the author's own research. Authors are encouraged to include their own perspective on current trends and future directions, particularly in the ‘Future perspective’ section. Review articles undergo external peer review.

Expert Medicine journals consider both Narrative and Systematic Reviews. For more information on Systematic Reviews, see below.

**Word count guide:** 4000–8000 words (excluding abstract, article highlights, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Body of article**
- **Future perspective**
- **Article highlights (max 500 words)**
- **References** (target of approximately 80 references)
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors.
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosures of any writing assistance (and the funding source for this) and any other relevant information.
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))
- **Infographic:** optional – see below for more details

## Systematic Review

Systematic Reviews should systematically gather, appraise and synthesize evidence around a specific question. Systematic Review articles undergo external peer review.

Authors of Systematic Reviews **must** provide a supporting Cover Letter on submission briefly detailing:

- Relevance to the journal's audience
- Objectives of the review (including the question the review intends to address)
- How the review advances understanding of the field

Systematic Reviews should be conducted following the recommendations of PRISMA (<http://www.prisma-statement.org/>). A summary of required sections is provided below, but further information on these should be taken from the PRISMA checklist. In addition, a completed PRISMA checklist should be provided as Supplementary Materials on submission of the article.

Systematic Reviews should be prospectively registered on [PROSPERO](#)

**Word count guide:** 4000–8000 words (excluding abstract, article highlights, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 200 characters) – should identify the work as a Systematic Review
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Introduction:** including review rationale and the question being addressed (with reference to participants, interventions, comparisons, outcomes and study design [PICOS])
- **Methods**
- **Results**
- **Discussion**
- **Conclusions**
- **Article highlights (max 500 words)**
- **References** (number as appropriate based on literature search)
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors.
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Supplementary materials:** A completed PRISMA checklist (<http://www.prisma-statement.org/>) should be included for publication alongside the Systematic Review
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

## Perspective

Perspectives have the same basic structure and length as Review articles; however, they should be more speculative and forward-looking, even visionary. They offer the author the opportunity to present criticism, address controversy or provide a personal angle on a significant issue. Authors of Perspectives are encouraged to be opinionated, with all positions concisely and clearly argued and referenced. Perspective articles undergo external peer review; however, reviewers will be briefed to

review these articles for quality and relevance of argument only. They will not necessarily be expected to agree with the author's position.

**Word count guide:** 4000–8000 words (excluding abstract, article highlights, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Body of article**
- **Future perspective**
- **Article highlights (max 500 words)**
- **References** (target of approximately 80 references)
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

## Special Report

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

**Word count guide:** 1500–3000 words (excluding abstract, article highlights, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Body of article**
- **Future perspective**
- **Article highlights (max 500 words)**
- **References** (guide of 50-80 references)
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors.
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosures of any writing assistance (and the funding source for this) and any other relevant information.

- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))
- **Infographic:** optional – see below for more details
- 

## Drug, Device and Vaccine Evaluations, Clinical Trial Protocols & Clinical Trial Evaluations

Separate author guidelines for the submission of these article types are available. These can be found on the 'Instructions for Authors' page for all Expert Medicine journals.

## Original research articles

### General information for original articles

Authors are advised to consult the **Methods Reporting Checklist for Authors**, available in the appendix of this guide. In addition, the [EQUATOR Network](#) contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

For the journal *Epigenomics*, a Research Article Reporting Checklist for Bioinformatic and Data Re-analysis Studies is available in the appendix of this guide. Please upload a completed copy with your submission.

**Cover letter:** Authors **must** provide a supporting Cover Letter on submission briefly detailing:

- Relevance to the journal's audience
- Where the novelty in the study lies
- How the study advances understanding of the field
- Direct and potential implications of the findings

**Please note:** All journals will consider studies presenting positive, negative or inconclusive data.

**Peer review:** All types of original article undergo external peer review.

**Experimental details & data:** Where a novel experimental procedure has been employed full details must be provided, such that a skilled scientist would be able to reproduce the results presented. The synthesis of all new compounds must be described in detail. Details of routine or previously reported experimental procedures should be provided via references only. Experimental procedures and/or data running to more than two Word document pages should be placed in a supplementary file.

**Reporting of sex & gender information:** Authors are encouraged to consult the [SAGER Guidelines](#) to ensure the accurate reporting of sex and gender information in study design, data analysis, results and interpretations of findings.

**Data & materials sharing:** From 1st July 2018, the ICMJE requires that all manuscripts that report the results of clinical trials must contain a data sharing statement, as described on their website here: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>. For other types of original research, authors should be able to provide additional relevant original data underpinning their research, if requested by the Editor or reviewers.

**Data deposition:** Authors are encouraged to make underlying data/biological materials available upon reasonable request, where this is possible. We also encourage the deposition of data/materials to a discipline-specific, community-recognized repository where one exists, or a generalist repository if no suitable specific resource is available, in order to aid in the future replication of methods or the completion of follow-on studies. Repositories can be found via sites such as [re3data.org](http://re3data.org). Where data

have been deposited in a public repository, authors should state at the end of the abstract the dataset name, repository name and number.

**Clinical trial reporting:** For authors presenting the results of clinical trials, the guidelines recommended by [CONSORT](#) and [GPP3](#) should be followed. In addition, where available the clinical trial registration number should be included at the end of the abstract, and on the first mention of the trial in the main body of text. Unregistered clinical trials should be declared as such, and the reason for nonregistration should be provided. The mention of other trials should also include the relevant registration number, where available.

Secondary outcomes, exploratory analyses, and *post hoc* analyses should be clearly identified as such; these may be included in the primary publication or published separately, in which case they should clearly reference the primary publication and should not be published before it.

**Diagnostic accuracy studies:** Where a diagnostic accuracy study has been carried out, authors should follow the recommendations of STARD (<http://www.equator-network.org/reporting-guidelines/stard/>).

**Observational studies:** Where observational research has been carried out, authors should follow the recommendations of STROBE (<https://www.strobe-statement.org/>).

**Animal Studies:** All animal studies must be conducted according to ARRIVE guidelines and a completed ARRIVE checklist must be uploaded alongside your submission.

## Research Article

**Word count guide:** 2000–8000 words (excluding abstract, article highlights, references and figure/table legends)

Research Articles should present novel work that makes a significant impact within the scope of the journal, and which represents an important advancement in knowledge or understanding. Routine or incremental work is not suitable for full Research Articles. Research should be reported succinctly; the inclusion of detailed background discussion is to be avoided. Supporting data or further experimental details can be submitted as Supplementary Information.

