ALZHEIMER'S & DEMENTIA: TRANSLATIONAL RESEARCH & CLINICAL INTERVENTIONS

AUTHOR INFORMATION PACK

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DESCRIPTION

*Alzheimer's & Dementia: Translational Research & Clinical Interventions (TRCI)* is a peer-reviewed, open access journal from the Alzheimer's Association®. The journal seeks to bridge the full scope of explorations between basic research on drug discovery and clinical studies, validating putative therapies for aging-related chronic brain conditions that affect cognition, motor functions, and other behavioral or clinical symptoms associated with all forms dementia and Alzheimer's disease. The journal will publish findings from diverse domains of research and disciplines to accelerate the conversion of abstract facts into practical knowledge: specifically, to translate what is learned at the bench into bedside applications.

The journal seeks to publish articles that go beyond a singular emphasis on either basic drug discovery research or clinical research. Rather, an important theme of articles will be the linkages *between and among* the various discrete steps in the complex continuum of therapy development.

For rapid communication among a multidisciplinary research audience involving the range of therapeutic interventions, *TRCI* will consider only original contributions that include feature length research articles, systematic reviews, meta-analyses, brief reports, narrative reviews, commentaries, letters, perspectives, and research news that would advance wide range of interventions to ameliorate symptoms or alter the progression of chronic neurocognitive disorders such as dementia and Alzheimer's disease.

The journal will publish on topics related to medicine, geriatrics, neuroscience, neurophysiology, neurology, psychiatry, clinical psychology, bioinformatics, pharmaco-genetics, regulatory issues, health economics, pharmacoeconomics, and public health policy as these apply to preclinical and clinical research on therapeutics.

The forms of interventions that are of special interest include, but not limited to: drugs, biologics, devices, and psychotherapeutic, psychosocial, and non-pharmacological modalities. The types of research considered may range from animal model, early discovery and preclinical development to late-stage clinical trials and health technology assessment. Key topics for the journal include a broad array questions or approaches to research such as discovery, related-early protein chemistry, cell biology, mechanistic/exploratory/therapeutic animal models, therapeutic development, clinical pharmacology, preclinical studies, and the application of neuropsychology, clinical ratings, clinical trials methods, neuroimaging, biomarkers, clinical research informatics, and other interdisciplinary approaches relevant to clinical therapeutics and outcomes.
Given the growing number of specialized manuscripts in the field of Alzheimer's and dementia research, *TRCI* provides an expanded platform for the publication of preclinical and clinical translational research. *TRCI* encourages the submission of manuscripts that describe preclinical research with a potential for clinical application, research from early human experimentation (experimental medicine) that may advance clinical treatment and prevention of Alzheimer pathology, neurodegeneration, and cognitive impairment.

*Alzheimer's & Dementia: Translational Research & Clinical Interventions* will publish manuscripts describing public health research with the potential for application for disease prevention or clinical therapeutics that bridges the laboratory and clinical settings, and laboratory studies of novel therapeutic interventions and new treatment paradigms. *TRCI* will provide a rapid communication vehicle for manuscripts that focus on translation and clinical research methods, procedures, protocols, analytical approaches and regulatory science.

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GUIDE FOR AUTHORS

Aims & Scope
Alzheimer's & Dementia: Translational Research & Clinical Interventions (TRCI) is a peer-reviewed, open access, journal of the Alzheimer's Association®. The journal seeks to bridge the full scope of explorations between basic research on drug discovery and clinical studies, validating putative therapies for aging-related chronic brain conditions that affect cognition, motor functions, and other behavioral or clinical symptoms associated with all forms dementia and Alzheimer's disease. The journal will publish findings from diverse domains of research and disciplines to accelerate the conversion of abstract facts into practical knowledge: specifically, to translate what is learned at the bench into bedside applications.

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Research In Context
Alzheimer's & Dementia: Translational Research & Clinical Interventions requires a section called "Research in Context". Authors must provide a summary, similar to an abstract, for inclusion during the online submission process. In the summary of 150 words or less, authors must place their results or findings into context with previous work.

The section has three elements.
The “systematic review” subheading describes the process authors used to search, identify, and evaluate the accumulated knowledge related to their scientific question. The “interpretation” subheading requires authors to declare what their findings contribute to the entirety of the accumulated knowledge related to the question of interest described in the paper. The “future directions” subheading challenges authors to state specifically the important scientific question or questions that are necessary to expand, confirm, or refute the author’s findings in future research activities. Authors must be specific in outlining or defining future research directions or crucial questions that yet need to be answered.

