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Commentaries
Commentaries are intended to offer expert insights into important or controversial topics related to clinical medicine, medical economics, governmental policy, ethics, or related issues. When appropriate, the Editorial Board expects authors to acknowledge a limited amount of supporting or opposing literature. Priority is given to novel thought, clear and creative writing, and the relevance of the manuscript to the interests of Mayo Clinic Proceedings: Innovations, Quality & Outcomes' readers.

Brief Reports
A Brief Report will typically address an early report or observation of relevance to clinical medicine or medical science. This category is not intended to present preliminary data on structured, ongoing research but instead is intended to present unanticipated or extremely novel observations that may encourage others to perform related research or reassess their clinical practice.

Editorials
Submission of Editorials is by invitation from, or prior arrangement with, the Editorial Board. Most Editorials will comment on other material (eg, an innovative original article) appearing in the same issue of the journal or on changes in journal activities or policies. "Freestanding" editorials that comment on other topics, such as major changes in clinical medicine or health care policy, not
originally introduced within the pages of *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, are also published. Final acceptance of any Editorial, even an invited Editorial, is at the discretion of the Editorial Board.

**Letters to the Editor**
The Editor welcomes letters and comments, particularly pertaining to recently published articles in *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, as well as letters reporting original observations and research. Letters pertaining to a recently published *MCP:IQ&O* article should be received no later than 1 month after the article’s publication. It is assumed that appropriate letters submitted to the Editor will be published, at the Editor’s discretion, unless the writer indicates otherwise. Priority is given for the importance of the message, novelty of thought, and clarity of presentation. The Editor reserves the right to edit letters in accordance with journal style and to abridge them if necessary.

**Case Reports**
Case Reports should be approximately 800 to 1800 words (up to 7 typed, double-spaced pages). Case reports must include an unstructured abstract. The number of references, tables, and figures should be appropriate for the overall length of the paper. In general, no more than 2 tables or 2 figures are necessary.

Publication priority will be given to case reports that identify: A first-of-its-kind, unexpected, or unusual observation of a disease process that is relevant to a meaningful number of patients, such as: a new disease or syndrome a previously unknown or important manifestation of a common disease a new understanding of the pathophysiology of a common disease A new or first observation of an important adverse effect of a commonly used drug New therapeutic activity of a new treatment, including drug and non-drug therapies.

A small fraction of manuscripts rejected for publication as case reports, but offering some incremental advances in knowledge, may, if appropriately novel, be given priority for conversion to a Letter to the Editor.

**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. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Data Sharing Policy**
At this time authors are asked to state if data will be shared and provide an explanation if data cannot be shared.

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