**Required sections for Research Articles** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Introduction**
  - Should only cite directly pertinent references
  - Should not include data or conclusions from the work being reported
- **Patients & methods/Materials & methods**
  - Where an organization was paid or otherwise contracted to help conduct the research (e.g., data collection and management), this should be detailed
  - Should include information indicating that the research was approved or exempted from the need for review by the responsible review committee (institutional or national). Where no formal ethics committee is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki should be included

- Information on the selection and description of participants should define how authors measured race or ethnicity and justify their relevance
- **Results**
  - Numeric results should be given not only as derivatives (e.g., percentages) but also as the absolute numbers from which the derivatives were calculated
  - Statistical significance of results should be specified, if any
- **Discussion**
  - Authors should distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses
  - Authors should avoid claiming priority or alluding to work that has not been completed
- **Conclusions**
- **Article highlights (max 500 words)**
- **References**
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), ethical disclosure and any other relevant information
- **Data sharing statement** (for studies reporting the original results of a clinical trial or the secondary analysis of clinical trial data only)
- **Figures/Tables**
  - A limit of 5 figures and 5 tables to be included in the manuscript. Where this number is exceeded, the Editor will recommend that some are included as online-only supplementary materials
  - Should be submitted as separate files (see guidelines [below](#))

### Bioanalytical Challenge

Bioanalytical Challenge articles are a type of original research article published in *Bioanalysis* that provide insights and solutions to specific laboratory issues. The challenge should be presented clearly in the introduction. The articles are focused on the practical laboratory aspects, and authors are encouraged to describe failures as well as successes.

**Word count guide:** 3000 words (excluding abstract, keywords, article highlights and references).

**Reference limit:** ~50

**Required sections:** (for a more detailed description of these sections see [Article sections](#)):

- **Title (200 characters)**
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords**
- **Introduction**
  - Should only cite directly pertinent references
  - Should not include data or conclusions from the work being reported
- **Materials & methods/Experimental**
  - Where an organization was paid or otherwise contracted to help conduct the research (e.g., data collection and management), this should be detailed

- Should include information indicating that the research was approved or exempted from the need for review by the responsible review committee (institutional or national). Where no formal ethics committee is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki should be included
- Information on the selection and description of participants should define how authors measured race or ethnicity and justify their relevance
- **Results & Discussion**
  - Numeric results should be given not only as derivatives (e.g. percentages) but also as the absolute numbers from which the derivatives were calculated
  - Statistical significance of results should be specified, if any
  - Authors should avoid claiming priority or alluding to work that has not been completed
- **Conclusions**
- **Practical tips (Optional)**
- **Article highlights (max 500 words)**
- **References**
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this) and any other relevant information
- **Figures/Tables:** should be submitted as separate files (see [guidelines below](#))

## Method

Method articles should provide an overview of a novel study method, test or procedure. The method described may be either completely novel or may offer a demonstrable improvement on an existing method. The significance and potential implications of the developments must be explicit.

**Word count guide:** 4000–8000 words (excluding abstract, article highlights, references and figure/table legends)

**Required sections:** Article sections may vary depending on the type of method being presented. At a minimum, the article should include (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Introduction**
- **Methods**
  - This section will vary depending on the type of work being presented; however, in general, this section will include a general description of the method and its validation. Enough detail should be provided for the independent recreation of the method. Appropriate subheadings should be included.
- **Discussion and conclusions**
- **Article highlights (max 500 words)**
- **References**
- **Reference annotations**

- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), an ethical disclosure, and any other relevant information
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Software Tool, Study Protocol and Laboratory Protocol

Separate author guidelines for the submission of these article types are available. These can be found on the Taylor & Francis Author Services: [Software tool articles - Author Services](#) / [Study protocol - Author Services](#) / [Laboratory protocol - Author Services](#).

Please refer to the '[at-a-glance formatting checklist](#)' for details on word counts and other formatting requirements.

### Meta-Analysis

Meta-Analyses use statistical methods to combine data from multiple, systematically selected studies. Meta-Analyses undergo external peer review.

Authors of Meta-Analyses **must** provide a supporting Cover Letter on submission briefly detailing:

- Relevance to the journal's audience
- Objectives of the analysis (including the question the analysis intends to address)
- How the analysis advances understanding of the field

Meta-Analyses should be conducted following the recommendations of PRISMA (<https://prisma-statement.org/>). A summary of required sections is provided below, but further information on these should be taken from the PRISMA checklist in the appendix. **In addition, a completed PRISMA checklist should be provided as Supplementary Materials on submission of the article.**

**Word count guide:** 4000–8000 words (excluding abstract, article highlights, references and figure/table legends)

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters) – should identify the work as a Meta-Analysis
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Introduction:** including review rationale and the question being addressed (with reference to participants, interventions, comparisons, outcomes and study design [PICOS])
- **Methods**
- **Results**
- **Discussion**
- **Conclusions**
- **Article highlights (max 500 words)**
- **References** (number as appropriate based on literature search)
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Supplementary materials:** A completed PRISMA checklist (<https://prisma-statement.org/>)

- should be included for publication alongside the Systematic Review
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

Meta-analyses should be prospectively registered on [PROSPERO](#)

### Case Report/Case Series

Case Report/Series present a notable medical case or series of related cases of interest and aim to further the reader's understanding of the issues relating to such situations. Case Report/Series articles undergo external peer review.

A completed CARE checklist (<https://www.care-statement.org/checklist>) should be uploaded in the Supplementary Materials upon submission.

**Word count guide:** 1500–3000 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Body of the article.** A suggested structure could be:
  - Presentation of case – setting and patient details/history
  - Initial diagnosis/assessment
  - Treatment/management
  - Outcome and implications
- **Discussion/conclusion**
- **Article highlights (max 500 words)**
- **References**
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), an ethical disclosure, consent to participate and consent to publish statements.
- We require a disclosure stating that written informed consent has been obtained from all **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Plain Language Summary of Publication articles

Separate author guidelines for the submission of these article types are available. Please contact [PlainLanguageSummaries@taylorandfrancis.com](mailto:PlainLanguageSummaries@taylorandfrancis.com) to request a copy.

For more information on plain language options in Expert Medicine journals, please see [below](#).

## Added-value Articles

All Expert Medicine journals consider a range of shorter, added-value article types. The purpose of these articles is to provide readers with commentary, opinion and correspondence on topics of relevance to the journal scope. These articles are often invited by the Editor; however unsolicited article proposals are also welcome.

## White Paper

White Papers are authoritative reports that bring together the opinions and current thinking of leading stakeholders or recognized experts. They may offer recommendations, outline proposals and aim to set out current 'consensuses' related to an issue. The issue under discussion should be of immediate importance to the advancement of the field. White Papers undergo external peer review.

**Word count guide:** 1500–3000 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Body of the article**
- **Discussion/conclusion**
- **Article highlights (max 500 words)**
- **References:** approximately 50 references or fewer
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information

## Editorial

Editorials are short articles that provide an insight into, or snapshot of issues of topical importance to the journal's target audience or researchers and other professionals. The intention is that the article should offer an expert perspective on a topic of recent interest. Editorials undergo external peer review.

