Author Guidelines

This document outlines how to prepare the following article types for submission:

- Clinical Trial Protocol
- Clinical Trial Evaluation
- Drug Evaluation
- Device Evaluation
- Vaccine Evaluation
- Podcast
- Patient Perspective
- How I Treat

We recommend you read these guidelines in full before submitting your article.

For unsolicited submissions of any of the above article types, a pre-submission enquiry to the Editor is welcome.

Table of Contents

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*
Clinical Trial Evaluation	✖	✖	✓	✓	✓	✓	✖	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖	✖	✖
Clinical Trial Protocol	✖	✖	✓	✓	✖	✓	✖	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖	✓	✖
Device Evaluation	✖	✓	✓	✓	✓	✓	✖	✓	✓	✓	✓	✖	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖	✖	✓
Drug Evaluation	✖	✖	✓	✓	✖	✓	✖	✓	✓	✓	✓	✖	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖	✖	✓
Vaccine Evaluation	✖	✖	✖	✖	✖	✓	✖	✓	✓	✓	✓	✖	✓	✓	✓	✖	✖	✖	✖	✖	✖	✖	✖	✓
Podcast	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patient Perspective	✖	✖	✓	✓	✖	✓	✖	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✓	✓	✖	✖	✖	✖
How I Treat	✖	✖	✓	✓	✖	✓	✖	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✓	✓	✖	✖	✖	✖

At-a-glance article formatting checklists

	Word count range	Practice Points	Abstract	Keywords	Intro.	Intro. to the trial	Background and rationale	Design	Data analysis	Discussion	Conclusion	Article Highlights	Ref. limit
Clinical Trial Protocol	2000–4000	*	✓	✓ (5–8)	✓	✓	✓	✓	✖	✖	✓	✓	~50
Clinical Trial Evaluation	2000–4000	*	✓	✓ (5–8)	✓	✓	✓	✓	✓	✓	✓	✓	~50

	Word count range	Abstract	Keywords	Intro.	Overview of the field	Intro. to compound/ device/ vaccine	Pharmacology	Clinical efficacy	Real-world evidence	Safety and tolerability	Regulatory affairs	Conclusion	Article Highlights	Ref. limit
Drug Evaluation	4000–6000	✓	✓ (5–8)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	~80
Device Evaluation	4000–6000	✓	✓ (5–8)	✓	✓	✓	✘	✓	✓	✓	✓	✓	✓	~80
Vaccine Evaluation	4000–6000	✓	✓ (5–8)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	~80

	Word count range	Abstract	Keywords	Body of the article	Future Perspective	Article Highlights	Ref. limit
Podcast	1500–3000	✓	✓ (5–8)	✓	✘	✘	~10
Patient Perspective	2000–4000	✓	✓ (5–8)	✓	✓	✓	~40
How I Treat	4000–6000	✓	✓ (5–8)	✓	✓	✓	~80

Article types

Expert Medicine journals publish 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. However, authors should consult the International Committee for 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 a Expert Medicine journal, for more detailed information.

Clinical Trial Protocol

Aim: The aim of a Clinical Trial Protocol is to provide a concise review of the rationale and design of an ongoing trial (providing patient recruitment has not been completed at the time of submission) or cluster/program of studies. Authors are encouraged to discuss the implications of the study's results on clinical practice. Clinical Trial Protocols undergo external peer review. Reporting should follow the SPIRIT criteria (https://www.spirit-statement.org). A summary of required sections is provided below, but further information on these should be taken from the SPIRIT checklist. In addition, a completed SPIRIT checklist should be provided as Supplementary Material on submission of the article.

Focus: Authors should restrict their discussion to the indication investigated in the trials.

Timing: Trials are selected to be reviewed based on their relevance to the journal's audience and the potential implications of their findings to the field. Thus timing is critical and it is important that the deadlines set by the Editor are met. However, if you feel there is a need to delay publication, for instance to discuss new data presented at a scientific meeting or to coincide with the publication of primary literature, the Editor will be happy to accommodate such requests.

Word limit: 2000–4000 words (excluding abstract, article highlights, references & figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract (maximum 200 words)
- Plain language summary (optional; maximum 250 words)
- Keywords (5–8)
- Body of article
    - Introduction
        - Background and rationale
        - Objectives
        - Trial Design
    - Methods
        - Methods: Participants, interventions, and outcomes
        - Methods: Assignment of interventions (for controlled trials only)
        - Methods: Data collection, management, and analysis

        - Methods: Monitoring
    - Ethics and dissemination
    - Conclusion
- Article Highlights
- References: target of approximately 50 references
- Reference annotations
- 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 author contributions, disclosure statement, disclosure of any writing assistance (and the funding source for this), funding information, ethical declaration, data sharing statement and any other relevant information. For more information, see below
- Figures/Tables: should be submitted as separate files (see guidelines below)

Clinical Trial Evaluation

Aim: The aim of a Clinical Trial Evaluation is to provide a concise review of an individual trial or cluster/program of studies. For completed trials, each review summarizes all aspects of the trial, including the rationale, study design, timelines, results and data analysis. Authors are encouraged to discuss the implications of the study on clinical practice. Clinical Trial Evaluations undergo external peer review.

