

Mayo Clinic Proceedings

Information for Authors

Mayo Clinic Proceedings, a peer-reviewed journal, publishes original articles of general interest in clinical and laboratory medicine, clinical research, clinical epidemiology, and basic science research. *Mayo Clinic Proceedings* has approximately 130,000 subscribers. The journal content is covered by all major abstracting and indexing services. *Mayo Clinic Proceedings* is published monthly by the Mayo Foundation for Medical Education and Research as part of its commitment to the medical education of physicians.

MANUSCRIPT SUBMISSION

Manuscripts are submitted through Manuscript Central™, a Web-based manuscript tracking system. This system allows authors to add a new manuscript or check the status of a submitted manuscript, while shortening the time needed for processing manuscripts in the Editorial Office and through peer review. To submit manuscripts for consideration into this system, go to <http://mc.manuscriptcentral.com/mayoclinproc>. We have already entered many names of potential authors or reviewers into the system, so *before trying to create a new account, users should first click on the “Forgot Your Password” icon* located above the login box. If your email was correct at the time we created the user list, you will receive an email reply with your user ID and password. Once you have verified that you have an account or have created one, follow the instructions for entering information about the manuscript and uploading your paper for review. The Author Center is where all manuscript submission is accomplished.

Manuscript Central™ will easily guide authors through the manuscript submission process. Required information pertaining to the manuscript includes the name, address, telephone number, and email address of the corresponding author and all contributing authors; affiliated institutions; title of the manuscript; abstract; and key words. If authors wish, they may provide optional information that includes suggested reviewers and nonpreferred reviewers. *Mayo Clinic Proceedings* reserves the right of final selection. A manuscript number will be assigned to each submitted manuscript once it has been *completely* submitted, which will be used in all correspondence. The Editorial Office will automatically be notified of the submission and will send an email confirming the submission of the manuscript to the corresponding author. If an author does not receive confirmation of submission into Manuscript Central™ within 48 hours, he or she should contact the Editorial Office at (507) 284-2094.

For detailed information on submitting manuscripts via Manuscript Central™, please refer to the **Submission Instructions**, located at <http://mc.manuscriptcentral.com/mayoclinproc> under “Instructions and Forms” in the upper right-hand corner of your screen.

Each manuscript submission should designate one corresponding author and all contributing authors. Authorship must be limited to those who have contributed substantially to the design of the study, analysis of the data, and writing of the article. Authors must disclose any potential financial or ethical conflicts of interest regarding the contents of the submission.

Mayo Clinic Proceedings accepts no responsibility for manuscripts that are lost or destroyed through electronic or computer problems. Authors are encouraged to keep copies of submitted manuscripts, including figures.

Manuscripts written by Mayo or by non-Mayo authors will be considered for publication. All manuscripts will be reviewed by Editorial Board members. Initial editorial reviews usually are completed within 1 to 2 weeks of manuscript submission. Once the Editorial Board review is complete, manuscripts will be either forwarded on to peer review or rejected. The time required for review of revised manuscripts varies. Decisions on acceptance or rejection will be communicated only by email to the corresponding author. No hard copy letters will be mailed. The assigned manuscript number will allow authors to view the status of their manuscripts through each step of the process.

Copyright. On acceptance of a manuscript, all authors (except employees of the US government whose work was part of their official duties) must sign an Authorship Responsibility/Financial Disclosure/Copyright Transfer, and Acknowledgement form. This form can be found at <http://mc.manuscriptcentral.com/mayoclinproc> under “Instructions and Forms” in the upper right-hand corner of your screen. Please complete, sign, and fax the form to the Editorial Office at (507) 284-0252. Failure to submit completed signature forms will delay publication.

Financial Disclosure. Any author who has a financial involvement with any organization or entity with a financial interest in or in financial competition with the subject matter or materials discussed in the manuscript should disclose that affiliation. Examples of financial involvement include employment, stock holdings (\geq \$10,000 or \geq 5% equity interest in a company), consultancies, financial support of research through grants or contracts, participation in a speakers bureau, provision of expert testimony, or receipt of honoraria. All authors should prepare a statement revealing any such financial affiliations and include it with the manuscript submission. The manuscript should also clearly identify the financial support of the research described in the currently submitted manuscript.

