

## Instructions to Authors

### Purpose and Scope

*Formosan Journal of Endocrinology and Metabolism* publishes original research articles, reviews, case reports, commentaries, editorials, case vignettes, letter to the editor, and other special features to enhance the health care of patients with endocrine diseases. The journal embraces clinical and experimental research in diabetes, endocrinology, and related areas.

### General Information

Manuscripts submitted for publication in *Formosan Journal of Endocrinology and Metabolism* must not have been published previously (either in whole or in part) nor currently be submitted elsewhere in either identical or similar form. Material posted on the Internet or disseminated in any other electronic form constitutes prior publication and may not be considered. Previous publication of a small fraction of the content of a manuscript does not necessarily preclude its being published in *Formosan Journal of Endocrinology and Metabolism*, but the editors need information about previous publication while the manuscript is submitted to the Journal. These restrictions on prior publication, however, do not apply to abstracts or poster presentations published in connection with scientific meetings.

Manuscripts should be written in English. Manuscripts submitted to *Formosan Journal of Endocrinology and Metabolism* are evaluated by peer reviewers and editors. Authors of manuscripts requiring modifications have 4-8 weeks to resubmit a revision of their paper. An unsolicited revision of a rejected manuscript will either be returned or treated as a new submission, at the editor's discretion.

### Manuscript Categories

- **Original Articles** should be no longer than 3000 words (including title page, abstract but excluding references, tables and figures) and include no more than five figures and tables and 30 references.
- **Brief Reports** are succinct descriptions of focused studies with important, and straightforward, confirmatory results or negative study findings. These manuscripts should be no longer than 2000 words and include no more than two figures and tables and 20 references.
- **Reviews** address comprehensive analyses of specific topics. Special priority will be given to systematic reviews. Proposals or an outline of the proposed review are welcome and may be submitted for initial consideration. These manuscripts should be no longer than 4000 words and include no more than four figures and tables and 40 references. All review articles are subjected to the same peer-review and editorial processes as original articles.
- **Case Reports** should consist of descriptions of clinical case(s) and a brief review of the literature pertaining to these case(s). These case reports are expected to add insights into the endocrine literature or to serve as an example of typical disease presentation. The manuscripts should be 2000 words or less, with no more than three figures and tables and 15 references.

- **Commentaries** should reflect the author's views on a timely topic of interest to the endocrine community, limited to 1,500 words, 1 figure or table, and 15 references. Abstract and cover letter are not needed; however, all other instructions in the Instructions to Authors must be followed.
- **Editorials** are solicited by Editors. Abstract and cover letter are not required; however, all other instructions in the Instructions to Authors must be followed. The word limit for an Editorial is 1,500 words, not including references. Editorials normally do not contain figures or tables. A conflict of interest statement for all authors should be included at the end of the text or the Acknowledgments section, if one is included.
- **Images in Endocrinology** are to be comprised of a single figure or two closely related figures that illustrate the value of visual information in clinical diagnosis of endocrine disorders. These contributions can be supported with one or two tables, a commentary up to 1200 words, and 10 or fewer references.
- **Case vignettes** should serve as an educational "show-and-tell" exercise. These contributions are limited to 1-2 printed pages in the journal (maximum of 600 words, 3 illustrations, and 3 references). The introductory paragraph, labeled "Case Presentation," should briefly review the pertinent history, physical findings, and accompanying illustrative material or results of dynamic function tests and should conclude with the question, "What is the diagnosis?" The illustrations must be of high quality and sufficiently large to demonstrate the object lesson (addition of identifying arrows is recommended). Results of dynamic function tests should be typical. The second paragraph, labeled "Answer," should disclose the diagnosis, interpretation of the dynamic tests (if applicable), present pertinent follow-up (if applicable), and briefly discuss what was gleaned from the specific case.
- **Letters to the Editor** could be submitted in response to work that has been published in the Journal. Letters should be short commentaries related to specific points of agreement or disagreement with the published work. Letters should be no longer than 500 words and include no more than 3 authors, 3 references, and may not include any figures or tables.
- **Special Reports and Perspectives** are invited by Editors and are reports of meetings, special topics, and comments on clinically important publications or breaking news related to the fields of endocrinology and diabetes. The word limit of special reports could be determined in consultation with Editors. Both solicited and unsolicited articles will undergo peer-review prior to acceptance.
- **Consensus, Position Statements, and Guidelines** are designed to help clinicians make decisions about appropriate diagnosis and treatment for specific circumstances. They may be submitted by professional societies, task forces or professional interest groups. All such submissions will be subjected to peer-review. These manuscripts should be no longer than 5000 words or to be determined in consultation with Editors if longer.