**Word count guide:** 750 - 1500 words maximum (excluding keywords and references).

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Keywords** (5–8)
- **Body of article**
- **References:** A maximum of **20 references** are permitted.
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Please note:** No figures, tables or boxes are permitted in editorials

## Interview

Interviews are conducted with key thought leaders in the field and can include a look back over their

career and achievements to date, a discussion on their current research, and their thoughts and observations on the field as a whole. Individuals are invited to take part in an Interview, either verbal or written, at the Editor's discretion. Interview articles undergo external peer review. The opinions expressed in an Interview are those of the Interviewee, and do not necessarily reflect the views of Taylor & Francis. Interviewees are asked to include relevant disclosures in the published interview, including financial and/or conflict-of-interest statements.

**Word count guide:** 1500 words

**Required sections:**

- **Title** (maximum 200 characters)
- **Interviewee name & affiliation**
- **Summary/biographical paragraph**
- **Series of questions for discussion** (provided by the Journal Editor)
- **Response from the author to each point**
- **Additional reference sources for the interested reader**
- **Disclosures**

### Key Paper Evaluation

Key Paper Evaluation articles 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 Evaluation articles are intended to extend and expand on the information presented in the original publication, 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.

All Key Paper Evaluation articles undergo external peer review.

**Word count guide:** 1500 words maximum (excluding abstract, keywords and references).

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Keywords** (5–8)
- **Summary of methods and results**
- **Discussion**
- **Future perspective**
- **Article highlights (max 500 words)**
- **References:** a maximum of **20 references** are permitted in key paper evaluations
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Figures/tables:** if necessary, only **one of each** is permitted, which should be submitted as separate files

### Meeting Report

Meeting Reports summarize the most important research presented at a recent relevant meeting or event. It is not usually feasible to attempt comprehensive coverage of the conference; authors

should therefore focus on those presentations that are most topical, interesting or thought-provoking. All Meeting Report articles undergo external peer review.

**Word count guide:** 1500 words maximum (excluding abstract, conference details and references).

**Required sections:**

- **Title** (maximum 200 characters)
- **Conference details** (title, date, location)
- **Abstract/overview of meeting** (200 words maximum)
- **Body of article**
- **References:** a maximum of **20 references** are permitted.
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Please note:** No figures, tables or boxes are permitted in Meeting Reports

## Profile

Profile articles can feature companies or institutions and allow representatives from a particular organization to describe the work currently being carried out by their team, relevant to the field of the journal in question. This can include pharmaceutical and biotechnology companies, or academic institutes/departments and government organizations.

These reports are intended to provide an insight into the history and strategy of a company/institution, and profile its capabilities, advanced technologies and future potential. Individuals are invited to write a Profile at the Editor's discretion. All Profile articles undergo external peer review.

**Word count guide:** 2000 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 200 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 200 words)
- **Keywords** (5–8)
- **Introduction:** brief factual account of the history and strategy of the company including background information e.g., the year the company was founded, number of employees etc.
- **Body of article**
- **Article highlights (max 500 words)**
- **Author contributions:** brief summary of the contribution of each individual meeting the ICMJE [criteria](#) to be listed as an author on the manuscript.
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** including funding information, declaration of interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **References:** a maximum of **20 references** are permitted
- **Figures/tables:** if necessary, only **one of each** is permitted, which should be submitted as separate files

## Letter to the Editor

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

**Word count guide:** 1500 words

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

## Podcast

Podcast articles offer a different channel to inform Health Care Professionals of new literature. Our podcast articles are peer-reviewed. These can be standalone podcast articles or podcasts that accompany a manuscript. These can be on any topic that fits within scope to the specified journal, ranging from KOL interviews, patient perspectives on treatments to clinical trial protocols or research.

**Requirements:** Original submission should include a discussion guide. The discussion guide will be peer reviewed. Providing satisfactory peer review and author revisions, you will be asked to record the podcast and provide a matching transcript for submission. The podcast file should be provided as an mp4 file. If the podcast and transcript do not reflect the discussion guide further peer review or edits might be required. At the beginning of the podcast recording and transcript the authors should mention that all funding and disclosure information is available on the article homepage at Taylor & Francis Online ([www.tandfonline.com](http://www.tandfonline.com)). All podcast articles are published open access with a transcript of the podcast to aid discoverability. All standalone podcast articles are subject to an APC of \$2500. If you would like to receive an example, please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk)

**Word count guide:** 1500–3000 words for the transcript (excluding abstract and references)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (Maximum 200 characters)
- **Author(s) name and affiliation**
- **Abstract** (maximum 200 words)
- **Plain language summary** (optional; maximum 250 words)
- **Keywords** (5–8)
- **Body of article** - Provide content as discussion guide
  - Discussion guide requires 5-6 talking points with 3-5 bullet points within each talking point. If you would like to receive an example, please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk)
- **References:** approximately 10 references
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as author
- **Disclosures:** to include author contributions, disclosure statement, disclosure of any writing assistance (and the funding source for this), funding information, and any other relevant information. For more information, see below.

---

## Article sections

The following list provides notes on the key article sections; authors should consult the '[at-a-glance formatting checklist](#)' to determine which sections are required for their submission.

### Title

Concisely and clearly conveys the scope/novelty of the article including any key words or phrases people might use to search on the topic; not more than **200 characters (including spaces)**. Should not include abbreviations if possible and should avoid redundant language such as "A study of..." .

### Author(s) names & affiliations

Including full name, address and e-mail. Note: we can only list two corresponding authors on a manuscript . Where available, authors should also add their ORCID iD during the manuscript submission process. Where patient authors are included, **an affiliation of 'Patient author' should be included** (alongside any additional affiliation desired), to facilitate discoverability on indexing services such as PubMed.

#### *Patient authorship:*

Taylor & Francis journals are supportive of the inclusion of patients in all stages of research, including in the authorship of papers. Patient authors should be aware that they must provide an email address during submission to allow communications relating to the progress of their paper. In the event that the patient author is the corresponding author, please note that the email address provided upon submission will be published in the final article and made available to the general public. Patient authors should carefully consider whether to use an existing personal email address or to create an alternate email address that can be used for their authored works. Patient authors can include:

- **A person who lives with or is affected by a disease or condition** (i.e., a broad definition of patient that includes those with lived conditions or receiving health or social care, caregivers, family members and members of patient advocacy groups who represent them)
- **A person who provides unique and valuable input from the patient perspective to the publication.**
- **Patients must meet the ICMJE authorship criteria. You can find the criteria for this on our defining authorship page here: <https://authorservices.taylorandfrancis.com/editorial-policies/defining-authorship-research-paper/>. Authors are encouraged to refer to [this tool](#), which highlights how each of the four criteria above can be interpreted from the patient author perspective.**

Further useful information for patient authors can be found here:

<https://authorservices.taylorandfrancis.com/editorial-policies/guidance-for-patient-authors/>

#### *Group authorship:*

When a group name is included as an author (e.g., the XYZ Study Group), the respective group member names should be listed in the acknowledgements section. In relevant Medline/PubMed-indexed journals, these individuals are acknowledged as contributors to the article. The submitting author/agent should therefore ensure that group member names are included in full, are spelled correctly, and appear in the order they wish them to be listed on Medline/PubMed. More guidance from Medline can be found here: <https://www.nlm.nih.gov/bsd/policy/authorship.html>.

