

# Future Medicine Author Guidelines

This document outlines how to prepare articles for submission. We recommend you read these guidelines in full before submitting your article. A pre-submission enquiry to the Journal Editor is also strongly encouraged before submission.

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## Journal aims & scope

Aims and scope information can be found on the individual journal webpages linked below, along with information regarding Editorial Board members and indexing:

[\*Biomarkers in Medicine\*](#)

[\*Breast Cancer Management\*](#)

[\*CNS Oncology\*](#)

[\*Colorectal Cancer\*](#)

[\*Concussion\*](#)

[\*Epigenomics\*](#)

[\*Future Cardiology\*](#)

[\*Future Microbiology\*](#)

[\*Future Neurology\*](#)

[\*Future Oncology\*](#)

[\*Future Rare Diseases\*](#)

[\*Future Virology\*](#)

[\*Hepatic Oncology\*](#)

[\*Immunotherapy\*](#)

[\*International Journal of Endocrine Oncology\*](#)

[\*International Journal of Hematologic Oncology\*](#)

[\*Journal of 3D Printing in Medicine\*](#)

[\*Journal of Comparative Effectiveness Research\*](#)

[\*Lung Cancer Management\*](#)

[\*Melanoma Management\*](#)

[\*Nanomedicine\*](#)

[\*Neurodegenerative Disease Management\*](#)

[\*Pain Management\*](#)

[\*Personalized Medicine\*](#)

[\*Pharmacogenomics\*](#)

[\*Regenerative Medicine\*](#)

## Audience

The audience for Future Medicine titles consists of clinicians, research scientists, decision-makers and a range of professionals in the healthcare community. Authors should bear in mind the multidisciplinary nature of the readership when writing an article.

Future Medicine articles have been engineered specifically for the time-constrained professional. The structure is designed to draw the reader's attention directly to the information they require – please ensure the required sections for the article type you are submitting are included in your 1<sup>st</sup> draft (see [Article sections](#) below for more details).

## Special issues

Future Science Group journals welcome proposals for Special Focus Issues. Special Focus Issues consist of a collection of articles, including commentary, review and original research content, focused on a hot topic of relevance to the scope of the journal.

More information and a proposal form can be found on our website here:  
<https://www.futuremedicine.com/special-issues>.

## Find a journal based on your requirements

Journal	Audience	Medline-indexed	Impact Factor (2022)	Open Access*	Accelerated Publication option?
<a href="#">Biomarkers in Medicine</a>	Translational	Yes	2.2	Optional	Yes
<a href="#">Breast Cancer Management</a>	Clinical		0.7	Full open access	Yes
<a href="#">CNS Oncology</a>	Clinical	Yes		Full open access	Yes
<a href="#">Colorectal Cancer</a>	Clinical		4.2	Full open access	Yes
<a href="#">Concussion</a>	Translational/Clinical	PMC-indexed		Full open access	Yes
<a href="#">Epigenomics</a>	Translational	Yes	3.8	Optional	Yes
<a href="#">Future Cardiology</a>	Translational/Clinical	Yes	1.7	Optional	Yes
<i>Future Medicine AI</i>	Translational/Clinical			Full open access	Yes
<a href="#">Future Microbiology</a>	Translational/Clinical	Yes	3.1	Optional	Yes
<a href="#">Future Neurology</a>	Translational/Clinical		1.3	Full open access	Yes
<a href="#">Future Oncology</a>	Translational/Clinical	Yes	3.3	Optional	Yes
<a href="#">Future Rare Diseases</a>	Translational/Clinical			Full open access	Yes
<a href="#">Future Virology</a>	Translational/Clinical		3.1	Optional	Yes
<a href="#">Hepatic Oncology</a>	Clinical	PMC-indexed	5.0	Full open access	Yes
<a href="#">Immunotherapy</a>	Translational/Clinical	Yes	2.8	Optional	Yes
<a href="#">International Journal of Endocrine Oncology</a>	Clinical		1.2	Full open access	Yes