## Submission of Manuscripts

- All manuscripts should be submitted electronically through official submission site (<https://mc03.manuscriptcentral.com/fjem>). For additional information or questions regarding the Electronic Submissions of manuscripts please contact us at +886-2-2375 3352 or +886-2-2874 6354.
- All manuscripts should be submitted in the format of MS Word or similar, not PDF.
- **Title page** should be uploaded as a separate file, and the author information should not be disclosed in main text of the manuscript for double blind peer review process.
- Manuscripts must be accompanied by a **cover letter** signed by the corresponding author. This must include:

- Information on prior or duplicate publication or submission elsewhere of any part of the work as defined earlier in this document
- A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes the manuscript represents honest work
- A statement of financial or other relationships that might lead to a conflict of interest
- The name, email address, postal address, and telephone number of the corresponding author(s), who is responsible for communicating with the other authors about revisions and final approval of the proofs.
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- A completed Copyright Transfer Agreement will be collected during the revision process through online submission system.

## Manuscript Preparation

### General Format

Guidelines for submission in *Formosan Journal of Endocrinology and Metabolism* are in accordance with: Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*N Eng J Med*, 1997; 336: 309-15). Text should be double spaced with 12-point typeface in Arial or Times New Roman font. Margins should be 2.5 cm (1 inch) at top, bottom, right, and left. Use only standard **abbreviations**. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text. The Editorial Board reserves the privilege to adjust the format of the article.

The manuscript should include:

**Title Page** with the following information:

- manuscript full title (not more than 50 words)
- full names of all authors
- name of the department and institution in which the work was done
- affiliations of the authors
- running title (not more than 50 characters)
- full name, address, telephone and fax number, and **e-mail address** of the corresponding author.

### Abstract Page.

Abstract in structured form, not exceeding 250 words, is required in original articles. It should consist of four paragraphs labeled: Background, Methods, Results, Conclusion. Each summary section should begin in a new line and briefly describe, respectively, the purpose of the study, how the investigation was performed, the most important results and the principal conclusion that authors draw from the results. Unstructured abstract should be submitted in case reports, reviews, brief reports, commentaries, consensus, position statements, and guidelines. Three to five **Key Words** should be written at the bottom of the Abstract. The use of the items included in Index Medicus (Medical Subject Headings, MeSH) is advised.

### Text.

The text of the original article should be divided to six paragraphs labeled: Introduction, Methods, Results,

Discussion, Acknowledgements, and References. The text of the case report should be divided to five paragraphs labeled: Introduction, Case Report, Discussion, Acknowledgements, and References. Detailed requirements of individual paragraphs are listed as below.

**Introduction** should contain scientific rationale and the aim of the study. Authors of **Original Articles** are advised to provide a study hypothesis at the end of this section.

**Methods** should explain (and reference) clearly so that other investigators can follow the information provided in this section to repeat the work. Authors should describe clearly how they select study subjects or laboratory animals (including controls), such as age, gender, inclusion and exclusion criteria, randomization and masking (blinding) method. Studies on patients and volunteers require informed consent documented in the text of the manuscript. Where there is any unavoidable risk of breach of privacy - e.g. in a clinical photograph or in case details - the patient's written consent to publication must be obtained and copied to the journal. Information on approval of an Ethical Committee should also be provided. The study protocol of data acquisition, procedures, investigated parameters, methods of measurements and apparatus should be described in sufficient detail. References and brief description should be provided for methods that have been published earlier, whereas new or substantially modified methods should be described in detail. The drugs and other chemicals should be precisely identified including generic name, dose, and route of administration. The statistical methods should be described in detail to enable verification of the reported results.

**Results** should concisely and reasonably summarize the findings. Restrict tables and figures to the number needed to explain the study findings. Do not duplicate data in graphs and tables. Give numbers of observation and report exclusions or losses to observation such as dropouts from a clinical trial. Treatment complications should be reported. The results should be presented in a logical sequence in the text, tables, and illustrations.

**Case Report** should comprehensively describe the characteristics and backgrounds of subjects to be reported. Chief complaints, associated symptoms and duration of symptoms should be presented, followed by objective signs or findings revealed by physical examination, adequate investigations including laboratory data and essential examinations, initial diagnoses, and treatments. The text should reveal the thinking processes of how these subjects were evaluated and treated logically. Illustrations of timelines of treatments and/or educational images are encouraged to enhance the readability of treatment course.

**Discussion** should deal only with new and/or important aspects of the study. Do not repeat information from the Introduction or the Results section. The discussion should confront the results of other investigations especially those quoted in the text. A section of **study limitations** should be included in the Discussion. Authors should summarize **Conclusions** linked with the goals of the study at the end of the Discussion. State new hypotheses when warranted. Include recommendations when appropriate. Statements and conclusions not completely supported by the study results should be avoided.

**Acknowledgements** should list all contributors who do not meet the criteria for authorship, such as technical assistants, writing assistants or head of department who provided only general support. Financial and other material support should be disclosed and acknowledged. Source(s) of support in the form of grants can be listed in this section by quoting the number(s) of the grant(s).