### Abstract

Not more than **200 words**; no references should be cited in the abstract. The abstract should

highlight the importance of the field under discussion within the journal's scope, and clearly define the parameters of the article.

## Structured abstract (for article types where this is specified e.g., Research Article)

Not more than **200 words**, broken down into Aims, Patients & Methods/Materials & Methods, Results and Conclusions. For authors presenting the results of clinical trials, the guidelines

recommended by [CONSORT](#) should be followed when writing the abstract, and the clinical trial registration number included at the end of the abstract, where available.

**Data deposition:** where data has been deposited in a public repository, authors should state at the end of the abstract the data set name, repository name and number.

## Plain Language Summary (within article)

Plain Language Summaries (PLS) within an article are a short, text-only summary of the article with any technical jargon removed. PLS should be of a similar length to a regular abstract or shorter (no more than 250 words) and are featured within an article alongside the main abstract (and on PubMed, for journals that are indexed there). Wherever possible PLS should be submitted at the same time as the manuscript. Expert Medicine encourages publication of PLS, but submission is not mandatory.

We recommend structuring the PLS as a series of questions, such as:

- What is this article about?
- What were the results?
- What do the results of the study mean?

### Example:

**What is this summary about?:** Sodium oxybate is a medicine for narcolepsy symptoms. It contains a high level of sodium. Should people taking sodium oxybate and their doctors worry about the sodium increasing their risk of heart or cardiovascular problems? This is a summary of an article that reviewed 20 years of published data to answer that question.

**What were the results?:** We found that sodium oxybate was not linked to cardiovascular risks, such as heart attacks or strokes.

**What do the results mean?:** This suggests that the sodium in sodium oxybate may not add cardiovascular risk for people with narcolepsy. People currently taking sodium oxybate should talk to their doctor to ask if they need to be concerned about the sodium in their medicine. People who take sodium oxybate are unlikely to need to change their sodium oxybate medicine because of the sodium.

## Keywords

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

## Body of the article

Article content should be arranged under relevant headings and subheadings to assist the reader.

## Future perspective

The author is challenged to include a speculative viewpoint on how the field will have evolved in 5–10 years from the point at which the article was written.

## Article highlights (max 500 words)

A series of bullet points that illustrate the main topics or conclusions made. For practice-oriented articles the bulleted points should outline methods of diagnosis and clinical treatment options – the key points for a clinician to bear in mind when presented with a situation of this type in their day-to-day practice.

### Example:

- Fampridine-Sustained Release is the only drug approved to treat walking disability in patients with multiple sclerosis.
- Around a third of the patients on treatment achieve a significant improvement.
- The effects appear soon after the start of the treatment, are long-lasting, but disappear soon after the drug is withdrawn.
- So far, it is not possible to predict whether a patient will be a responder or not.
- The efficacy of the treatment should be assessed after 2–4 weeks.
- The dose is 10 mg daily, and should not be increased due to the risk of seizures.
- It is contraindicated in patients with renal impairment, history of seizures or on treatment with OCT2 inhibitors.
- The adverse events are mild to moderate and transitory. The most frequently reported were insomnia, headache, fatigue, back pain, dizziness, nausea and balance disorders.

## Disclosures

Please see the journal Instructions for Authors at [www.tandfonline.co.uk](http://www.tandfonline.co.uk) for details on required disclosures and ethical conduct of research information. Disclosures should include:

- Acknowledgements
- Author Contributions
- Disclosure statement (including writing assistance disclosure, along with any sources of funding for such assistance)
- Ethical Conduct of Research
- Funding
- ORCID
- Declaration of interests
- Data Sharing Statement (Research Article type articles only)

### Example writing disclosure:

“Medical writing and editorial support were provided by WRITER of MEDICAL COMMUNICATIONS COMPANY, and were funded by COMPANY A.”

## Acknowledgements

Author acknowledgements, plus, where relevant, details of individuals who contributed to the article, such as study group members, or those who contributed but who did not fulfill the [criteria](#) to be listed as authors.

All use of Artificial Intelligence (AI) needs to be declared in the Acknowledgments section.

## Author contributions

The Editorial Team will assess the Author Contributions statement and reserve the right to query or request removal of listed authors who do not meet the ICMJE criteria for authorship.

[CRediT](#) (Contributor Roles Taxonomy) statements should be provided on the Title Page during the submission process and should correctly list the contributions of each author made to the manuscript. This statement will be published in the article. Below is a list of the terms with their definitions that can be used in Author Contributions section. This information was taken from [CRediT – Contributor Roles Taxonomy \(niso.org\)](#).

- Conceptualization: Ideas; formulation or evolution of overarching research goals and aims

- Data curation: Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use
- Formal Analysis: Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data
- Funding acquisition: Acquisition of the financial support for the project leading to this publication
- Investigation: Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection
- Methodology: Development or design of methodology; creation of models
- Project administration: Management and coordination responsibility for the research activity planning and execution
- Resources: Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools
- Software: Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components
- Supervision: Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team
- Validation: Verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs
- Visualization: Preparation, creation and/or presentation of the published work, specifically visualization/data presentation
- Writing – original draft: Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation)
- Writing – review & editing: Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre- or post-publication stages

Reproduced from Brand et al. (2015), *Learned Publishing* 28(2) with permission.

## Data availability statement

For studies reporting the original results of a clinical trial or the secondary analysis of clinical trial data, authors should include a data sharing statement, as described on the ICMJE website:

<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

Authors are asked to specify whether their manuscript reports **either** the original results of a clinical trial, **or** the secondary analysis of clinical trial data that have been shared with them.

## Original results of a clinical trial

For the reporting of original results, the data sharing statement should answer the following questions.

- Will individual, de-identified participant data be available (including data dictionaries)?
- What data in particular will be shared?
- What other documents will be available, if any (e.g., study protocol, statistical analysis plan, etc.)?
- When will data be available (start and end dates)?
- By what access criteria will data be shared? To include:
  - With whom?
  - For what types of analyses?
  - By what mechanism?

### **Examples:**

“The authors certify that this manuscript reports original clinical trial data. The data will not be made publicly available.”

“The authors certify that this manuscript reports original clinical trial data. Individual, de-identified participant data that underlie the results reported in this article (text, tables, figures, and appendices) are available from the corresponding author following publication, including the clinical study report and study protocol.”

“The authors certify that this manuscript reports original clinical trial data. Data reported in this manuscript are available within the article or posted publicly at [www.clinicaltrials.gov](http://www.clinicaltrials.gov), according to the required timelines. Additional data from the study (e.g., study protocol) are available upon reasonable request.”

