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DESCRIPTION

The Canadian Journal of Diabetes is Canada’s only diabetes-oriented, peer-reviewed, interdisciplinary journal for diabetes health-care professionals.

Published bimonthly, the Canadian Journal of Diabetes contains original articles; reviews; case reports; shorter articles such as Perspectives in Practice, Practical Diabetes and Innovations in Diabetes Care; Diabetes Dilemmas and Letters to the Editor. The Canadian Journal of Diabetes is distributed as a benefit of membership to all members of the professional section of Diabetes Canada.

Benefits to authors
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Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center

IMPACT FACTOR

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GUIDE FOR AUTHORS

INTRODUCTION

The Canadian Journal of Diabetes is Canada's only diabetes-oriented, peer-reviewed, interdisciplinary journal for diabetes healthcare professionals. The Canadian Journal of Diabetes is the official publication of the Professional Section of Diabetes Canada. Published bimonthly, the journal invites submission on matters relevant to the practice of diabetes care and education.

The mission of the Canadian Journal of Diabetes is to promote the sharing of interdisciplinary research and evidence-based knowledge, from basic or clinical science to public health and education, which leads to advances in the care of diabetes.

Types of paper
1. Original Research Articles
2. Review Articles
3. Case Reports
4. Practical Diabetes
5. Perspectives in Practice
6. Innovations in Diabetes Care Comments
7. Diabetes Dilemmas
8. Letters to the Editor

All article types (with exception of letters to the Editor) require 2 to 3 key messages (for details, please refer to the manuscript preparation section).

The title of all articles should clearly indicate the population and type of diabetes referred to in the article (for example: Eye Color in Adults with Type 2 Diabetes).

Please contact the editorial board prior to submission if you are unable to adhere to the word and reference limits detailed below.

Please note that all of the word counts exclude references, unless otherwise noted.

1. Original Research (≤4000 words): Original research articles report basic science and clinical investigation in areas relevant to diabetes. Authors should take care to clearly establish the link of the work to diabetes, keeping in mind the broad readership of the journal by healthcare providers. Original research articles should include the following subsections: introduction, methods, results, discussion and brief conclusion. Original research articles must include a structured abstract (250 words maximum). Original research articles may be up to 4000 words and contain up to 4 figures and/or tables. Reference list must not exceed 50 references.

2. Review (≤5000 words): Review articles report basic science and clinical investigation in areas relevant to diabetes. Review articles must also include an abstract, although it need not be structured (maximum 250 words). Review articles should provide answers to clinically relevant questions that have not been well-answered to date, or bring readers up to date on useful concepts in a rapidly changing field. Review articles should provide a balanced presentation of the issues and evidence on the topic. Review articles may be up to 5000 words and contain up to 4 figures and/or tables. The reference list should not exceed 75 references. (Please note: Literature reviews conducted using a scientific method, such as systematic reviews and meta-analyses, should be submitted as original research).

3. Case Reports (≤1000 words): Case reports should outline a clinical situation that illustrates unique or atypical features or provide a lesson to be learned that is relevant to diabetes care. Case reports should include a brief introduction, a description of the case and discussion, including relevance, implications and recommendations. Case reports do not require an abstract. Articles in this section should not exceed 1000 words in length and may contain up to 2 figures and/or tables. The reference list should not exceed 20 references. Written informed consent from the patient(s) or their guardians(s) should be obtained before submission.
4. Practical Diabetes (≤2000 words): Articles under this section should be structured like review articles, be well-referenced and focus on any aspect of the care of people with diabetes. Practical diabetes articles could include review of new resources relevant to the care and education of people with diabetes. Articles in this section should not exceed 2000 words in length and may contain up to 2 figures and/or tables. The reference list should not exceed 25.

5. Perspectives in Practice (≤2000 words): This section provides a format for authors to discuss new programs or services, ideas, insights or practical approaches to diabetes care and education or professional development. Papers in this section should be well-referenced. Articles in this section should not exceed 2000 words in length and may contain up to 2 figures and/or tables. The reference list should not exceed 25 references.

6. Innovations in Diabetes Care (≤700 words): Papers in this section review new resources relevant to the care and education of people with diabetes. They may comment on range and depth of contents, readability level, design, approach, price and graphic elements. Articles in this section should not exceed 700 words in length and may contain 1 figure or table. The reference list should not exceed 10 references.