**References** must be up-to date. References should be cited in numerical order in the text and listed in the same numerical order at the end of the manuscript on a separate page or pages. The author is responsible for the accuracy of references. The number of references cited should be limited, as indicated above for each category of submission. Avoid using abstracts or letters as references. Unpublished observations and personal communications can not be used as references. Examples of the reference style that should be used are given below. List all authors when there are six or fewer; when there are seven or more, list the first three, then et al.

## Sample References

1. Binoux M, Hossenlopp P. Insulin-like growth factor (IGF) and IGF-binding proteins: comparison of human serum and lymph. *J Clin Endocrinol Metab* 1986;67:509-514.
2. Bonneville F, Cattin F, Dietemann J-L. Computed tomography of the pituitary gland. Heidelberg: Springer-Verlag; 15-16, 1986.
3. Burrow GN. The thyroid: nodules and neoplasia. In: Felig P, Baxter JD, Broadus AE, Frohman LA, eds. *Endocrinology and metabolism*. 2nd ed. New York: McGraw-Hill; 473-507, 1987.
4. The National Health Insurance Statistics, 2012. Bureau of National Health Insurance Website. [http://www.nhi.gov.tw/English/webdata/webdata.aspx?menu=11&menu\\_id=296&WD\\_ID=296&webdata\\_id=4456](http://www.nhi.gov.tw/English/webdata/webdata.aspx?menu=11&menu_id=296&WD_ID=296&webdata_id=4456) [Accessed 2014.02.05].

**Tables** should be constructed as simply as possible and be intelligible without reference to the text. Type or print out each table on a separate sheet of paper. Tables should be typed single-spaced. Do not use internal horizontal and vertical rules. Number tables consecutively in the order of their first citation in the text, and supply a brief title for each. Give each column a short or abbreviated heading. Abbreviations used in the table should be defined in footnotes in order of appearance. Identify statistical measures of variations such as standard deviation and standard error of the mean. Place explanatory matter in footnotes with superscript numbers (also in order of appearance). Asterisks (\*, \*\*, \*\*\*) are used only to indicate the probability level of tests of significance. Do not submit tables as photographs. Be sure that each table is cited in the text. If you use data from another published or unpublished source, obtain permission and acknowledge them fully.

**Figures and illustrations** should be professionally drawn and photographed, separate from the text, and numbered with Arabic numerals. Freehand or typewritten lettering is unacceptable. Either screen or high quality electronic images (recommended) can be included in first submission. Higher quality files can be supplied at acceptance. Please send us digital versions of your figures. Ideally these should be sent as EPS (line art) or TIFF (photograph/bitmap), or as line art embedded in a word processor document. Avoid using tints less than 20% apart; if they are essential to the understanding of the figure, try to make them coarse. Always enclose a hard copy of digitally supplied figures. Figures will be reduced to single column width (80 mm), two-thirds page width (110 mm) or full page width (169 mm) and should be planned accordingly. Titles and detailed explanations belong in the legends for illustrations, not on the illustrations themselves. Figures should be numbered consecutively according to the order in which they have been first cited in the text. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain. Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background. If photographs of people are used, either the subjects must NOT be identifiable or their pictures must be accompanied by written permission to use the photograph. **Figure legends** must be comprehensive in isolation from the text, include keys to symbols, and indicate the statistical significance of differences. Type or print out legends for figures and illustrations using one-and-half spacing, starting on a separate page, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. The author is responsible for providing proper description and pictures or digital art that has been properly sized, cropped, and has adequate space between images.

**Abbreviations** should be kept to a minimum. Where a term/definition will be continually referred to, it must be written in full, followed by the subsequent abbreviation in brackets, when it first appears in the abstract and text. After that, the abbreviation may be used.

Generic **drug names** should be used (drug brand names must not be used). **Measurements** of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures are to be given in degrees Celsius. Blood pressures should be given in millimeters of mercury. The Systeme International (SI) units are the preferred method of reporting hematological and clinical chemistry measurements. However, many laboratories in Taiwan continue to use conventional units to report laboratory results. Information on how to convert from SI units to conventional units (or vice versa) may be given in the text, in a table footnote or in a figure legend.

## **ETHICAL CONSIDERATIONS**

### **Human subjects**

To be considered, all clinical investigations described in submitted manuscripts must have been conducted in accordance with the guidelines in The **Declaration of Helsinki** and must have been formally approved by an appropriate institutional review committee or its equivalent. All manuscripts must indicate that approval of a local review board was acquired; and written informed consent was obtained from subjects in studies involving humans. Clinical subjects must be identified only by number or letter, not by initials or names.

### **Experimental animals**

A statement confirming that all animal experimentation described in the submitted manuscript was conducted in accord with accepted standards of humane animal care should be included in the manuscript.



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