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DESCRIPTION

*Clinical Therapeutics* is dedicated to the dissemination of reliable and evolving evidence regarding therapeutics to an international audience of scientists and clinicians working in a variety of research, academic, and clinical practice settings. This goal is especially important in an era of harmonization and globalization of drug development. *Clinical Therapeutics* strives to achieve its mission by providing peer-reviewed, rapid publication of recent developments in drug therapies, as well as in-depth review articles on specific agents, treatment strategies, and disease states. Articles are published online within 20 business days after acceptance. Articles appearing in *Clinical Therapeutics* are indexed by all major biomedical abstracting databases.

Published articles range from pivotal studies exploring new molecules in large, multicenter trials to those exploring new indications for approved agents. Additionally, reports that assess drug safety and tolerability in all phases of development; new routes of administration and new formulations; pharmacokinetic, bioavailability, bioequivalence and biosimilarity; and changes in practice guidelines and standards, are all of interest for publication. *Clinical Therapeutics* also understands the importance of strengthening the body of evidence surrounding particular agents through the publication of replication studies, negative trials, and failed trials. Beyond the clinic, we seek reports that examine the real-world implications of therapeutics such as comparative effectiveness and pharmacoeconomics studies. Commentaries, perspectives, and contemporary issues are sought to offer a balance of viewpoints and scholarly opinion on a broad array of drug-related topics. Case reports, which remain a vital part of our mission, offer clinically valuable lessons.

In addition to feature articles published monthly, each issue of *Clinical Therapeutics* features a specific theme section dedicated to an annual update of a specific topic area. A special guest editor will comprise each update with reviews, commentaries, and original research highlighting what's new or controversial in the topical specialty. Authors are invited to submit manuscripts for consideration in the topic updates, identifying submissions as such in their cover letters. Submissions not selected for the updates will be considered for general publication. [2015 ISSUE UPDATE CALENDAR](http://www.clinicaltherapeutics.com/content/CFPMore) Submit your manuscript at [http://www.ees.elsevier.com/clinther](http://www.ees.elsevier.com/clinther)

AUDIENCE

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Clinical Therapeutics is dedicated to the dissemination of reliable and evolving evidence derived from clinical pharmacology and other therapeutic approaches to an international audience of scientists and clinicians working in a variety of research, academic, and clinical practice settings. Providing such information is especially important in this era of harmonization and globalization of drug development. Clinical Therapeutics strives to achieve its mission by providing peer-reviewed, rapid publication of recent developments in drug therapies, as well as in-depth review articles on specific agents, treatment strategies, and disease states. Most articles are available online within 20 business days after acceptance. Articles appearing in Clinical Therapeutics are indexed by all major biomedical abstracting databases.

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**Study registry identification number should be included immediately following the Implications section of the abstract.**

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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc).

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Pre- or post-marketing studies must undergo review by an institutional review board (IRB) or ethics committee. Patients must give written informed consent unless a waiver of consent is allowed by the IRB. Patients must be informed of any real or potential conflicts of interest, including compensation of the investigator and potential costs to the patient that may result from their participation in the study. The amount of the remuneration of the investigators for their participation in pre- or post-marketing studies must be approved by the IRB/ethics committee. If the design of a prospective pre- or post-marketing study calls for a treatment intervention such as a switch or withdrawal, then criteria must be established a priori for patient selection, the implementation of the intervention, and assessment of success/failure of such intervention. Such criteria must be scientifically justified, documented, uniformly applied and enforced, and clearly reported in the study report. Additionally, the patient or his/her insurance provider will not be required to pay for costs related to prospective interventions, such as those that may result from a drug switch or withdrawal.

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