



MAYO CLINIC PROCEEDINGS

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AUTHOR INFORMATION PACK

TABLE OF CONTENTS

●	Description	p.1
●	Impact Factor	p.1
●	Abstracting and Indexing	p.2
●	Editorial Board	p.3
●	Guide for Authors	p.5



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DESCRIPTION

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Reference Style

Journals (Print)

1. Rainier S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreoathetosis. *Arch Neurol*. 2004;61(7):1025-1029.

Journals (Online)

2. Duchin JS. Can preparedness for biologic terrorism save us from pertussis? *Arch Pediatr Adolesc Med*. 2004;158(2):106-107. Available at <http://archpedi.ama-assn.org/cgi/content/full/158/2/106>. Accessed June 1, 2004.

Journals (Published Online Ahead of Print) 3. Cannon CP, Braunwald E, McCabe CH, et al; Pravastatin or atorvastatin evaluation and infection therapy-thrombolysis in myocardial infarction 22 Investigators. intensive vs moderate lipid lowering with statins after acute coronary syndromes [published online ahead of print March 8, 2004]. *N Engl J Med.* 2004;350(15):1495-1504. <https://doi.org/10.1056/NEJMoa040583>.

Chapter

4. Bithell TC. Hereditary coagulation disorders. In: Lee GR, Bithell TC, Foerster J, Athens JW, Lukens JN, eds. *Wintrrobe's Clinical Hematology*. Vol 2. 9th ed. Philadelphia, PA: Lea & Febiger; 1993:1422-1472.

Book

5. Guyton AC. *Textbook of Medical Physiology*. 8th ed. Philadelphia, PA: WB Saunders Co; 1991:255-262.

Web

6. International Society for Infectious Diseases. ProMED-mail website. www.promedmail.org. Accessed April 29, 2004.

Dataset references

7. Oguro, M, Imahiro, S, Saito, S, Nakashizuka, T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

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- 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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The Compass

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*.

Manuscript categories included in *The Compass* section include: Original Articles, Review Articles, Special Articles, Concise Reviews for Clinicians, Commentaries, and Perspectives and Controversies. Authors should refer to the Instructions for Authors for specific requirements pertaining to the manuscript category of their choice. In addition, please provide a cover letter stating which Section Editor (Drs Richard Sharp or Daniel Hall-Flavin) you have consulted with in regard to your submission, and specifically state that you are submitting it for consideration in *The Compass* section of the journal.

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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.

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These consist of a critical assessment of literature and existing data. Priority for publication is given to topics with relevance to the clinical care of patients, the advancement of medical science, or improvements in health care delivery and economics. Authors are strongly encouraged to describe within the abstract and manuscript text the methods used to focus their search of the literature (eg, PubMed, MEDLINE), the search terms used, and the date limitations of the search. Also, please 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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The Editorial Board can solicit a review on any topic, and in any format, deemed appropriate, as determined by a needs-assessment analysis. In general, topics are solicited for their importance and timeliness, and authors are invited based on their expertise. Even after manuscripts are solicited, acceptance for publication is at the discretion of the Editorial Board. Hence, even though the acceptance rate for a solicited review would be expected to be greater than for unsolicited material, acceptance of solicited reviews is neither guaranteed nor universal.

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.

Understanding Disease

This type of article provides a succinct and timely discussion of the pathophysiology and pathobiology underlying a specific, important human disease. It is intended to afford the practicing clinician with an up-to-date, readily understood, accurate discussion of the scientific underpinnings of diseases commonly encountered in clinical practice; scientific terms and concepts are to be used and discussed

in ways that are widely understood by the clinical community. These articles are 3500-4000 words in length, include an unstructured abstract, cite no more than 100 references, and include 1 or 2 figures depicting key pathophysiologic/pathobiologic findings and concepts; 1 to 2 tables are recommended as ways of summarizing relevant information. Authors of this type of article should have relevant knowledge and understanding of the field and would be limited to 5 authors. Studies and findings that are based on animal models should be referred to as "experimental" or "preclinical", while studies and findings based on cell culture should be referred to as "in vitro". Authors of this type of article are either invited by *Mayo Clinic Proceedings* to provide such a contribution or may contact *Mayo Clinic Proceedings* if they wish to submit such a contribution to *Mayo Clinic Proceedings*. All articles in this category would undergo peer-review and editorial-review prior to acceptance.

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.

Clinical Practice Guidelines

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.

Commentary

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.

Perspectives and Controversies

This type of article provides a succinct and appealing discussion of a topic that is either important, timely, or controversial. A *Perspective* is intended to highlight and stimulate thinking and discourse on such a topic, and may do so either by: discussing and elucidating it; challenging and refuting widely accepted views pertaining to it; or by combining both approaches. The topic may involve any aspect of current understanding of disease; biomedical and clinical research; medical treatment, care, and practice; medical education and professionalism; and health care and public policy. These articles are less than 1500 words in length, and include no more than 10 references. Authors of this type of article should have relevant knowledge and understanding of the field and would be generally limited to 3

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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.

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 the *Proceedings*, 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*, as well as letters reporting original observations and research. Letters pertaining to a recently published *Proceedings* 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 *Proceedings* style and to abridge them if necessary.

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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.

Thematic Reviews (formerly Symposium)

Thematic Reviews are a collection of manuscripts addressing a common topic (eg, 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

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.

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