### **Secondary analysis of shared clinical trial data**

For the reporting of secondary analyses of clinical trial data that have been shared with the authors, a statement to this effect must be included, including the source of the data.

### **Example:**

“The authors certify that this manuscript reports the secondary analysis of clinical trial data that have been shared with them, and that the use of this shared data is in accordance with the terms (if any) agreed upon their receipt. The source of this data is: \*\*\*\*\*.”

---

## **References**

### **Key points**

- References should be numerically listed in the reference section in the order that they occur in the text.
- Please ensure no references are duplicated in the reference list.
- References should appear as a number i.e., [1,2] in the text in square brackets. (Please move any superscript reference citations, to inside the sentence-end punctuation). All reference citations in the text should appear at the end of the sentence, prior to punctuation. (e.g., “...[2].)”
- Please follow our required reference format: Author A, Author B, Author C, et al. Title of article. Abbreviated Journal Title. Date; volume(number):pages. Please list all authors where there are fewer than four.
- Please include your websites / patents in the main reference list – if citing a website, please ensure your access date is also included. If you have included a weblink in the main text, please change this to a numbered citation and include it within the reference list.
- For an Endnote referencing style, please click the following link:  
[https://endnote.com/style\\_download/tf-standard-nlm/](https://endnote.com/style_download/tf-standard-nlm/)
- For more information on our referencing style, please look under the heading ‘Journal’ on page 3 in the following link: [https://www.tandf.co.uk/journals/authors/style/reference/tf\\_NLM.pdf](https://www.tandf.co.uk/journals/authors/style/reference/tf_NLM.pdf)

### **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/considerable interest.

**Example:**

59. Cardillo TM, Sharkey RM, Rossi DL, Arrojo R, Mostafa AA, Goldenberg DM. Synthetic lethality exploitation by an anti-Trop-2-SN-38 antibody–drug conjugate, IMMU-132, plus PARP inhibitors in *BRCA1/2*-wild-type triple-negative breast cancer. *Clin. Cancer Res.* 23(13), 3405–3415 (2017).

●● **This preclinical study demonstrated antitumor responses of an anti-Trop2 antibody–drug conjugate in both mouse and monkey models.**

---

## Making the most of your article

We encourage authors to enhance their article with various digital features to help readers discover and learn about their research. With in-house graphics and video teams, we can offer a range of services to assist you in the preparation of all digital enhancements. If you are interested in including any digital enhancements with your article, please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk) at any stage.

All digital features undergo peer review. With the exception of graphical abstracts, digital features are published alongside the article as supplementary materials and can be accessed via a thumbnail on the article page. All digital features can be accessed free of charge. Authors retain the copyright of any digital feature they submit to us.

When submitted with the original submission, there are no costs to publish a digital feature. Costs are incurred if we are required to create or edit the feature.

Digital features (apart from graphical abstracts) can be added post-publication. In this instance, a fee of \$500 is charged to take into account the additional editorial and publication processing time and costs.

## Plain Language Summaries

Plain Language Summaries (PLS) provide a summary of an article in non-technical, jargon-free language that is understandable to non-specialist audiences. These are valuable to a range of readers, including patients, patient advocates, the general public, non-specialist clinicians, research scientists, decision-makers and a range of professionals in the healthcare community.

Expert Medicine journals offer several options for authors who wish to publish a PLS, details of which can be found below, along with links to external useful resources.

### Plain Language Summary (within article)

PLS within an article are a short, text-only summary of the article with any technical jargon removed. PLS should be of a similar length to a regular abstract or shorter (no more than 250 words) and are featured within an article alongside the main abstract (and on PubMed, for journals that are indexed there). PLS are peer reviewed, and wherever possible should be submitted at the same time as the manuscript.

### Plain Language Summary (alongside article)

Longer form PLS, providing a more detailed summary of the paper, can also be submitted as a supplementary file alongside an article submission. Any format will be considered, including written, video and audio format.

For authors wishing to feature a PLS alongside their article, we offer a writing and development service. If you are interested in learning more, please contact [PlainLanguageSummaries@taylorandfrancis.com](mailto:PlainLanguageSummaries@taylorandfrancis.com).

### **Standalone Plain Language Summary of Publication articles**

Plain Language Summary of Publication articles (PLSPs) can be published in all Expert Medicine journals. These are standalone articles published in the journal with their own unique DOI and are thus fully citable. They are plain language, visually enriched articles that provide a summary of a key publication, from an Expert Medicine journal or elsewhere.

PLSPs are written by authors of the original publication, ideally with a patient as co-author (although this is not mandatory). Additional authors not involved with the original publication can be included in the PLSP; however, they must meet the authorship criteria stipulated by the ICMJE. Following submission of the PLSP to the appropriate Expert Medicine journal, prior to styling into our PLSP template, it will be externally peer reviewed for readability and understanding by suitable individuals selected by the Journal Editor on the basis of experience and expertise.

PLSPs are peer reviewed by both plain language peer reviewers, including [Taylor & Francis PLSP Advisory Panel](#) members, and scientific peer reviewers, all of whom follow our specific guidance on evaluating PLSPs ([Plain Language Summary of Publication Peer Review Guidance](#)).

The plain language peer reviewers are composed of patients, patient advocates, and others with expertise in developing material specifically intended for patients and nonspecialist audiences. They evaluate the PLSP's readability and ease of understanding, while the scientific peer reviewers confirm that the PLSP content accurately reflects the original article's methodology, data, and findings.

**Separate guidelines are available for the preparation of standalone PLSPs.** If you are interested in submitting a standalone PLSP, please contact [PlainLanguageSummaries@taylorandfrancis.com](mailto:PlainLanguageSummaries@taylorandfrancis.com) to discuss the next steps.

Please note all standalone PLSP in Expert Medicine journals are published on an open access basis so they are freely accessible to all wanting to understand the latest research. This includes hybrid journals where publishing open access is usually optional. There is an article publishing charge (APC) to cover the costs associated with publishing the PLSP. The APC to publish a PLSP Expert Medicine journals is \$5,500 / £4,400 / €5,330 / AUD 7,678, plus VAT or other local taxes where applicable in your country. There is no submission charge. PLSPs are not eligible for the waiver programme that usually applies in our fully open access Expert Medicine journals.