Focus: Authors should restrict their discussion to the indication investigated in the trials. It is recommended that national/regional regulatory product guidelines are followed, particularly in terms of indications and dosage. Additionally, for investigational products not yet licensed for any indication, the manuscript should make reference to this from the outset.

Timing: Several factors contribute to the selection of trials to be reviewed, including scientific need, emergence of new important clinical data, launches/approval of new indications, and the requirement for an alternative appraisal of the literature. Thus timing is critical and it is important that the deadlines set by the Editor are met. However, if you feel there is a need to delay publication, for instance to discuss new data presented at a scientific meeting or to coincide with the publication of primary literature, the Editor will be happy to accommodate such requests.

Word limit: 2000–4000 words (excluding abstract, article highlights, references & figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract (maximum 200 words)
- Plain language summary (optional; maximum 250 words)
- Keywords (5–8)
- Body of article
    - Introduction
    - Introduction to the trial
    - Background and rationale
    - Design
    - Data analysis (if applicable)
    - Discussion
    - Conclusion
- Article Highlights

- References: target of approximately 50 references
- Reference annotations
- 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 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.
- Figures/Tables: should be submitted as separate files (see guidelines below)

Drug Evaluation

Aim: The aim of a Drug Evaluation is to provide a concise review of the pharmacology, clinical efficacy and tolerability of a drug. Authors are encouraged to provide a critical appraisal of the most important and up-to-date information on the role of the drug in clinical practice. Drug Evaluations undergo external peer review.

Focus: Authors should restrict their discussion to licensed indications and it is recommended that national/regional regulatory product guidelines are followed, particularly in terms of indications and dosage. When a drug is discussed outside of its approved license, readers should be made aware of this fact in the first instance. For investigational drugs not yet licensed for any indication, the manuscript should make reference to this from the outset.

Timing: Several factors contribute to the selection of drugs to be reviewed, including scientific need, emergence of new important clinical data, launches/approval of new indications, and the requirement for an alternative appraisal of the literature. Thus timing is critical and it is important that the deadlines set by the Editor are met. However, if you feel there is a need to delay publication, for instance to discuss new data presented at a scientific meeting or to coincide with the publication of primary literature, the Editor will be happy to accommodate such requests.

Word limit: 4000–6000 words (excluding abstract, article highlights, references & figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract (maximum 200 words)
- Plain language summary (optional; maximum 250 words)
- Keywords (5–8)
- Body of article
    - Introduction
    - Overview of the field
    - Introduction to the compound
    - Pharmacology
    - Clinical efficacy
    - Real-world evidence (if applicable)
    - Safety and tolerability
    - Regulatory affairs
    - Conclusion
- Article Highlights
- References: target of approximately 80 references
- Reference annotations

- 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 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.
- Figures/Tables: should be submitted as separate files (see guidelines below)

Device Evaluation

Aim: Device Evaluation articles should provide an independent perspective on the objective assessments of specific devices in development or clinical use to help inform clinical practice. Ideally, the review should encompass all aspects of the product, including basic technology, with the primary focus on clinical work and real-world evidence. Using the literature reviewed, authors are encouraged to critically appraise the most important and up-to-date information and discuss how the device is likely to impact management of specific diseases. Device Evaluations undergo external peer review.

Focus: Authors should restrict their discussion to licensed indications and it is recommended that national/regional regulatory product guidelines are followed, particularly in terms of indications. When a device is discussed outside of its approved license, readers should be made aware of this fact in the first instance. For investigational devices not yet licensed for any indication, the manuscript should make reference to this from the outset.

Timing: Several factors contribute to the selection of devices and technologies to be reviewed, including scientific need, emergence of new important clinical data, launches/approval of new indications, and the requirement for an alternative appraisal of the literature. Thus, timing is critical and it is important that the deadlines set by the Editor are met. However, if you feel there is a need to delay publication, for instance to discuss new data presented at a scientific meeting or to coincide with the publication of primary literature, the Editor will be happy to accommodate such requests.