7. Diabetes Dilemmas (≤850 words): This feature is intended to highlight interesting and challenging cases in diabetes. This may include: diagnostic considerations, a picture to illustrate a clinical feature, management challenges and complications. The case should illustrate an approach to the problem and provide a succinct summary of take-home points. The case presentation should be 250 words (maximum) and clearly demonstrate the clinical diabetes challenge. Alternatively, a picture or illustration can be submitted instead of the case presentation provided it demonstrates the challenge. The case presentation should be followed by a discussion that is 600 words (maximum) outlining the approach to the clinical diabetes challenge. One figure or table may be included. Reference list should not exceed 10 references. Written informed consent from the patient(s) or their guardians(s) should be obtained before submission.

8. Letter to the Editor (≤500 words): Letters to the editor comment on a recently published article (which must be cited in the reference list) and should be submitted within 2 months of printed publication of the article. Letters do not have abstracts and may have a maximum of 5 references. The author(s) of the article under discussion will be invited to respond to the comment letter using the same format guidelines.

Table 1. Summary of Submission Requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Word Count</th>
<th>References (maximum)</th>
<th>Tables/Figures</th>
</tr>
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<td>Original Research</td>
<td>≤ 4000</td>
<td>50</td>
<td>4 tables or figures</td>
</tr>
<tr>
<td>Review Required</td>
<td>≤ 5000</td>
<td>75</td>
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<tr>
<td>Case Reports</td>
<td>≤ 1000</td>
<td>20</td>
<td>2 tables or figures</td>
</tr>
<tr>
<td>Practical Diabetes Required</td>
<td>≤ 2000</td>
<td>25</td>
<td>2 tables or figures</td>
</tr>
<tr>
<td>Perspectives in Practice</td>
<td>≤ 2000</td>
<td>25</td>
<td>2 tables or figures</td>
</tr>
<tr>
<td>Innovations in Diabetes Care</td>
<td>≤ 750</td>
<td>10</td>
<td>1 table or figure</td>
</tr>
<tr>
<td>Diabetes Dilemmas</td>
<td>≤ 850</td>
<td>10</td>
<td>1 table or figure</td>
</tr>
<tr>
<td>Letter to the Editor</td>
<td>≤ 500</td>
<td>N/A</td>
<td>Table</td>
</tr>
</tbody>
</table>

* excludes abstract and references

BEFORE YOU BEGIN

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For information on ethics in publishing and ethical guidelines for journal publication, refer to: https://www.elsevier.com/publishingethics and https://www.elsevier.com/journal-authors/ethics.

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Patients and Study Participants

Studies on patients or volunteers require ethics committee approval and informed consent, and should be documented in the manuscript.
Patients have a right to privacy. Therefore identifying information, including patient's photographs, pedigree, images, names, initials, or hospital numbers, should not be included in the submissions unless the information is essential for scientific purposes and written informed consent has been obtained for publication in print and electronic form from the patient (or parent, guardian or next of kin). If such consent is made subject to any conditions, Elsevier must be made aware of all such conditions. Written consents must be provided to the journal on request.

Although complete anonymity is difficult to achieve, all efforts towards this goal must be taken. Even where consent has been given, identifying details should be omitted if they are not essential. Masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning, and editors should so note.

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**Authorship Criteria and Changes to Authorship**

The *Canadian Journal of Diabetes* has adopted the authorship recommendations of the International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html). Authorship is thus based on the following 4 criteria:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND Drafting the work or revising it critically for important intellectual content; AND Final approval of the version to be published; AND Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Registration of Clinical Trials

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- figures and tables if required
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Authors must suggest 4 potential reviewers for their manuscript and, to avoid delay in processing the submission, please ensure that email addresses given for reviewers are correct. These reviewers should be experts in their field who will be able to provide an objective assessment of the manuscript. Any suggested peer reviewers should not have published with any of the authors of the manuscript within the past 2 years, should not be current collaborators and should not be members of the same clinical unit, academic department or research group. The Canadian Journal of Diabetes editorial board reserves the right to decide whether or not the suggested reviewers are used. **Note: Submissions will not be considered for review unless the names of the 4 reviewers are included in the submission.**

**Patient Consent Form**
Studies on patients or volunteers require informed consent, which should be documented within the manuscript. In addition, patient consent form(s) need to be completed and uploaded with the original manuscript. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients.