Human Subjects. All studies of human subjects must contain a statement within the Materials and Methods section indicating that the study has been approved by the Institutional Review Board and that subjects have signed written informed consent or that the Institutional Review Board has waived the need for informed consent.

MANUSCRIPT PREPARATION

Authors may prepare manuscripts in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” developed by the International Committee of Medical Journal Editors (*Ann Intern Med.* 1997;126:36-47 or www.icmje.org). Reports of randomized controlled trials should include the CONSORT flow diagram (*Ann Intern Med.* 2001;134:657-662). Specific requirements for *Mayo Clinic Proceedings* follow.

The manuscript, which should be typed in 12-point type and double-spaced throughout, should

be arranged as follows: (1) title page, (2) abstract, (3) alphabetical list of abbreviations used and their expansions, (4) text, (5) acknowledgments, (6) references, (7) legends, (8) tables, and (9) illustrations. Manuscript pages should be numbered consecutively and labeled with the last name of the first author.

The text portion of the manuscript should be saved using a word-processing program, such as a .doc, .rtf, or .ps file. Any of these file types will be converted to PDF format during the upload process. Tables should be created using your word processor's table function. Tables can be placed at the end of your manuscript document or saved as separate files. Figures should be saved in .jpeg, .tiff, or .eps format, which will also be converted to PDF during the upload process. Figures should **not** be inserted or embedded into the manuscript document; rather, they should be saved and uploaded as separate files.

Please use simple filenames when saving all your documents and avoid special characters such as [brackets], (parentheses), punctuation marks (? , !), and symbols such as @, #, &, \$, and %. Avoid spaces in your filenames: instead of "Figure 1 Author.tiff," save your file as "Figure1.tiff." Macintosh users must type the extension at the end of the filename that has been chosen.

Title Page

Title: Formulate a title that reflects the content of the article. Avoid declarative statements, questions, titles that tantalize but do not inform readers, and subtitles.

Authors: Include first names and middle initials, academic degrees, departmental affiliations and institutions, and current departmental and institutional affiliations for authors who have relocated since completion of the study.

Financial support: List all financial and material support for the research and work described in the manuscript (eg, grant number and funding agency for the project, an individual author, or both).

Financial disclosure: List each author's affiliations or financial involvement (defined above) with any organization or entity with a financial interest in the subject matter discussed in the manuscript.

Reprints and correspondence: Include name, address, and email address of author to whom postpublication correspondence and reprint requests should be addressed.

Abstract

Abstracts should be no more than 250 words.

For *original articles*, organize abstract in a structured format, with the following headings: Objective, Material (or Subjects or Patients) and Methods, Results, and Conclusion. Ensure that information in each section of the abstract is in the corresponding section of the text. Abstracts should not be structured for other contributions.

Text

Express measurements in conventional units (not SI units). Give exact *P* values, even if they are nonsignificant. For all *P* values $\geq .01$, round to 2 digits.

Avoid specialized jargon and abbreviations; for any abbreviation used, define at first mention (except for units of measurement when they appear with numerals).

In general, use generic names for drugs and equipment.
Cite references, figures, and tables consecutively as they appear in the text.
Do not use footnotes within the text.

Acknowledgments

The corresponding author must provide assurance in writing that permission has been obtained from those acknowledged.

References

Authors are responsible for the accuracy and completeness of their references and for complete and accurate citation in the text.

Number references consecutively as they are cited in the text; use superscript numerals for text citations.

Cite personal communications (specify oral or written) and unpublished data parenthetically in the text and include date (do not list in references). Include assurance that those named or quoted have provided permission to be identified and cited in the context of the article.

In the reference list, include names and initials of all authors (if more than 6, list 3 followed by “et al”), the title, source (journal abbreviations should conform to those in *Index Medicus*), year, volume, and inclusive page numbers. For appropriate reference style, refer to a recent issue of the journal (or www.mayoclinicproceedings.com) or the *American Medical Association Manual of Style: A Guide for Authors and Editors*, 9th ed. Baltimore, Md; Williams & Wilkins; 1998:28-51.