<a href="#"><u>International Journal of Hematologic Oncology</u></a>	Clinical	PMC-indexed		Full open access	Yes
<a href="#"><u>Journal of 3D Printing in Medicine</u></a>	Translational/Clinical			Full open access	Yes
<a href="#"><u>Lung Cancer Management</u></a>	Clinical	PMC-indexed	2.8	Full open access	Yes
<a href="#"><u>Melanoma Management</u></a>	Clinical	PMC-indexed	3.6	Full open access	Yes
<a href="#"><u>Nanomedicine</u></a>	Translational	Yes	5.5	Optional	Yes
<a href="#"><u>Neurodegenerative Disease Management</u></a>	Translational/Clinical	Yes	2.6	Optional	Yes
<a href="#"><u>Pain Management</u></a>	Translational/Clinical	Yes	1.7	Optional	Yes
<a href="#"><u>Personalized Medicine</u></a>	Translational/Clinical	Yes	2.3	Optional	Yes
<a href="#"><u>Pharmacogenomics</u></a>	Translational	Yes	2.1	Optional	Yes
<a href="#"><u>Regenerative Medicine</u></a>	Translational/Clinical	Yes	2.7	Optional	Yes
<p>*Optional: This journal is a subscription journal; however, authors can opt for Open Access publication if they wish (or it is a requirement of their funding); Full open access: This journal is a fully gold open access title.          PMC: PubMed Central.</p>					

## At-a-glance article formatting checklist

	Word count	Abstract <sup>1</sup>	Keywords	Future Perspective	Executive Summary/Practice Points <sup>2</sup>	Summary Points	Reference limit	Figures & Tables permitted <sup>3</sup>
<b>Review-based articles:</b>								
<a href="#">Review</a>	4000–6000	✓	✓	✓	✓	✗	~80	✓
<a href="#">Systematic Review</a>	4000–8000	✓ (structured)	✓	✗	✗	✓	As appropriate	✓
<a href="#">Perspective</a>	4000–6000	✓	✓	✓	✓	✗	~80	✓
<a href="#">Special Report</a>	1500–3000	✓	✓	✓	✓	✗	~50	✓
<b>Original research articles:</b>								
<a href="#">Research Article</a>	5000–8000 <sup>4</sup>	✓ (structured)	✓	✗	✗	✓	~80	✓
<a href="#">Preliminary/Short Communication</a>	2000–4000	✓ (structured)	✓	✗	✗	✓	~20–40	✓
<a href="#">Methodology</a>	4000–8000	✓	✓	✗	✗	✓	~40–80	✓
<a href="#">Meta-Analysis</a>	4000–8000	✓ (structured)	✓	✗	✗	✓	~80	✓
<a href="#">Case Study/Case Series</a>	1500–3000	✓	✓	✗	✗	✓	~50	✓
<b>Added-value articles:</b>								
<a href="#">White Paper</a>	1500–3000	✓	✓	✗	✗	✓	~50	✓
<a href="#">Editorial</a>	1500	✗	✓	✗	✗	✗	20	✗
<a href="#">Commentary</a>	1500–3000	✗	✓	✗	✗	✗	20	✗
<a href="#">Priority Paper Evaluation</a>	1500	✓	✓	✓	✓	✗	20	One of each max.
<a href="#">Conference Report</a>	1500	✓	✓	✗	✗	✗	20	✗
<a href="#">Company/Institutional Profile</a>	2000	✓	✓	✗	✗	✓	20	One of each max.
<a href="#">Letter to the Editor</a>	1500	✗	✓	✗	✗	✗	20	✗

1 All Future Medicine journals also encourage the inclusion of a **plain language summary** and a **tweetable abstract** where appropriate. See [Article sections](#) for further information.

2 Where this section is required **the following journals require an Executive Summary**: *Biomarkers in Medicine, Concussion, Epigenomics, Future Cardiology, Future Microbiology, Future Neurology, Future Oncology, Future Rare Disease, Future Virology, Immunotherapy, Journal of 3D Printing in Medicine, Journal of Comparative Effectiveness Research, Nanomedicine, Personalized Medicine, Pharmacogenomics and Regenerative Medicine*; **and the following require Practice Points**: *Breast Cancer Management, CNS Oncology, Colorectal Cancer, Hepatic Oncology, International Journal of Hematologic Oncology, International Journal of Endocrine Oncology, Lung Cancer Management, Melanoma Management, Neurodegenerative Disease Management and Pain Management*. See [Article sections](#) for further information.

