

Instructions for authors

GENERAL DIRECTIONS

The manuscripts sent to *Maedica – a Journal of Clinical Medicine (Maedica J Clin Med)* become its property once submitted for publication in this journal. They should not have been previously published elsewhere and the reported information should have been reviewed by all authors who agreed upon the final version of their manuscript. Copyright is assigned to the journal, no reproduction being allowed without the prior written consent of the journal. Authors are fully responsible for the content of their articles. The editorial board of *Maedica J Clin Med* is not accountable for the content of the published papers.

The procedures used across the editorial process are in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, updated in February 2006, published by the International Committee of

Medical Journal Editors and available at www.icmje.org.

All materials must be emailed to editor@maedica.ro and contact data (email and phone number) of the corresponding author should be provided. The cover letter sent together with a submitted article must clearly show the significance and uniqueness of the chosen subject from the authors' perspective.

Any submitted article has to be accompanied by statements regarding conflicts of **interest, financial support** and, if applicable, **acknowledgements** (for details, please check the official journal's protocols on www.maedica.ro), which should be filled and signed by the corresponding author on behalf of all authors and sent to editor@maedica.ro together with the cover letter, the text, figure(s) and table(s) of the article. All statements will be disclosed at the end of the article, before the Reference list.

THE GENERAL STRUCTURE OF THE ARTICLES

The submitted articles, written entirely in English, must contain:

- (1) the title page, including the title of the manuscript as well as the full name of all authors, together with their current affiliations; the corresponding author should be clearly identified, with appropriate contact data: telephone number, email, mailing address;
- (2) the full text of the article (in Word format), preceded by the short (running) title of the manuscript (maximum six words) and an Abstract shortly describing Objectives, Mate-

rials and methods, Results and Conclusions, which should be detailed in the same order in the full text of the manuscript;

- (3) statements on conflicts of interest, financial support and, if applicable, acknowledgements;

- (4) references should comply with the Anglo-Saxon model of the medical literature; they must be cited in the text in consecutive order, using Arabic numbers which refer to the corresponding numbered entries in the reference list at the end of the manuscript;

- (5) figure and/or table captions (each one must have a descriptive title, and if applicable, explain symbols and abbreviations);
- (6) figures and/or tables must be supplied as high resolution (ideally, 300 dpi) JPEG, TIFF or PNG files, sent separately from the manuscript

file; they should add clarity to the text, and not reiterate information reported in the text or tables. In case images have peculiar features, it is recommended that authors indicate the original source; specialized processing becoming the responsibility of the editors.

***MAEDICA a Journal of Clinical Medicine* accepts preprints, published according to the ICMJE rules.**

STRUCTURE OF THE JOURNAL

The section types described hereunder fall into two large categories:

- A** – articles using the standard format of medical articles (1-8)
- B** – non-standardized articles that typically express authors' own opinions/comments (9-17)

N.B.: Any submitted manuscript must not exceed 15 pages, including the title, authors and their affiliations, Abstract, Introduction, Materials and methods, Results, Discussion, Conclusions, References, and explanatory materials (maximum 5 figures and/or graphs, and maximum 5 tables, with each of them fitting on maximum one page).

1. ORIGINAL PAPERS: CLINICAL OR BASIC RESEARCH

- ☐ This section includes original articles that comply with the editing rules described in Instructions for authors.
- ☐ Content: fundamental or clinical research (diagnosis or treatment)
- ☐ Structure: introduction (present status of the problem, premises and objective of the research), material and methods, outcomes, conclusions
- ☐ References in the text and listed at the end of the article.

2. BRIEF REPORTS

- ☐ Authors are encouraged to bring to public attention shortly described original studies, which represent promising outcomes of a personal initiative and pave the way for publishing results *in extenso* in the near future. Briefly described studies, that comply with the general format presented in Instructions for authors, may also be included.

- ☐ Content: extraordinary clinical observations, ending with a confirmation (morphological, therapeutic, etc)
- ☐ References within the text (at comments).