Periodical

1. Comroe JH, Long TV, Sort AJ. The lung: clinical physiology and pulmonary function tests. *Chest*. 1989;65:20-22.

Chapter in book

2. Bithell TC. Hereditary coagulation disorders. In: Lee GR, Bithell TC, Foerster J, Athens JW, Lukens JN, eds. *Wintrobe's Clinical Hematology*. Vol 2. 9th ed. Philadelphia, Pa: Lea & Febiger; 1993:1422-1472.

Book

3. Guyton AC. *Textbook of Medical Physiology*. 8th ed. Philadelphia, Pa: WB Saunders Co; 1991:255-262.

Web

4. Canadian Practice Guidelines. Available at: www.guideline.gov/. Accessibility verified August 24, 2004.

Tables

Number tables consecutively (with Arabic numerals) in the order of their citation in the text.

Type all tabular material double-spaced; each table should be on a separate page.

Provide a title for each table; define all abbreviations in a footnote.

Footnote symbols should be used in the following order: *, †, ‡, §, //, ¶, #, **, ††, etc.

Do not submit tables as images.

Illustrations

Cite all illustrations in the text, and number them (with Arabic numerals) in the order of their appearance.

Provide a legend for each figure, including definitions of any abbreviations that appear on the figure.

For photomicrographs, specify stain and original magnification.

For any illustration with a recognizable patient, submit a release form signed by the patient.

Do not trim illustrations or assemble component parts.

We do not publish pie charts.

Color illustrations are encouraged if the use of color is critical to the transfer of information to readers (eg, photomicrographs employing identifying stains; radiographs in which information is displayed using a color spectrum). On approval by the editorial board, color illustrations will be reproduced in the published manuscript at no additional cost to the author.

Illustrations should be created using one of the following applications: Adobe Illustrator or Adobe Photoshop. Save 4-color art as CMYK (4-color process), **not** as RGB (red, green, blue). Black should always be set to “overprint.” Each figure should be saved in its own application file, eg, .jpeg, .tiff, or .eps. Save halftone files as .tiff and line art as .eps. (Note: .tiff files should be saved at a resolution of at least 300 dpi.) PowerPoint can be used only for black-and-white line drawings and graphs.

Illustrations borrowed from a source not copyrighted by Mayo Foundation require permission and credit line information from the publisher. See “Permissions” below.

To ensure high-quality reproduction in the journal, authors will be asked to provide (by mail) 2 sets of high-quality glossy or laser prints of each illustration when a revised manuscript is submitted. Carefully label the back of each figure with the figure number, orientation, and first author’s name. Failure to provide artwork in an acceptable format for reproduction will delay publication.

Permissions

Use of previously published graphic and tabular material is strongly discouraged. Authors are responsible for obtaining permission for reuse of material (illustrations, tables, or lengthy quotes) from other sources. A Permission Request Form can be obtained at <http://mc.manuscriptcentral/mayoclinproc> under “Instructions and Forms” in the upper right-hand corner of your screen. Permission letters from the copyright holder of the original source (along with complete bibliographic information) must be submitted with the manuscript. Failure to provide all appropriate permissions will delay publication.

MANUSCRIPT CATEGORIES

Guidelines for the most frequent types of articles submitted to the journal are summarized below.

Original Articles. These include prospective clinical trials, laboratory research, retrospective clinical analyses (eg, case series), meta-analyses, and related research. Priority for publication is given to those manuscripts with original and novel findings, particularly related to the clinical

care of patients. A structured abstract of no more than 250 words must be provided. The recommended length for an original manuscript is 1500 to 4000 words, not including references, tables, or figures. However, longer manuscripts may be considered for review after preapproval by the Editorial Board. In addition to peer review, original manuscripts will undergo statistical review by either a masters or doctorate degree statistician.

Review Articles. These consist of a critical assessment of literature and existing data. Priority for publication is given to topics with relevance to the clinical care of patients, the advancement of medical science, or improvements in health care delivery and economics. Authors are strongly encouraged to describe within the abstract and manuscript text the methods used to focus their search of the literature. The manuscripts most competitive for publication will introduce novel ideas or refreshing speculative syntheses and will address topics of importance to large numbers of patients, evolving medical issues, or mechanistically important topics. *Mayo Clinic Proceedings* is not interested in publishing material that can be readily obtained from existing book chapters or topics that have recently been published in other large-circulation medical journals. Review Articles must include a nonstructured abstract. The recommended length of review articles is 2000 to 5000 words.