Word limit: 4000–6000 words (excluding abstract, article highlights, references & figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract (maximum 200 words)
- Plain language summary (optional; maximum 250 words)
- Keywords (5–8)
- Body of article
    - Introduction
    - Overview of the field
    - Introduction to the device
    - Clinical efficacy
    - Real-world evidence (if applicable)
    - Safety and tolerability
    - Regulatory affairs
    - Conclusion
- Article Highlights
- References: target of approximately 80 references
- Reference annotations

- 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 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.
- Figures/Tables: should be submitted as separate files (see guidelines below)

Vaccine Evaluation

Aim: The aim of a Vaccine Evaluation is to provide a concise review of the development, clinical efficacy and tolerability of a vaccine. Authors are encouraged to provide a critical appraisal of the most important and up-to-date information on the role of the vaccine in clinical practice. Vaccine Evaluations undergo external peer review.

Focus: Authors should restrict their discussion to licensed indications and it is recommended that national/regional regulatory product guidelines are followed, particularly in terms of indications and dosage. When a vaccine is discussed outside of its approved license, readers should be made aware of this fact in the first instance. For investigational vaccines not yet licensed for any indication, the manuscript should make reference to this from the outset.

Timing: Several factors contribute to the selection of vaccines to be reviewed, including scientific need, emergence of new important clinical data, launches/approval of new indications, and the requirement for an alternative appraisal of the literature. Thus, timing is critical and it is important that the deadlines set by the Editor are met. However, if you feel there is a need to delay publication, for instance to discuss new data presented at a scientific meeting or to coincide with the publication of primary literature, the Editor will be happy to accommodate such requests.

Word limit: 4000–6000 words (excluding abstract, article highlights, references and figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract (maximum 200 words)
- Plain language summary (optional; maximum 250 words)
- Keywords (5–8)
- Body of article
    - Introduction
    - Overview of the field
    - Introduction to the vaccine
    - Pharmacology
    - Clinical efficacy
    - Real-world evidence (if applicable)
    - Safety and tolerability
    - Regulatory affairs
    - Conclusion
- Article Highlights
- References: target of approximately 80 references
- Reference annotations
- 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 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
- Figures/Tables: should be submitted as separate files (see guidelines below)

Podcast

Aim: 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 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). 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

Word limit: 1500–3000 words for the transcript (excluding abstract and references)

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

- Title – 120 character word count
- 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
- 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.

Patient Perspective

Aim: Patient perspectives are personal commentaries authored by those closely impacted by long-term health conditions, for example patients, advocates, relatives, or caregivers & HCP. The sharing of these personal experiences aims to enhance the voices of patients and their advocates, ensuring that addressing the challenges of living with health conditions and their impact on patient's lives are placed at the forefront of strategies to develop and improve clinical practice. Patient 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. Taylor & Francis require that in addition to the above statements, authors request

patients to complete the Consent to Publish form before submission of an article and that authors keep a copy of these forms on record. If images are included in the article, authors must obtain Consent to Publish from the author using the Consent to Publish form here. Please see our full image guidance here. Healthcare professionals may be included as co-authors to provide an insight into the patient's relationship with members of their medical team, providing that all co-authors meet our authorship criteria.

Word limit: 2000–4000 words (excluding abstract, article highlights, references and figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract (maximum 200 words)
- Plain language summary (optional; maximum 250 words)
- Keywords (5–8)
- Body of article
    - Introduction
    - Patient's journey
    - Conclusion
- Article Highlights
- References: approximately 40 references
- Reference annotations
- 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 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
- Figures/Tables: should be submitted as separate files (see guidelines below)

How I Treat

Aim: How I Treat articles allow authors to provide an expert perspective on the treatment of certain diseases, describing their own experiences and providing practical considerations and guidance for the successful treatment of the disease. These are not intended to be case studies. How I Treat articles have the same basic structure and length as Review articles; however, they should be more speculative and forward-looking. They offer the author the opportunity to present criticism, address controversy or provide a personal angle on a significant issue. Authors are encouraged to be opinionated, with all positions concisely and clearly argued and referenced. How I Treat 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 limit: 4000–6000 words (excluding abstract, article highlights, references

and figure/table legends)

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

- Title (maximum 120 characters)
- Author(s) names & affiliations
- Abstract: 200 words.
- Plain language summary (optional; maximum 250 words)
- Keywords (5–10)

- Body of article
- Future perspective
- Article highlights
- References: target of approximately 80 references
- Reference annotations
- 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 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
- Figures/Tables: should be submitted as separate files (see guidelines below)

Article sections

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

Front material – all article types

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 **120 characters**. The title should contain no brand names. 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. Where available, authors should also add their ORCID iD during the manuscript submission process.