3. CASE REPORTS

- ☐ Authors who wish to present peculiar cases that are worthy of public attention must explain what made them choose a particular case and provide a description of clinical and paraclinical presentation, positive diagnosis, differential diagnosis, treatment, comments, and conclusion. It is widely known that this type of article is a starting point in editing medical papers and its strong point is not necessarily its uniqueness but its educational value. Most case reports deal with unexpected association between a disease and certain symptoms, or discoveries which shed new light on the pathogeny of a disease/side effect, or either unique or rare characteristics of a disease, or novel therapeutic approaches.

Case reports may also bring back into attention an issue already tackled in the past.

4. IMAGES IN MEDICINE

- ☐ This section includes the presentation of one of the current types of imagery used in medicine (ultrasound, CT, IRM, scintigraphy, etc.) and should have the following structure: clinical information, imagistic diagnosis, imagery differential diagnosis, final clinical comments.

5. STATE-OF-THE-ART

- ❑ Articles published in this format inform about recent diagnostic and therapeutic progresses in a domain of medicine (controversial or not) which requires the prompt attention of specialist medical practitioners.

6. REVIEWS

- Articles included in this section aim to create a summary or overview of the current knowledge on a particular topic.
- Content: general information focusing on theoretical and/or practical issues (review of the literature)
- Structure: full text, with or without sections.
- References: recent sources (75% of cited reports published within the past five years), with prioritizing full text articles, citing few abstracts, textbook chapters or entire books introduced in the text.

7. EDITORIALS

- ❑ Editorials represent the scientific synthesis of a medical issue and should have the following structure: background, content, comments, conclusion. They may be authored by a member of the Editorial Board or a personality of the medical world who is not a member of the journal's council. The same rules apply to State-of-the-art articles.

8. COMMENTS ON CLINICAL TRIALS

- ❑ This section hosts comments on the relevance of recently published clinical trials.

9. EDITORIAL COMMENTS

- ❑ This section presents comments authored by the editorial board or another famous personality on a relevant article published in the current issue of the journal.

10. REPORTS ON MAJOR CONGRESSES

- ❑ This section is meant to keep specialists informed on recent elite events of the medical world.

11. JOURNAL CLUB

- ❑ This section presents comments on major articles published in famous national and international journals of clinical medicine.

12. TRANSLATIONAL MEDICINE

- ❑ Clinical implications of recently published major preclinical studies are commented and explained.

13. QUIZ

- ❑ This section voices questions that clinicians constantly ask themselves and offers a synthesis of answers provided by the current literature.

14. VIGNETTES

- ❑ These are comments on contemporary issues of the medical profession and any other comment which may be of interest for physicians.

15. LETTERS

- ❑ This section presents readers' perspective on articles published in the journal, and grants authors' right to opinion.
- ❑ The sender (any physician who wants to share his/her opinion on a certain article published in this journal) must mention his/her full name and current affiliation and add a letter of intent (no more than one page) with a title, in order to provide convincing reasons for his/her letter to be published.
- ❑ Only letters received no more than six months after the publication date of the discussed article are considered.

16. BOOK REVIEWS

- ❑ Synthetic reviews of most recent medical books.

17. UPDATES IN CLINICAL MEDICINE

- ❑ This section presents a summary of the most important scientific events for each specialty published in major medical journals during the last few months.

Manuscript submission

Authors are kindly asked to comply with the following recommendations.

Manuscripts must be formatted in Word, 12-point Arial or Times New Roman font, 1.5 line spacing, 1" page margins on all sides (top, bottom, left and right), paper orientation 'portrait'. They must be submitted as attached files in Word format to editor@maedica.ro. Professional image processing, scanning, graph processing, if needed, are the responsibility of the editing team.

Referencing

Authors are encouraged to cite articles that have previously been published in *Maedica J Clin Med*, but these should not exceed 20% of all citations.

Citation examples mentioned below must be strictly followed.

Entire books: Authors/editors, name and initial(s) of surname (no full stop). Title, Edition (if suitable). Place of publication: Publishing House, Year.

Example: Carrel A, Cutler EC, Gross RE, Debaeky ME. *The Closing of Holes, Replacing of Valves and Inserting of Pipes, or How Cardiovascular Surgeons Deal with Knives, Knives and Knots*. New York: York University Press, 1984.

