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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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 (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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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.

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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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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**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.

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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.

**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.

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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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