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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
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.

1. Abstract (word count) Word Count* References (maximum) Tables/Figures
Original Research Required (250) ≤ 4000 50 4 tables or figures
Review Required (250) ≤ 5000 75 4 tables or figures
Case Reports No ≤ 1000 20 2 tables or figures
Practical Diabetes Required (250) ≤ 2000 25 2 tables or figures
Perspectives in Practice No ≤ 2000 25 2 tables or figures
Innovations in Diabetes Care No ≤ 750 10 1 table or figure
Diabetes Dilemmas No ≤ 850 10 1 table or figure
Letter to the Editor No ≤ 500 5 N/A

Table 1. Summary of Submission Requirements

* excludes abstract and references

BEFORE YOU BEGIN

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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:

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**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.

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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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*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.

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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.

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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.

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