Chapters from books and volumes written by different authors: Author of the chapter, name and initial(s) of surname (no full stop). Title of the chapter. Particle „In:” followed by authors/editors of the volume. Title in Italic, Edition (if suitable). Place of publication: Publishing House, Year, followed by colon and pages where the chapter is to be found.

Example: Nichols WW, O'Rourke ME. Aging, High Blood Pressure and Disease in Humans. In: Arnold E, ed. *McDonald's Blood Flow in Arteries: Theoretical, Experimental and Clinical Principles*. 3rd ed. London/Melbourne/Auckland: Lea and Febiger; 1990:398420.

Articles: Authors, name and initial(s) of surname, no full stop, only the first three, followed by etc, in case there are more than four. Title of the article. Title of the Journal in international abbreviation, Italic. Year, followed by semicolon. Volume, followed by colons. Pages where the article can be found.

– Note: If the article quoted is published in abstract (e.g., journal, volume with abstracts of scientific events), the source will be indicated preceded by „Abstr. in:”

Example: Lems WF, Ader HJ, Lodder MC et al. Reproducibility of bone mineral density measurements in daily practice. *Ann Rheum Dis* 2004;63:285-289.

Every manuscript is immediately registered, and the registration number is communicated to authors by email, at the earliest convenience.

Any correspondence for the journal should be sent to: editor@maedica.ro.

- ❑ Manuscript receipt is promptly confirmed to the corresponding author by an email, which is also mentioning the registration number, the date the manuscript was received and the fact that the manuscript was handed out to a specialised member of the Editorial Board (subject editor) by the Editor-in-chief/Deputy editors.
- ❑ The initial responsibilities of a subject editor consist of checking whether the manuscript complies with the editing criteria:
 - if it does not comply with these criteria, the subject editor will send a brief email to the corresponding author, with the request to re-write the manuscript according to the editorial criteria.

- if there are serious errors of content and/or editing, the manuscript will be rejected *ab initio* by the Editor-in-chief.
- if the manuscript complies with the editing requirements from the very beginning, the subject editor selects two peer-reviewers (either from those already accredited by the journal or from a bulk of new proposals), and it is compulsory that one of them belongs to an academic setting other than the authors of the manuscript.

Note: In this respect, the data base with potential peer reviewers plus new proposals will be used.

- ❑ Possible objections formulated by authors against reviewers are to be seriously taken into consideration by the journal's editors.
- ❑ The subject editor (or the editorial board on subject editor's request) invites the peer reviewer by email to evaluate the manuscript (attached as a Word Document) within two weeks.
- ❑ The reviewers' decision (approval without revision, approval with major/minor revision, rejection) is promptly emailed to the corresponding author (in CC to editor@maedica.ro) by the subject editor.
- ❑ If the manuscript **gets approval with revision**, the **anonymous** comments of reviewers will be conveyed together with the reviewers' decision and a **statement** of the subject editor, which will be the synthesis of the reviewers' opinions.
- ❑ Within four weeks, the corresponding author should send the revised version (complying with the initial submittal requests, mentioning the initial registration number of the manuscript followed by „**R1**“), together with an attached letter/Word document to an email (to the subject editor and CC to editor@maedica.ro) which clearly explains how the manuscript was modified according to each of the reviewers' comments/suggestions.
- ❑ The subject editor will convey the corresponding author's answer to the peer reviewers. If the corresponding author's answer is satisfactory, they will inform the subject editor about their decision of approving the revised version of the manuscript („**R1**“) for publication.
- ❑ If the peer reviewers consider the corresponding author's answer is only **partially** satisfactory, they will request an additional evaluation of the manuscript through new item by item comments (in which case the manuscript will receive the extension „**R2**“), the editing process following the same route as in the case of the first revision.
- ❑ If the peer reviewers consider the revision requests were poorly met/not met on both revisions, they will inform to the subject editor that the manuscript is not accepted for publication.
- ❑ Once a manuscript is accepted for publication, the reviewers' decision will be communicated in an editorial meeting (by an email to toall@maedica.ro, which immediately gets to all members of the editorial board). During this meeting, **the degree of priority for the manuscript is established, depending on the following criteria:**
 - reviewers' opinions;
 - none of the authors has two articles (as first author) in the same issue of the journal;
 - the degree of coverage for the different sections of the journal.