3 For article types where Figures & Tables are permitted, unless specified differently above, we have no strict limit on the number included (we prefer these to be included as needed to represent the data appropriately); however, in some cases where there is a high number of figures/tables (generally >8 Figures/Tables combined) the Editor will recommend that some are included as online-only supplementary materials.

4 For certain journals, including *Nanomedicine*, this limit can be exceeded. Please consult the Journal Editor if your article does not fit within these limits.

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## Article templates

In the first instance, Future Medicine journals are happy to consider articles that have not been fully formatted to the journal style. However, should you wish to format your article in advance of submission, the following templates are designed to help you do so, and are available on our website: <https://www.futuremedicine.com/authorguide/preparingyourarticle>

- **Title page template** (all journals)
- **Article body template**, for:
  - *Biomarkers in Medicine, Concussion, Epigenomics, Future Cardiology, Future Microbiology, Future Neurology, Future Oncology, Future Rare Diseases, Future Virology, Immunotherapy, Journal of 3D Printing in Medicine, Journal of Comparative Effectiveness Research, Nanomedicine, Personalized Medicine, Pharmacogenomics, Regenerative Medicine*
- **Article body template**, for:
  - *Breast Cancer Management, CNS Oncology, Colorectal Cancer, Hepatic Oncology, International Journal of Endocrine Oncology, International Journal of Hematologic Oncology, Lung Cancer Management, Melanoma Management, Neurodegenerative Disease Management, Pain Management*

Please note, articles will need to be formatted to the journal style prior to final acceptance.

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## Search engine optimization

### Why are search engines important?

One of the most common ways for readers to find an article is using a search engine, such as Google, Google Scholar or Bing. Therefore, it is important to write your article with a few points in mind, to help interested readers find your work.

### How can I help my article be discovered?

- Include key phrases that represent your research in the abstract. Think about what you might search for when looking for articles yourself and include this.
- Make sure the most important/relevant key phrase is also in the article title whilst ensuring the content has a natural flow.
- Choose appropriate keywords that reflect the content of your work – where different words are commonly used to describe the same thing (e.g., a full term and an abbreviation), include both.
- Aim to be as concise as possible in the abstract (within the journals' word limit of 120 words or fewer).
- Provide a tweetable abstract when you submit your article (for more information see [Article sections](#)).

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## Article types

Future Medicine publishes a range of article types, descriptions of which are outlined below. Authors are encouraged to consult the '[at-a-glance formatting checklist](#)' for details on word counts and other formatting requirements.

The information below gives an overview of the requirements for each article type published by Future Medicine. However, authors should consult the International Committee of Medical Journal Editors (ICMJE) "*Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*" (<https://www.icmje.org/recommendations/>), in particular the section on "*Preparing a Manuscript for Submission to a Medical Journal*" prior to submitting to a Future Medicine journal, for more detailed information.

## Review-based articles

### Review

Reviews aim to highlight recent significant advances in research, ongoing challenges and unmet needs; authors should be concise and critical in their appraisal of the subject matter and strive for clarity. The focus should be on key, defining developments rather than providing a comprehensive literature survey. Reviews should provide balanced coverage of the field and not focus predominantly on the author's own research. Authors are encouraged to include their own perspective on current trends and future directions, particularly in the 'Future perspective' section. Review articles undergo external peer review.

Future Medicine journals consider both Narrative and Systematic Reviews. For more information on Systematic Reviews, see below.

**Word limit:** 4000–6000 words (excluding abstract, executive summary/practice points, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Body of article**
- **Future perspective**
- **Executive summary OR Practice points** (see the '[at-a-glance formatting checklist](#)' for which is required for your chosen journal)
- **References** (target of approximately 80 references)
- **Reference annotations**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Systematic Review

Systematic Reviews should systematically gather, appraise and synthesize evidence around a specific question. Systematic Review articles undergo external peer review.

Authors of Systematic Reviews **must** provide a supporting Cover Letter on submission briefly detailing:

- Relevance to the journal’s audience
- Objectives of the review (including the question the review intends to address)
- How the review advances understanding of the field

Systematic Reviews should be conducted following the recommendations of PRISMA (<http://www.prisma-statement.org/>). A summary of required sections is provided below, but further information on these should be taken from the PRISMA checklist. In addition, a completed PRISMA checklist should be provided as Supplementary Materials on submission of the article.

