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Appendix Material
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, appendices are cited in the text as a table or figure would be cited (eg, 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.

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Use the headings Supplemental Table or Supplemental Figure for your online supporting material and save and upload a PDF version of this material.

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Authors are responsible for ensuring the following:
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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.
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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.

The Compass
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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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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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This type of article provides a succinct and timely discussion of the pathophysiology and pathobiology underlyng 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 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.

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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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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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**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.
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- A new disease or syndrome
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