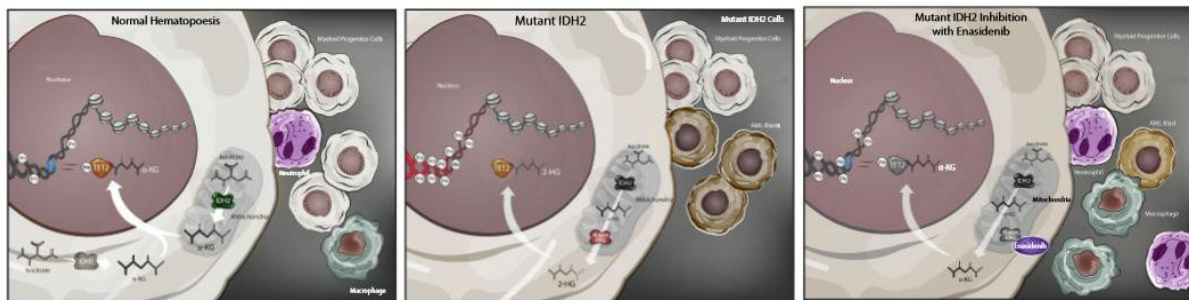
The PLSP APC covers the following:

- Publishing the PLSP open access under a CC BY-NC-ND license
- Editorial review of the PLSP prior to publication, including internal review, external peer review by patient/lay/plain language experts, scientific peer review and editorial feedback (in terms of content, readability and design)
- In-house processing of the PLSP from submission to publication
- Full design of the final article, including creation of additional imagery, re-styling of graphics and layout into a patient-friendly format

- Online hosting of the PLSP with keywords and other tools to enhance discoverability on our journal website and associated Plain Language Summaries website
- Dissemination across social media using relevant hashtags and mentions
- Indexing on relevant database, such as Medline, where applicable (in accordance with the journal's indexing status)
- Liaison with relevant patient organization to ensure they are aware of the PLSP as a tool to educate and inform their members

## Graphical abstract

All Expert Medicine journals encourage the use of graphical abstracts; a concise, visual summary of the main findings of the article, helping readers to quickly understand the findings of the paper and its relevance to them.

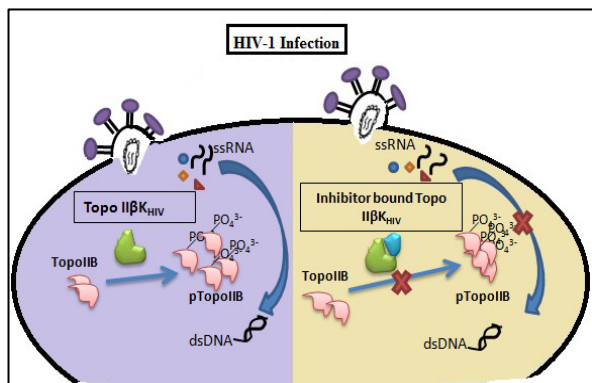


Graphical abstracts are made freely accessible to all readers and feature prominently on the article webpage alongside the main abstract.

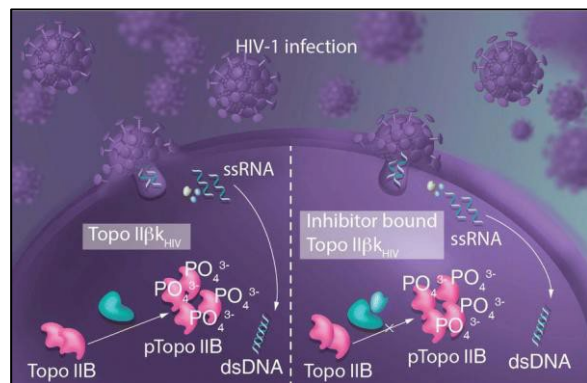
Graphical abstracts are peer reviewed alongside the article and should be submitted with the first draft. However, this does not need to be the final version – we are happy to accept a rough sketch or equivalent that will resemble the final version. The final version can then be created whilst the draft is being reviewed and finalized based on the reviewers' feedback.

**Submission requirements:** Authors should provide a single image or split panels in one image, ideally using font HELVETICA; size 8 points. Files should be supplied as a .jpg, .pdf or .tif file. If required, we can provide a range of design support services, from polishing an existing figure to completely creating the graphical abstract from a hand-drawn figure. Please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk) to discuss these services and the fees involved.

Before



After

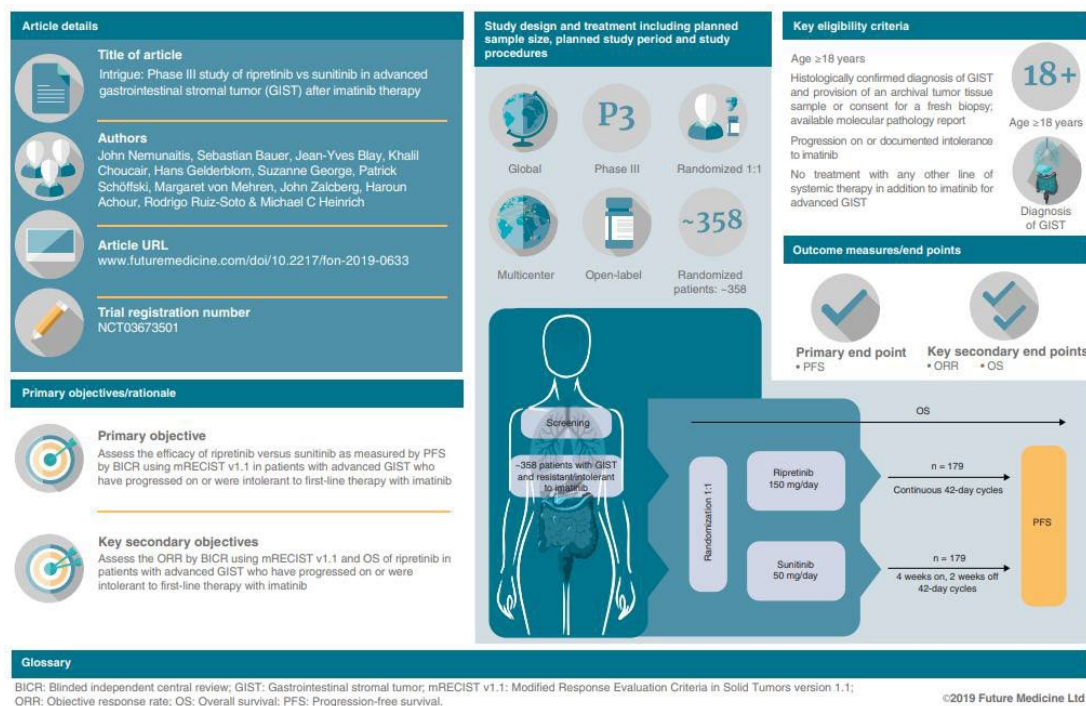


## Infographics

Infographics provide a useful summary of all the essential information on the trial and a visual, in-depth overview of the information presented in the article. Infographics appear at the end of the article PDF and online alongside the article. An example infographic is shown below.

**Size:** 800 pixel width

For a fee, our in-house graphics department can create a bespoke infographic to complement your article, featuring unique design elements and the colors of your choice. The fee for this service is \$950, please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk).



## Videos

With more and more content being consumed in video format, we offer a number of options to help authors summarize their scientific research and journal articles through engaging videos.