Patient authorship:

Taylor & Francis is 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 (i.e., 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. For Clinical Trial Protocols the trial registry name, registration identification number, and the URL for the registry must be included at the end of the abstract. This should be in the following format: "Clinical trial registration: www.clinicaltrials.gov identifier is NCTXXXXXX".

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, devices and vaccines mentioned in the text.

Body of the article – Clinical Trial Protocols & Clinical Trial Evaluations

The article content should be arranged under relevant headings and subheadings to assist the reader. Where available the clinical trial registration number should be included on the first mention of the trial in the main body of text. Mention of other trials should also include the relevant registration number, where available.

Introduction

- Background and rationale
- Objectives
- Trial Design

Methods (Clinical Trial Protocols only)

- Methods
  - Study setting
  - Eligibility criteria
  - Interventions
  - Outcomes
  - Participant timeline
  - Sample size
  - Recruitment
- Methods: Assignment of interventions (for controlled trials only)
  - Sequence generation
  - Allocation concealment mechanism
  - Implementation
  - Masking
- Methods: Data Collection, management and analysis
  - Data Collection methods
  - Data management
  - Statistical methods
- Methods: Monitoring
  - Data monitoring
  - Harms
  - Auditing

Ethics and dissemination (Clinical Trial Protocols only)

Data analysis (Clinical Trial Evaluations only)

Discussion (Clinical Trial Evaluations only)

Conclusion

Concluding remarks on the information presented in the review.

Body of the article – Drug/Device/Vaccine Evaluations

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

Introduction
Incorporating basic information on disease incidence and prevalence, unmet medical need and present management guidelines (highlighting regional variations where appropriate).

Overview of the field
- What are the unmet needs of currently available therapies/devices/vaccines?
- What other products are in the clinic/late development?

Introduction to the compound/device/vaccine

Pharmacology (Drug Evaluations & Vaccine Evaluations only)
- Chemistry
- Pharmacodynamics
- Pharmacokinetics and metabolism

Clinical efficacy
- Phase I studies
- Phase II studies
    - Optional: Summary table of phase I and II trial results
- Phase III studies
    - Optional: Summary table of phase III trial results

Real-world evidence (if applicable)
- Discussion of any evidence derived from real-world studies with the product

Safety and tolerability
- Including a table summarizing safety outcomes in clinical trials.

Regulatory affairs
- Including information on the status of the product, i.e., where is currently approved, in which countries it is approved and for what indications. Should cover EU, USA and rest of the world where appropriate.

Conclusion
- Concluding remarks on the data presented in the review.

End material – all article types

Article Highlights
A series of bulleted summary points that illustrate the main topics discussed in the article. Article Highlights are not required for Podcast articles.

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.

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.

Author Contributions

CRediT (Contributor Roles Taxonomy) statements can 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 the 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.

Disclosures

Please see the journal Instructions for Authors at www.tandfonline.co.uk for details on required disclosures, ethical declaration and data sharing information. Disclosures should include:

- Acknowledgements
- Author Contributions
- Disclosure statement (including writing disclosure)
- Ethical Declaration (Clinical Trial Protocols only)
- Funding
- ORCID
- Data Sharing Statement (Clinical Trial Protocols only)

Example writing disclosure:

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

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/
- 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

Reference annotations

5-8 papers of particular interest should be identified using one or two bullet point symbols:

- • = of interest
- •• = of considerable interest

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

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 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 (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.

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.

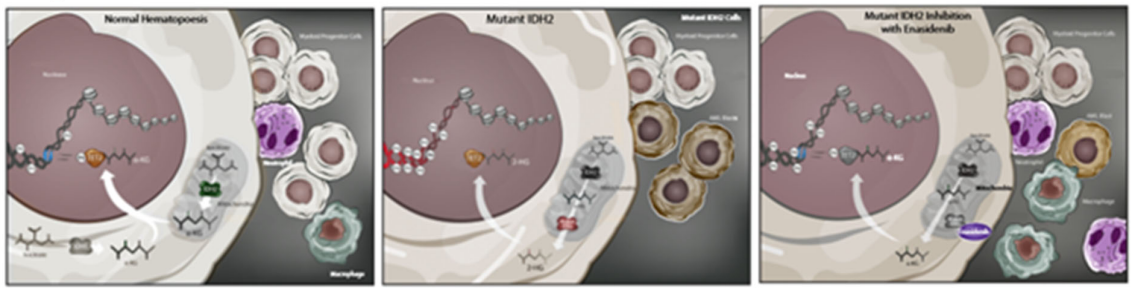
Separate guidelines are available for the preparation of standalone PLSPs. If you are interested in submitting a standalone PLSP, please contact PlainLanguageSummaries@taylorandfrancis.com to discuss the next steps.