Case Reports. Case Reports should be approximately 800 to 1800 words (up to 7 typed, double-spaced pages). Priority is given to manuscripts that report novel observations (eg, an important adverse effect of a widely used therapy, a possible new disease entity), particularly those that may affect clinical practice or encourage others to perform additional research. *Mayo Clinic Proceedings* is not interested in publishing case reports on obscure topics, nor is the journal generally interested in publishing manuscripts of the “case-report-and-review-of-the-literature” genre. Case reports must include a nonstructured abstract. The number of references, tables, and figures should be appropriate for the overall length of the paper. In general, no more than 2 tables or 2 figures are necessary.

Residents’ Clinic. The Residents’ Clinic section of *Mayo Clinic Proceedings* is strictly an educational tool for Mayo Clinic residents and fellows. As such, this is the only portion of the journal in which affiliation with Mayo Clinic has a bearing on the review process and possible manuscript acceptance. Submissions of Residents’ Clinic manuscripts from external authors, not affiliated with Mayo Clinic will be automatically withdrawn. Detailed instructions for preparing a Residents’ Clinic submission can be found at <http://mc.manuscriptcentral.com/mayoclinproc> under “Instructions and Forms” in the upper right-hand corner of your screen.

Concise Review for Clinicians. This section presents brief but solid updates on common subjects of relevance to practicing physicians. Specifically, although the topics are chosen for relevance to the journal’s entire readership, they are targeted particularly to primary care physicians. A busy practitioner should be able to read the article in less than 15 minutes and obtain several good clinical tips; hence, authors should avoid describing technical details. The goals of this section are to provide practical material and to encourage application of the information by presenting questions that highlight important facts from each review.

The recommended length for a Concise Review manuscript is 3000 words (about 10 typed, double-spaced pages), including an abstract of 100 to 150 words, preferably with fewer than 30 references, and no more than 2 appended items (tables or figures). At the end of the manuscript, provide 5 brief CME-type questions on the subject reviewed. For each question, provide 5 multiple-choice answers (identify 1 best answer). Do not use “all of the above” or “none of the above” as answer choices.

Symposium. Symposium articles are a collection of manuscripts addressing a common topic (eg, geriatrics, antimicrobial agents, cerebrovascular diseases), and typically 1 or 2 manuscripts of the series are published sequentially over many months until the series is completed. Symposium topics are determined well in advance of publication by the Editorial Board, and submission of symposium articles is by invitation only. Individuals interested in identifying symposium topics or specific symposium manuscripts are encouraged to contact the editorial office.

Special Article. Designation as a Special Article is at the discretion of the Editorial Board. In general, Special Articles address important, evolving, highly visible, and often controversial topics (eg, the 2000 article on Gulf War illnesses). Individual articles may contain an amalgam of literature review, new original data, and speculative synthesis, with some opportunity for injecting the authors’ opinions. As such, the article content may be more closely aligned with Original Articles or Review Articles, but with some features of Editorials or Commentaries.

Commentary. Commentaries are intended to offer expert insights into important or controversial topics related to clinical medicine, medical economics, governmental policy, ethics, or related issues. When appropriate, the Editorial Board expects authors to acknowledge a limited amount of supporting or opposing literature, though the number of cited references should typically be limited to no more than 25. Priority is given to novel thought, clear and creative writing, and the relevance of the manuscript to the interests of *Mayo Clinic Proceedings*’ readers.

Editorials. Submission of Editorials is by invitation from, or prior arrangement with, the Editorial Board. Most Editorials will comment on other material (eg, an innovative original article) appearing in the same issue of the journal or on changes in journal activities or policies. Rarely, a “freestanding” Editorial will be published to comment on other topics, such as major changes in clinical medicine or health care policy, not originally introduced within the pages of the *Mayo Clinic Proceedings*. Final acceptance of any Editorial, even an invited Editorial, is at the discretion of the Editorial Board.