**Video abstracts** are short, 2–3-minute videos that provide the reader with a summary of the paper. Typically produced by the author, these can be published alongside articles free of charge. For an example video abstract, please visit [www.doi.org/10.2217/fo-2017-0636](http://www.doi.org/10.2217/fo-2017-0636).

**Animated videos** provide a ~90 second overview of a research paper where the article is converted into a bespoke animation with an engaging voiceover script. Videos are featured alongside the journal publication and also hosted on the [Video Journal of Biomedicine](http://www.doi.org/10.1080/vjbm-2023-0012) with their own citable DOI and the video transcript and metadata. All animated videos are published free to access, even if you have not chosen our open access option. An example can be found here: <https://doi.org/10.1080/vjbm-2023-0012>

**Publication Perspective videos** in the [Video Journal of Biomedicine](http://www.doi.org/10.1080/vjbm-2023-0012) are professionally produced videos, ~8 minutes in length that provide an opportunity for authors to discuss their publication in full. Videos are produced in chapter-style format allowing the viewer to navigate between segments

as required. By watching the video, viewers gain a comprehensive understanding of the paper, being referred to the main article for further details if needed. All Publication Perspective videos are published open access on our *Video Journal of Biomedicine* platform, with their own citable DOI and include the transcript and metadata. Where the video discusses an articles published in Expert Medicine, the video appears alongside the original paper as in this example: [P-REALITY-X: Palbociclib in HR+/HER2- MBC - VJBM](#). We also provide authors with an embeddable link to the video, allowing it to be embedded with permission.

If you are interested in any of our options to feature a video alongside your article, please email [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk).

## Podcasts

Podcast articles offer a different channel to inform HCPs of new literature. These can be standalone podcast articles or podcasts that accompany a manuscript. Original submission should include a discussion guide. The discussion guide will be peer reviewed. Providing satisfactory peer review and author revisions, you will be asked to record the podcast and provide a matching transcript for submission. The podcast file should be provided as an mp4 file. If the podcast and transcript do not reflect the discussion guide further peer review or edits might be required. At the beginning of the podcast recording and transcript the authors should mention that all funding and declaration of interest information is available on the article homepage at Taylor & Francis Online ([www.tandfonline.com](http://www.tandfonline.com)). All podcast articles are published open access with a transcript of the podcast to aid discoverability. All standalone podcast articles are subject to an APC of \$2500. If submitting a supplementary podcast to feature alongside another submitted article and this is provided during original submission, you can publish the supplementary podcast free of charge. If the supplementary podcast is provided after submission of the original article, there is a processing fee of \$500. If you would like to receive an example, please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk)

---

## Figures, tables, boxes & supplementary materials

Summary figures, tables and boxes are very useful, and we encourage their use in certain article types (see above section on [‘Article types’](#) for details on which articles can include figures/tables/boxes). The author should include illustrations 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.

Figures, tables and boxes should be numbered consecutively according to the order in which they have been first cited in the text.

## Figure/table/box guidelines

- **File submission:** All figures, tables and boxes should be **submitted as separate files**, not within the main manuscript document.
  - It is acceptable to include e.g., one table file with multiple tables included, but this should be a separate document to the main text file.

- **File format:** Figures, tables and boxes should be submitted in an **editable format** where possible. Figures that can be included without editing (e.g., photos, imaging data, etc.) can be submitted as raster files (.jpg, .png or .tif). Other figures (e.g., graph/bar charts or complex illustrations) should ideally be provided as vector files (.ai, .eps or .svg) if possible, otherwise as a .jpg, .pdf or .tif. Tables/boxes should be provided as e.g., Microsoft Word or Microsoft Excel files, and must be editable. If you are uncertain whether the format of your files is appropriate, please check with the Journal Editor.
- Tables and figures should be mentioned in the text in numerical order/order of use and correspond with the tables and figures you have provided.
- Tables and figures should have clear headings/figure legends. Please provide legends for all of your figures and tables, in a separate section at the end of the manuscript document.
- Footnotes contain all abbreviations, symbol information and permission blurbs. Please ensure the symbols/keys used in your tables/figures clearly match those explained in the legends.
- All images of scans or patients are not identifiable. If any are, please ensure these are anonymized.
- Figures and tables longer than 1.5 pages long are included as supplementary material.

## Permissions

It is the responsibility of the author to obtain permission to reproduce any previously published material, and to cover any costs this incurs (i.e., Figures and Tables). Please ensure that you have permission to reproduce any previously published material (and that all proof of permission is provided when you re-submit your manuscript).

We are a signatory of the STM Permissions copyright agreement, which facilitates the re-use of limited amounts of material from published works of other signatories. A list of co-signatories and links to most of the major journals permission request forms can be found at this webpage: <http://www.stm-assoc.org/copyright-legal-affairs/permissions/permissions-guidelines/>.

If Biorender had been used, please provide copies of the publication licenses which are required to publish images created using their site in our journal. A guide to obtaining a publication license from Biorender can be found here: <https://help.biorender.com/en/articles/5335858-how-do-i-download-my-publication-license>

- **Resolution:** Figure resolution should be as high as possible, ideally 300 dpi or higher for a .jpg. Images that are blurry or illegible in any way will not be accepted.
- **Font:** If possible, please use Helvetica 8pt.
- **Abbreviations:** All abbreviations used within Figures/tables/boxes should be defined in the legend (even if previously defined in the body of the manuscript).
- **Photomicrograph:** Please ensure that **scale bars** are included in figures where appropriate (e.g., photomicrographs). Symbols, arrows or letters used in photomicrographs should contrast with the background. Please explain the internal scale and identify the method of staining in photomicrographs.

- **Scans/ patient data:** All images of scans or patients should not be identifiable. If any are, please ensure these are anonymized prior to submission.
- **Editing of figures:** Expert Medicine journals apply the [Council of Science Editors recommendations](#) for digital images, specifically:
  - No specific feature within an image may be enhanced, obscured, moved, removed, or introduced.
  - Adjustments of brightness, contrast, or color balance are acceptable if they are applied to the whole image and as long as they do not obscure, eliminate, or misrepresent any information present in the original.
  - The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by the arrangement of the figure (e.g., dividing lines) and in the text of the figure legend.
  - If the original data cannot be produced by an author when asked to provide it, acceptance of the manuscript may be revoked.

Taylor & Francis Expert Medicine journals are able to offer a number of design services to authors, from polishing an existing figure to creating one from scratch (subject to fees). If you would be interested in learning more about this service, please contact [pubsols@tandf.co.uk](mailto:pubsols@tandf.co.uk).

## 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 (e.g., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used.
- Schemes are considered as figures and will contribute to the 5 figure limit in your main manuscript. Any additional schemes will need to be made supplementary.

---

## Units of measurement

- Measurements of length, height, weight and volume should be reported in metric units (meter, kilogram or liter) or their decimal multiples.
- Temperatures should be in degrees Celsius.
- Blood pressure should be in millimeters of mercury.
- Any other units should be reported using the International System of Units (SI) where possible.