**Author Disclosures**
A statement regarding authors' conflicts of interest must be included in the manuscript. This should be under the heading Author Disclosures. This statement should follow the Author Contribution Statement.

All authors listed in the manuscript are required to submit a completed ICMJE Form for Disclosure of Potential Conflicts of Interest. All authors must disclose possible conflicts of interest at the time of submission. This information will remain confidential while the paper is under review and will not influence editorial decision. The information will be published with the article.

**General Points**

Manuscripts must be written in English. All materials (including tables) must be typed and double-spaced in Times New Roman 11 pt font. Use 1.0" margins on all sides, and number all pages in the bottom right corner. Separate each paragraph with a blank line. The term "diabetic" should not be used as a noun. Use lowercase for "diabetes", "type 1" and "type 2". Use numerals in the text rather than writing out numbers. Report all measurements in SI units. Report blood glucose in mmol/L. The abbreviation for hemoglobin A1C/glycated hemoglobin is A1C and values should be reported in derived NGSP units (% to one decimal point).

References must be accessible to the readership and should ideally be in English or French. References in other languages may only be used on an exceptional basis.

**PREPARATION**

*Use of word processing software*

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

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

*Article structure*

*Subdivision: Un-numbered Sections*

Divide your article into clearly defined sections (for example, Original Research articles are divided into Introduction, Methods, Results, Discussion, Conclusion, Acknowledgements, References, Tables, Figures), with each heading written in bold font, and appearing on its own separate line. Each subsection should be given a brief heading, written in italics, and appearing on its own separate line. Subsections should be used as much as possible. When cross-referencing text, refer to the subsection heading as opposed to simply "the text".

*Original Research Article Sections*

Introduction: Provide an adequate background, avoiding a detailed literature survey or a summary of the results and state the objectives of the work.

Methods: Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference; only relevant modifications should be described.

Results: Provide a clear and concise description of the results.

Discussion: This should explore the significance of the results of the work, but not repeat them. Avoid extensive citations and discussion of published literature.

Conclusions: The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.
Acknowledgements: People who contributed substantially to the work but do not meet the authorship criteria should be recognized in the acknowledgements as well as funding support for the work. The Author Contribution Statement and Author Disclosures should also be included in this section.

Appendices: 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. Use the same format for tables and figures: Table A.1; Fig. A.1, etc.

Methods
Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Essential Title Page Information
Regardless of the article type, all manuscripts must have a title page with the following information:

Title: Should be concise, informative, and clearly indicate the population studied. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. For example: "The incidence of color blindness in adults with type 1 diabetes."

Author Names and Affiliations: Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

Corresponding Author: Clearly indicate who will handle correspondence at all stages of refereeing and publication, as well as post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author. Present/Permanent Address: If an author has moved since the work described in the article was done, or was visiting at the time, a "Present address" (or "Permanent address") may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main affiliation address. Superscript Arabic numerals are used for such footnotes.

Running Head: Provide a brief title, not exceeding 75 characters.

Key Messages: Provide 2-3 statements to describe what is currently known and what new information this manuscript provides. Each statement should not exceed 140 characters.

Keywords: Provide a maximum of 6 keywords, avoiding general and plural terms and multiple concepts (avoid, for example, "and", "of").

Word Counts: Include word counts for the abstract and body of the manuscript (excludes abstract, tables, figures, and references). Also include the number of tables and figures.

Author Disclosures: State any conflicts of interest.

Funding Statement: Provide a statement of all funding sources.

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.

Math Formulae
Please submit math equations as editable text, not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g. X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Any equations that have to be displayed separately from the text (if referred to explicitly in the text) should be numbered consecutively.
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Make sure you use uniform lettering and sizing of your original artwork. Embed the used fonts if the application provides that option. Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman or Symbol, or use fonts that look similar. Number the illustrations according to their sequence in the text. Use a logical naming convention for your artwork files. Provide captions to illustrations separately. Size the illustrations close to the desired dimensions of the published version. Submit each illustration as a separate file.

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TIFF (or JPEG): Bitmapped (pure black and white pixels) line drawings; keep to a minimum of 1000 dpi.
TIFF (or JPEG): Combinations bitmapped line/halftone (color or grayscale); keep to a minimum of 500 dpi.

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Please submit tables as editable text and not as images. Tables should be placed on separate page(s) at the end of the manuscript. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules.

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