Medical Images. A Medical Image consists of a publication-appropriate photograph, photomicrograph, radiograph, or other type image, accompanied by 1 or 2 paragraphs of descriptive text not to exceed 250 words. Medical Image submissions can have no more than 2 authors and 5 references. Priority is given to importance of the topic, clarity of the images and message, and aesthetics.

Meeting Report. Meeting Reports are rarely published by *Mayo Clinic Proceedings*, and then only by prior arrangement with the Editorial Board. Invitation is considered only for national or

international meetings addressing novel topics and having a potential influence on the future of medical care, communications, economics, ethics, or logistics (eg, report on the Mayo Clinic National Conference on Medicine and the Media). On review of a proposal, the Editorial Board will recommend a length and format for the report. Even after invitation, acceptance of the written report is at the discretion of the Editorial Board.

Brief Report. A Brief Report will typically address an early report or observation of relevance to clinical medicine or medical science. This category is not intended to present preliminary data on structured, ongoing research but instead is intended to present unanticipated or extremely novel observations that may encourage others to perform related research or reassess their clinical practice. Brief Reports are typically 1000-2000 words.

Solicited Review. The Editorial Board may solicit a review on any topic, and in any format, deemed appropriate, as determined by a needs-assessment analysis. In general, topics are solicited for their importance and timeliness, and authors are invited based on their expertise. Even after manuscripts are solicited, acceptance for publication is at the discretion of the Editorial Board. Hence, even though the acceptance rate for a solicited review would be expected to be greater than for unsolicited material, acceptance of solicited reviews is not guaranteed or universal.

Letters to the Editor. The Editor welcomes letters and comments, particularly pertaining to recently published articles in *Mayo Clinic Proceedings*, as well as letters reporting original observations and research. Letters pertaining to a recently published *Proceedings* article should be received no later than 1 month after the article's publication. A letter should be no longer than 500 words, contain no more than 5 references and 1 table or figure, be limited to no more than 3 authors, and not be published or submitted elsewhere. It is assumed that appropriate letters submitted to the Editor will be published, at the Editor's discretion, unless the writer indicates otherwise. Priority is given for the importance of the message, novelty of thought, and clarity of presentation. The Editor reserves the right to edit letters in accordance with *Proceedings* style and to abridge them if necessary.

REVISIONS

Revisions of manuscripts that were not initially submitted via Manuscript Central™ (ie, before January 2005) should be mailed to the Editorial Office, along with a cover letter and itemized responses to the reviewers. A highlighted version of the revised manuscript and a diskette are required.

Detailed instructions on submitting a revised manuscript via Manuscript Central™ can be found at <http://mc.manuscriptcentral/mayoclinproc> under "Instructions and Forms" in the upper right-hand corner of your screen. Click on **Submission Instructions** and refer to the "Submitting a Revised Manuscript" section.

In addition to submitting the revised manuscript online, authors are asked to provide (by mail) 2 sets of high-quality glossy or laser prints of each illustration when a revised manuscript is submitted. Carefully label the back of each figure with the figure number, first author's name,

and orientation. Failure to provide artwork in an acceptable format for reproduction will result in delay of publication.

ACCEPTANCE

If your manuscript is accepted for publication, all authors must complete an Authorship Responsibility/Financial Disclosure/Copyright Transfer, and Acknowledgement form, which can be found at <http://mc.manuscriptcentral.com/mayoclinproc> under “Instructions and Forms” in the upper right-hand corner of your screen. Please fax this form to the Editorial Office at (507) 284-0252.

All accepted manuscripts will be edited according to the *American Medical Association Manual of Style: A Guide for Authors and Editors*, 9th ed (Baltimore, Md: Williams & Wilkins; 1998), and the corresponding author will receive an approval copy of page proof before publication.

REPRINTS

A form for ordering reprints will accompany the approval copy of page proof. No complimentary copies of published articles will be provided.

EMBARGO

All information regarding the content and publication date of accepted manuscripts is confidential. Information contained in or about accepted articles cannot appear in any media outlet (print, broadcast, or electronic) until 5 AM central time on the first Tuesday of the month of publication.

CONTACT

All inquiries regarding journal policy should be directed to the Editorial Office at (507) 284-2094, Monday through Friday from 0730 to 1700 Central Standard Time. Please also refer to the “Get Help Now” section of the Manuscript Central™ site for FAQ and online user support.