Here is an example for the Research in Context section:
Systematic review: The authors reviewed the literature using traditional (e.g., PubMed) sources and meeting abstracts and presentations. While the pathophysiology of ARIA is not yet as widely studied as other aspects of AD biology, there have been several recent publications describing the clinical aspects of ARIA. These relevant citations are appropriately cited. Interpretation: Our findings led to an integrated hypothesis describing the pathophysiology of ARIA. This hypothesis is consistent with nonclinical and clinical findings currently in the public domain. Future directions: The manuscript proposes a framework for the generation of new hypotheses and the conduct of additional studies. Examples include further understanding: (a) the role of perivascular clearance pathways on vascular changes following anti-Aß immunotherapy; (b) the role of alterations in water clearance mechanisms in the resolution of ARIA; (c) the potential reversibility of microhemorrhage events in the clinical setting; and (d) the relationship between the pathophysiology of ARIA-E and ARIA-H. Please see the editorial on page 171 in the March 2012 issue for further details.

**Article Types**

**Review Articles:**
Comprehensive Reviews are commissioned papers by the editors to provide comprehensive and balanced coverage of a timely and/or controversial issue by a recognized authority. Uninvited paper will not be reviewed. The invited review should integrating different points of view on groundbreaking, fast-moving or contentious topics with the objective of translating, informing or educating a wide multi-disciplinary audience about varying perspective. Reviews should provide a brief overview or background of critical issues and then concentrate on setting recent findings in context. It is crucial for all Reviews, particularly those tackling controversial topics, to provide a well-balanced view of developments; authors must never concentrate unduly on their own research. Reviews, unlike Research Articles, do allow some speculation designed to foster the formulation or testing of new hypothesis. Reviews must include an abstract of approximately 300 words. Length of a Review article may not exceed 10,000 words (excluding the abstract, references, figures, and tables), a maximum of 60 references, no more than six figures, boxes or tables.

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Perspectives and Open-Peer Commentaries provide personal in-depth viewpoints, rather than a review, on hotly debated topics; controversial theoretical, research or policy issues. Perspectives should: a) stimulate debate, b) present new models or hypotheses, c) suggest future experiments, directions of research or policies and/or, d) speculate on the meaning/interpretation of new discoveries/data. Articles that merely outline recent advances rather than provide a though provoking opinion on them are not suitable for this section of the Journal. Perspectives must include an abstract of approximately 300 words. Length of a Perspective article may not exceed 5,000 words, a maximum of 50 references, no more than six figures, boxes or tables. Open-Peer Commentaries must include an abstract of approximately 300 words. Length of Open-Peer Commentaries may not exceed 1,500 words (excluding the abstract, references, figures, and tables), a maximum of 20 references, no more than two figures, boxes or tables.

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Research Articles must include a structured abstract, using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 300 words. Length may not exceed 3,500 words (excluding the abstract, references, figures, and tables), a maximum of 50 references, no more than six figures, boxes or tables.

All Research Articles must include a "Research in Context" section.

Short Reports:
Short Reports are brief communications dealing with Case Studies or information on Clinical Trials [including the negative results and/or adverse events in clinical studies]. Short Reports will also cover brief articles on the utility or potential applications of a new technique, instruments or analytical approaches; rather than the detail of the technique per se, which can be references for readers interested in complete technical details. These articles should educate and inform readers by comparing or contrasting new approaches/techniques with established ones and highlighting the pros and cons of each.

Short Reports using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 300 words. Length may not exceed 1,500 words (excluding the abstract, references, figures, and tables), a maximum of 20 references, no more than two figures, boxes or tables.

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Letters:
Letters are brief communications relating to the content of earlier issues of Alzheimer's & Dementia: Translational Research & Clinical Interventions or general topics of interest. Letters relating to earlier issues of Alzheimer's & Dementia: Translational Research & Clinical Interventions will be sent to the appropriate authors for review and to give them an opportunity to reply. Previously unpublished data or letters concerning articles published elsewhere, however, will not be considered.

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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There are a few instances where the journal style deviates from AMA. These differences are outlined in the Style Guide Quick Reference.

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**Article structure**

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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**Research in Context**

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**Abbreviations**

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

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