MAYO CLINIC PROCEEDINGS
A Peer-Reviewed Medical Journal Sponsored by Mayo Clinic and Authored by Physicians Worldwide

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DESCRIPTION

One of the premier peer-reviewed clinical journals in general and internal medicine, Mayo Clinic Proceedings is among the most widely read and highly cited scientific publications for physicians, with a circulation of approximately 127,000. While the Proceedings is sponsored by Mayo Clinic, it welcomes submissions from authors worldwide, publishing articles that focus on clinical medicine and support the professional and educational needs of its readers.

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Mayo Clinic Proceedings welcomes manuscripts that focus on clinical and laboratory medicine, health care policy and economics, medical education and ethics, and related topics: Each monthly issue presents approximately 15 individual articles and features, consisting of original research, reviews, clinical content, editorials, commentaries, brief reports, special articles, and other short items. Among unique articles are Concise Review for Clinicians, Residents' Clinics, and specially commissioned Thematic Reviews. My Treatment Approach articles present expert opinion on difficult clinical situations. Consensus Recommendations provide answers to questions not resolved in other published guidelines. The journal carries articles that offer free CME credit from Mayo Clinic. The Proceedings also offers substantial online-only content as well as supplemental material and videos directly related to individual articles.

For authors, the time from receipt of submission to first decision is usually 3 weeks and from acceptance to publication is about 12 weeks. Mayo Clinic Proceedings’ acceptance rate is approximately 20%, with more than 80% of manuscripts submitted by non-Mayo authors. For novel, time-sensitive research, an expedited review is available upon request and at the discretion of the Editorial Board.

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On rare occasions, an appendix may be used for data that cannot easily be presented as a table or a figure and are too central to the article to be deposited elsewhere. At the discretion of the Editorial Board, an appendix may be published at the end of an article. In these cases, appendixes are cited in the text as a table or figure would be cited (e.g., Appendix 1) and the appendix would appear before the references. If the appendix cites references, the references would be numbered consecutively, following the last reference number in the text, and included in the article’s reference list.

**Online-Only Supplemental Materials**

Publication of online supporting material is at the discretion of the Editorial Board. Online supplemental material will not be edited by the journal office, and it is the author’s responsibility to ensure the accuracy of the data and the clarity of the format. Once accepted for publication, authors will not be provided an opportunity to review or modify online supplemental material.

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Guidelines for the most frequent types of articles submitted to the journal are summarized below. Specific limits for word count, references, tables, and figures are provided in table format for quick reference. Authors are required to include the word count of the text, and the number of references, tables, and figures, on the Title page of the manuscript.

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*The Compass* will feature scholarly work in biomedical ethics and the health humanities. Its goal is to promote critical analysis of foundational questions that are central to the values of medicine and public health. We invite authors to explore emerging issues and under-examined topics in health care, particularly topics that have broad social impact or potential to transform the practice of medicine. Consistent with its name, *The Compass* will seek to move medicine forward, by clarifying professional commitments and considering creative problem-solving strategies. Authors are encouraged to contact one of the Section Editors prior to submitting an article for *The Compass*.

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These include prospective clinical trials, laboratory research, retrospective clinical analyses (e.g., case series), meta-analyses, and related research. Priority for publication is given to those manuscripts with original and novel findings, particularly related to the clinical care of patients. In addition to peer review, original manuscripts will undergo statistical review by either a master's or doctorate degree statistician.

A meta-analysis is defined as a study that includes statistical pooling (combining) of data from individual studies. Meta-analyses require submission of the PRISMA checklist and the PRISMA flow chart depicting the process of study selection. These documents are required for submission but do not have to necessarily be published. Meta-analyses require a structured abstract that follows the standard MCP headings.

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This section presents brief but informative updates on common subjects of relevance to practicing physicians. Specifically, although the topics are chosen for relevance to the journal’s entire readership, they are targeted particularly to primary care physicians. A busy practitioner should be able to read the article in less than 15 minutes and obtain several good clinical tips; hence, authors should avoid describing technical details. The goals of this section are to provide practical material and to encourage application of the information by presenting questions that highlight important facts from each review. A maximum of 3 authors are allowed for a Concise Review manuscript, provided that all of the authors played a major role in the writing of the manuscript.

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This contribution will be written by a large group of investigators who are specialists in a given treatment area and who base their recommendations on a thorough survey of the existing literature and on their collective clinical expertise in cutting-edge approaches to contemporary medical care. This type of article will be most valuable if it addresses evolving or controversial topics and if authored by recognized authorities or authoritative groups.

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This contribution will be written by established reputable medical societies and associations, or by a large group of investigators who are specialists in a given treatment area and who base their recommendations on a thorough survey of the existing literature and on their collective clinical expertise. This type of article is most useful if it addresses approach to diagnosis and management of common disorders, and areas in which substantial progress, variations in care, or controversies exist. For the My Treatment Approach, Consensus Recommendations, and Clinical Practice Guidelines contributions, the Editorial Board will recruit these articles and authors on the basis of a needs assessment survey. Potential authors who wish to have their ideas vetted for this series should petition the Editorial Board before they begin writing. Manuscripts will be considered for publication only after they have passed the journal's rigorous peer-review process and Editorial Board oversight. Involvement of medical writers and editors supported by the pharmaceutical industry, or researchers with significant financial conflict of interest is not acceptable for these types of articles.

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Brief Report
A Brief Report will typically address an early report or observation of relevance to clinical medicine
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Case Reports should be approximately 800 to 1800 words (up to 7 typed, double-spaced pages).
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