AUTHOR INFORMATION PACK

CLINICAL THERAPEUTICS
The International Peer-Reviewed Journal of Drug Therapy

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DESCRIPTION

Clinical Therapeutics provides peer-reviewed, rapid publication of recent developments in drug and other therapies as well as in pharmacoeconomics, health policy, treatment outcomes, and innovations in drug and biologics research. In addition Clinical Therapeutics features updates on specific topics collated by expert Topic Editors. Clinical Therapeutics is read by a large international audience of scientists and clinicians in a variety of research, academic, and clinical practice settings. Articles are indexed by all major biomedical abstracting databases.

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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. 2019 TOPIC UPDATE CALENDAR Submit your manuscript at http://www.ees.elsevier.com/clinther

AUDIENCE

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Introduction
Clinical Therapeutics provides peer-reviewed, rapid publication of recent developments in drug and other therapies as well as in pharmacoconomics, health policy, treatment outcomes, and innovations in drug and biologics research. In addition Clinical Therapeutics features updates on specific topics collated by expert Topic Editors. Clinical Therapeutics is read by a large international audience of scientists and clinicians in a variety of research, academic, and clinical practice settings. Articles are indexed by all major biomedical abstracting databases.

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Collate acknowledgments 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 (eg, providing language help, writing assistance or proof reading the article, etc). Do NOT list the names of authors or funder in this paragraph.

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BEFORE YOU BEGIN

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CRs cover past experiences and as such most institutions do not require review or approval by Ethics Committees or Institutional Review Boards (IRBs). However, some institutions do require IRB approval when four or more cases are involved and their data are aggregated and analyzed. CT concurs with this requirement because when four or more patients are involved and analyzed such findings are best reported as a Brief Report or Pilot Study.

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For submissions to the Pharmacology, Pharmacokinetics, and Pharmacodynamics section of Clinical Therapeutics, all manuscripts must include a complete description of the bioanalytic assay(s) and methodology utilized in the generation of the data presented. It is not acceptable to simply state that a validated method was used. Although the complete information included in a pure "Methods" paper is not necessary here, required items at minimum should include: type of instrumentation used, method of extraction, HPLC column and mobile phase, internal standard, type of detection used (e.g. ultraviolet), mass spectrometer settings, m/z monitored, and basic quality control information such as within- and between-day variability, and lower limits of sensitivity. Finally, if the assay(s) have been previously published, or are based upon a published method, appropriate citations must be provided.

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To optimize the quality, consistency, and transparency of health economic and outcomes research reporting and dissemination, Clinical Therapeutics endorses the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) statement. Authors submitting economic evaluations of pharmacotherapies and other treatment interventions for publication should consult with the CHEERS statement and follow its 24-item checklist of recommendations. Please refer to the statement published in *Clinical Therapeutics* ([http://dx.doi.org/10.1016/j.clinthera.2013.03.003](http://dx.doi.org/10.1016/j.clinthera.2013.03.003); Husereau D, Drummond M, Petrou S, Carswell C, Moher D, Greenberg D, Augustovski F, Briggs AH, Mauskopf J, Loder E, CHEERS Task Force. Consolidated Health Economic Evaluation Reporting Standards (CHEERS) Statement. 2013;35:356-363) or the CHEERS statement website at [http://www.ispor.org/TaskForces/EconomicPubGuidelines.asp](http://www.ispor.org/TaskForces/EconomicPubGuidelines.asp) for more information. For this purpose, health economic evaluation is defined as the comparative analysis of alternative pharmaceutical and health interventions in terms of their costs and their consequences. All health economic evaluations assess costs, but approaches to measuring consequences of health interventions may differ and can be valued in terms of monetary units; natural units, such as life years gained or disability days avoided; and preference-based health measures, such as quality-adjusted life years or disability-adjusted life years.

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