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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 eight times a year, 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
We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

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

2022: 2.500 © Clarivate Analytics Journal Citation Reports 2023

ABSTRACTING AND INDEXING

PubMed/Medline
Web of Science
Journal Citation Reports - Science Edition
Current Contents
CINAHL
Embase
Scopus
EMCARE
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GUIDE FOR AUTHORS

INTRODUCTION

About the Journal

The Canadian Journal of Diabetes is Canada's only diabetes-oriented, peer-reviewed, interdisciplinary journal for diabetes health-care professionals. The Canadian Journal of Diabetes is the official publication of the Professional Section of Diabetes Canada. The journal invites novel clinical and translational science submissions relevant to diabetes care and education.

Mission

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

Types of paper

1. Original Research
2. Review
3. Case Reports
4. Practical Diabetes
5. Perspectives in Practice
6. Innovations in Diabetes Care
7. Diabetes Dilemma
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 must also include an abstract, although it need not be structured (maximum 250 words). 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>
<thead>
<tr>
<th>Abstract (word count)</th>
<th>Word Count*</th>
<th>References (maximum)</th>
<th>Tables/Figures</th>
<th>Original Research Required (250)</th>
<th>≤ 4000</th>
<th>50</th>
<th>4 tables or figures</th>
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<th>≤ 5000</th>
<th>75</th>
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<td>Case Reports No ≤ 1000</td>
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<td>≤ 2000</td>
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<td>or figure Diabetes Dilemmas No ≤ 850</td>
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Table 1. Summary of Submission Requirements

* excludes abstract and references

BEFORE YOU BEGIN

Ethics in Publishing

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.

Human and animal rights

Work on human beings that is submitted to the Canadian Journal of Diabetes should comply with the principles laid down in the Declaration of Helsinki Recommendations guiding physicians in biomedical research involving human subjects, adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964 (and successive amendments). The manuscript should contain a statement that the work has been approved by the appropriate ethical committees related to the institution(s) in which it was performed. Studies involving experiments with animals must state that their care was in accordance with institution guidelines.

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.

Permissions
Written consent from the author and publisher of any submitted material previously published must accompany the manuscript.

Conflict of Interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest, then please state this: Conflicts of interest: None. See also https://www.elsevier.com/conflictsofinterest. Further information and an example of a Conflict of Interest form can be found at: https://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing.

Declaration of generative AI in scientific writing
The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's AI policy for authors.

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Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'.

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Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint; see https://www.elsevier.com/sharingpolicy). Submission also implies that the work described is not
under consideration for publication elsewhere; that its publication is approved by all authors, as well as tacitly or explicitly by the responsible authorities where the work was carried out; and that, if accepted, the work will not be published elsewhere, including electronically in the same form, in English or in any other language, without the written consent of the copyright holder.

Use of inclusive language

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Reporting sex- and gender-based analyses

Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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:
Authors are asked to include in the manuscript a statement regarding the specific contributions of all authors to the preparation of the manuscript under the heading "Author Contributions". This statement should follow the acknowledgement section. Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal editor. To request such a change, the editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the editor will result in a corrigendum.

Registration of Clinical Trials
* All randomized controlled trials submitted to the Canadian Journal of Diabetes whose primary purpose is to affect clinical practice (phase 3 trials) must be registered in accordance with the principles outlined by the International Committee of Medical Journal Editors (ICMJE). ICMJE-approved registries currently include the following: https://www.anzctr.org.au, https://www.clinicaltrials.gov, http://www.ISRCTN.org, https://www.umin.ac.jp/ctr/index.htm, and https://eudract.ema.europa.eu/. Please include the unique trial number and registry name on manuscript submission.

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You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, it is recommended to state this.

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**Submission**
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g. Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the editor’s decision and requests for revision, is sent via e-mail.

To complete the submission you must include:
- cover letter - include the names and e-mail addresses of 4 potential reviewers for your manuscript
- title page
- original manuscript in Microsoft Word
- figures and tables if required
- letter(s) of permission to reproduce material previously published elsewhere
- signed release for publication of identifiable subjects in photos and/or people acknowledged by name in the manuscript
- copyright release form, signed by all authors
- for each author a completed ICMJE Form for Disclosure of Potential Conflicts of Interest

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Please submit your article via https://www.editorialmanager.com/cjd.
Potential Reviewers
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.

**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.

**Abbreviations**

Please spell out all abbreviations at first mention within the article, using the abbreviation thereafter.
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.

Electronic Artwork
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.

A detailed guide on electronic artwork is available on the Elsevier website.

You are urged to visit the Elsevier website. Only excerpts from the detailed information found on the website have been given here.

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If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel), then please supply "as is" in the native document format.

When your electronic artwork is finalized, if an application other than Microsoft Office is used, please "Save as" or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones and line/halftone combinations given below): EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones); keep to a minimum of 300 dpi.
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.

Please do not:
Supply files that are optimized for screen use (e.g. GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors; Supply files that are too low in resolution; Submit graphics that are disproportionately large for the content.

Color Artwork
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