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 in 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.

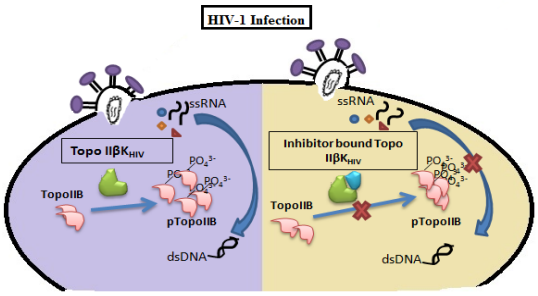
Graphical abstracts are made freely accessible to all readers and feature prominently on the article webpage alongside the main abstract.

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.

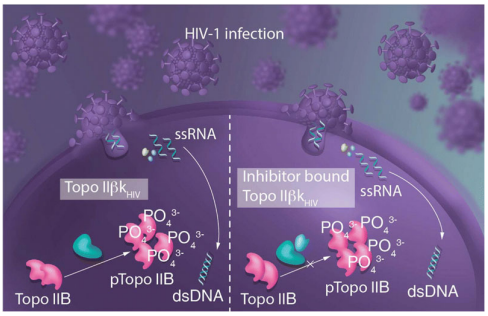
Submission requirements: Authors should provide a single image or split panels in one image. Files should be supplied as a .jpg, .png or .gif file. The image should be 525 pixels wide. If the image is narrower than this, it should be placed on a white background, 525 pixels wide, to ensure the dimensions are maintained.

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 to discuss these services and the fees involved.

Before



After

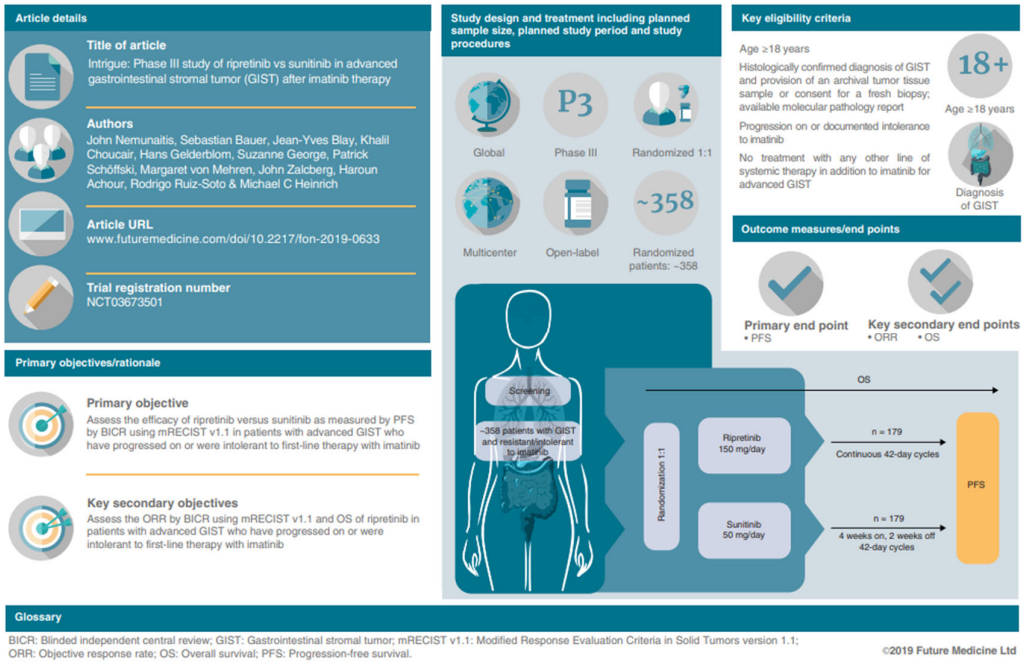


Infographics

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.

Submission requirements: 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.



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. All videos are peer reviewed.

Videos 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/fon-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* 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* 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

http://doi.org/10.2217/vjbm-2023-0004. 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.

Podcasts

Podcast articles offer a different channel to inform HCP's 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). 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

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.

- **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 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.

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.

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 pressures 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/executive summary/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 AII 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 is: $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) – 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.

Please note that Clinical Trial Evaluation, Clinical Trial Protocol, Device Evaluation, Drug Evaluation, and Vaccine Evaluation article types are not eligible to be approved for open access under the Expert Medicine Read & Publish Agreements.

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