---

## Statistics

- Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results.

- When possible, appropriate indicators of measurement error or uncertainty (such as confidence intervals) should be included.
- Please define any statistical terms, abbreviations and symbols used.

---

## Abbreviations

There is no need to include a separate abbreviations section in the manuscript. Instead, please define any abbreviations the first time they are used within the abstract, manuscript body, and figure/table legends, as appropriate.

---

## Product brand names

- Product brand names should not appear in the Title or Summary.
- Ideally brand names should only be used once in the main paper, in parentheses following the first mention of the generic name (please give both EU and US brand names where appropriate). The generic name should then be used thereafter.
- Brand names should include a superscript copyright/trademark/registered trademark symbol as appropriate on their first mention in each section of the manuscript (abstract/body of the text/article highlights/figure footnote/table footnote).
  - It is not necessary to include a copyright/trademark/registered trademark symbol for subsequent mentions.
- When referring to a lead compound (or compounds claimed in patents) for the first time, please ensure that the name of the relevant company is given in the text.

---

## Companies

Companies are treated as single entities requiring a verb in the third person singular, e.g., “GlaxoSmithKline is developing an All antagonist”. When referring to a lead compound (or compounds claimed in patents) for the first time, please ensure that the name of the relevant company is given in the text.

---

## Accelerated publication option

Our fee-based accelerated publication option provides publication of accepted articles online ahead of the print issues, within 7-9 weeks of submission. If you are interested in this option, you can view a quote and select this route during submission.

Accelerated publication fee: \$3900.

---

## Open access

Expert Medicine journals have different publishing options, depending on the title you are publishing in. Some journals are ‘hybrid’ – articles are published behind a paywall as standard (accessible to journal subscribers and those who choose to pay a one-off fee to access the article), but authors also have the option to pay a fee to publish their article open access (making them freely available for all readers to access). Other journals are fully open access, with all articles requiring the payment of the open access fee on acceptance for publication.

Your research funder or your institution may require you to publish your article open access. Visit our [Author Services](#) website to find out more about open access policies and how you can comply with these.

You will be asked to pay an article publishing charge (APC) to make your article open access and this cost can often be covered by your institution or funder. Use our [APC finder](#) to view the APC for Expert Medicine journals.

Open access articles are published under a Creative Commons CC BY-NC-ND license in hybrid journals and a CC-BY-NC license in open access journals, which allows dissemination on an open access basis, but does not permit commercial exploitation without permission (for further details from [www.creativecommons.org](http://www.creativecommons.org)) – please see below for the definition of commercial use.

Please visit our [Author Services website](#) if you would like more information about our Open Access Program.

### Commercial use by 'for-profit' organizations

Use of Open Access articles in our journals (e.g., articles published under a CC BY-NC-ND or CC-BY-NC license) for commercial purposes is not permitted.

#### Commercial purposes include:

Copying or downloading of articles, or linking to such articles for further redistribution, sale or licensing

- Copying, downloading or posting by a site or service that incorporates advertising with such content
- The inclusion or incorporation of article content in other works or services (other than normal quotations with an appropriate citation) that is then available for sale or licensing, for a fee (for example, a compilation produced for marketing purposes, inclusion in a sales pack)
- Use of article content (other than normal quotations with appropriate citation) by for-profit organizations for promotional purposes
- Linking to article content in e-mails redistributed for promotional, marketing or educational purposes
- Use for the purposes of monetary reward by means of sale, resale, license, loan, transfer or other form of commercial exploitation such as marketing products
- The reproduction of the article in whole in paper format, e.g., reprints

---

## Methods Reporting Checklist for Authors

In accordance with the guidelines that emerged from a workshop led by the NIH, aimed at enhancing the scientific rigour and reproducibility of published results (accessed [here](#)), we have taken measures to ensure that we are promoting good reporting standards. The checklist below is designed to establish if you have fulfilled the standards required by our journals. We suggest uploading a copy with your manuscript upon submission.

Please check the below and indicate if the following information is available in your manuscript (or supplementary material). In cases where you have confirmed that the stipulated information is

present in your article, please detail where it can be found by providing the page/paragraph/line number. If you feel that inclusion of this information is not applicable to your study, please indicate this in the column titled N/A.

For types of studies not covered by the methods checklist below, we recommend you consult the [Equator Network](#) website to identify a suitable guideline.

When one of the following study designs/ articles are submitted for consideration in an Expert Medicine journal, we require that these relevant checklists are completed and uploaded as supplementary material alongside the manuscript.

<u>Research design</u>	<u>Reporting checklist</u>
<u>Randomised trials</u>	<u>CONSORT</u>
<u>Observational studies</u>	<u>STROBE</u>
<u>Systematic reviews/ Meta-Analyses</u>	<u>PRISMA</u>
<u>Study protocols</u>	<u>SPIRIT</u>
<u>Animal pre-clinical studies</u>	<u>ARRIVE</u>
<u>Case reports</u>	<u>CARE</u>

## Epigenomics Research Article Reporting Checklist for Bioinformatic and Data Re-analysis Studies

This is a submission requirement for Research Articles in *Epigenomics* reporting the results of a bioinformatic study and/or re-analysis of available online data. The checklist is intended as an aid to authors to inform reviewers and readers of their methods and findings clearly, completely and transparently. This checklist will also be used as a tool to evaluate the suitability and novelty of manuscripts for publication in *Epigenomics*.

Please read the checklist below and indicate if the following information is available in your manuscript (or supplementary material). In cases where you have confirmed that the stipulated information is present in your article, please detail where it can be found by providing the page/paragraph/line number.

Criteria:	Information is located on page/paragraph/line of the manuscript:	N/A
Explain if and how you generated and analysed your own data (e.g. cell samples, tissue samples, mouse models, human models)		
Explain how you have adjusted for differences between data types (e.g. data derived from different cell, tissue and population types) and data sets (both own and previously published) <b>AND</b> Detail how you have processed the different datasets to make them comparable		
Describe how you have identified a suitable tool for the data analysis <b>OR</b> description of the novel bioinformatic tool/technology developed in your study		
Detailed comparison of your own new findings against the findings of the original study in which the data was first generated		
Explain in detail the impact of your findings within the field of epigenomics		
Clearly show that your study has implemented the FAIR principles on data management*	Findable: Accessible: Interoperable: Reusable:	
*In 2016, the ' <a href="#">FAIR Guiding Principles for scientific data management and stewardship</a> ' were published in <i>Scientific Data</i> . The authors intended to provide guidelines to improve the Findability, Accessibility, Interoperability, and Reuse of digital assets. Visit the <a href="#">GO FAIR website</a> for more guidance on the FAIR Principles.		

If you have any questions regarding the criteria listed above, please contact George Leung, Journal Editor of *Epigenomics*: [iepi@tandf.co.uk](mailto:iepi@tandf.co.uk)

Author print name: \_\_\_\_\_

Date: \_\_\_\_\_