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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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--Supplemental figures and tables meet the same formatting specifications as those for the print journal. For example, three-dimensional figures are not acceptable, hatching should be avoided on bar graphs, and pie charts are not acceptable.
--All online supplemental material is correctly called out in the body of the manuscript in the appropriate location (eg, Supplemental Table 1, Supplemental Figure 1).
--References in supplemental material should be numbered consecutively beginning with 1.
--A title for each table and a legend for each figure are provided and all abbreviations are expanded in the table footnote or figure legend.
--Table footnotes should be superscripted lowercase letters (a-z).

**MANUSCRIPT CATEGORIES**

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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**Original Articles**

These include prospective clinical trials, laboratory research, retrospective clinical analyses (eg, 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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indicate how studies were selected for inclusion in the review. Provide 3-5 article highlights. These points should emphasize why our audience should read your article, describe what is new or cutting edge, and how it is of interest to your colleagues. The manuscripts most competitive for publication will introduce novel ideas or refreshing speculative syntheses and will address topics of importance to large numbers of patients, evolving medical issues, or mechanistically important topics. *Mayo Clinic Proceedings* is not interested in publishing material that can be readily obtained from existing book chapters or topics that have recently been published in other large-circulation medical journals.

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Reviews that do not fit the criteria of systematic reviews and meta-analyses do not require PRISMA checklist or figure and require only a nonstructured abstract, along with the 3 to 5 article highlights

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**Concise Review for Clinicians**
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.

Continuing medical education (CME) credit is offered with the Concise Review for Clinicians section. Please see the section entitled CME Requirements for specific details.

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**My Treatment Approach**
This contribution is written by one or more recognized experts in the field. If there is more than one author, all authors should be recognized experts with similar stature in the field. The article should offer a step-by-step guide on how they would approach a patient with a given condition, based on their clinical experience and expertise.
Consensus Recommendations
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.

Special Articles
Designation as a Special Article is at the discretion of the Editorial Board. In general, Special Articles address important, evolving, highly visible, and often controversial topics (eg, the 2000 article on Gulf War illnesses). Individual articles may contain an amalgam of literature review, new original data, and speculative synthesis, with some opportunity for injecting the authors' opinions. As such, the article content may be more closely aligned with the Original Articles or Reviews, but with some features of Editorials or Commentaries.

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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 Proceedings' readers.

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Brief Report
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.

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A Medical Image consists of a publication-appropriate photograph, photomicrograph, radiograph, or other type image, accompanied by a paragraph or 2 of descriptive text. Priority is given to importance of the topic, clarity of the images and message, and aesthetics. Authorship is limited to 2 authors. Medical Images are limited to 1 page in the print publication. A minimum of 1 image with a maximum of 8 images may be submitted. Each image must have its own legend (60 characters or less). Authors should clearly indicate 1 or 2 images to be included in the print version, and which images (if any) should be assigned as supplemental online only material.

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Thematic Reviews are a collection of manuscripts addressing a common topic (e.g., geriatrics, antimicrobial agents, cerebrovascular disease), and typically 1 or 2 manuscripts of the series are published per month, sequentially over many months, until the series is completed. Topics are determined well in advance of publication by the Editorial Board, and submission of Thematic Review articles is by invitation only. Individuals interested in identifying topics or specific Thematic Review manuscripts are encouraged to contact the editorial office. CME credit is offered with selected Thematic Review articles. Please see the section entitled CME Requirements for specific details.

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. To better select the highest-quality case reports, the editorial board of Mayo Clinic Proceedings has revised and codified our policies for case report review and the standards for acceptance. Manuscripts of the "case report and review of the literature" genre will not be accepted. Other case reports must first demonstrate relevance to the interest of the Mayo Clinic Proceedings readership and importance of the message before they are sent for further review.

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
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- a new understanding of the pathophysiology of a common disease
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