**Word limit:** 4000–8000 words (excluding abstract, summary points, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 120 characters) – should identify the work as a Systematic Review
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Introduction:** including review rationale and the question being addressed (with reference to participants, interventions, comparisons, outcomes and study design [PICOS])
- **Methods**
- **Results**
- **Discussion**
- **Conclusions**
- **Summary points**
- **References** (number as appropriate based on literature search)
- **Reference annotations**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Supplementary materials:** A completed PRISMA checklist (<http://www.prisma-statement.org/>) should be included for publication alongside the Systematic Review
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Perspective

Perspectives have the same basic structure and length as Review articles; however, they should be more speculative and forward-looking, even visionary. They offer the author the opportunity to present criticism, address controversy or provide a personal angle on a significant issue. Authors of Perspectives are encouraged to be opinionated, with all positions concisely and clearly argued and referenced. Perspective articles undergo external peer review; however, reviewers will be briefed to review these articles for quality and relevance of argument only. They will not necessarily be expected to agree with the author’s position.

**Word limit:** 4000–6000 words (excluding abstract, executive summary/practice points, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Body of article**
- **Future perspective**
- **Executive summary OR Practice points** (see the '[at-a-glance formatting checklist](#)' for which is required for your chosen journal)
- **References** (target of approximately 80 references)
- **Reference annotations**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Special Report

Special Reports are short narrative review-style articles that highlight a particular niche area, be it a specific emerging field, novel hypotheses or method. Articles are categorized as Special Reports at the discretion of the Editorial team. Special Report articles undergo external peer review.

**Word limit:** 1500–3000 words (excluding abstract, executive summary/practice points, references and figure/table legends)

**Required sections** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Body of article**
- **Future perspective**
- **Executive summary OR Practice points** (see the '[at-a-glance formatting checklist](#)' for which is required for your chosen journal)
- **References** (target of approximately 50 references)
- **Reference annotations**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Drug/Device/Vaccine Evaluations, Clinical Trial Protocols & Clinical Trial Evaluations

Separate author guidelines for the submission of these article types are available. Please contact the [Drug Evaluations Commissioning Editor](#) to request a copy.

## Original research articles

### General information for original articles

Authors are advised to consult the **Methods Reporting Checklist for Authors**, available [here](#). In addition, the [EQUATOR Network](#) provides contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

For the journal [Epigenomics](#), a Research Article Reporting Checklist for Bioinformatic and Data Re-analysis Studies is available [here](#).

**Cover letter:** Authors **must** provide a supporting Cover Letter on submission briefly detailing:

- Relevance to the journal's audience
- Where the novelty in the study lies
- How the study advances understanding of the field
- Direct and potential implications of the findings

**Please note:** All journals will consider studies presenting positive, negative or inconclusive data.

**Peer review:** All types of original article undergo external peer review.

**Experimental details & data:** Where a novel experimental procedure has been employed full details must be provided, such that a skilled scientist would be able to reproduce the results presented. The synthesis of all new compounds must be described in detail. Details of routine or previously reported experimental procedures should be provided via references only. Experimental procedures and/or data running to more than two Word document pages should be placed in a supplementary file.

**Reporting of sex & gender information:** Authors are encouraged to consult the [SAGER Guidelines](#) to ensure the accurate reporting of sex and gender information in study design, data analysis, results and interpretations of findings.

**Data & materials sharing:** From 1st July 2018, the ICMJE requires that all manuscripts that report the results of clinical trials must contain a data sharing statement, as described on their website here: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>. Please see the Author Disclosure Form (available on our website [here](#)) for further information. For other types of original research, authors should be able to provide additional relevant original data underpinning their research, if requested by the Editor or reviewers.

**Data deposition:** Authors are encouraged to make underlying data/biological materials available upon reasonable request, where this is possible. We also encourage the deposition of data/materials to a discipline-specific, community-recognized repository where one exists, or a generalist repository if no suitable specific resource is available, in order to aid in the future replication of methods or the completion of follow-on studies. Repositories can be found via sites such as [re3data.org](#). Where data have been deposited in a public repository, authors should state at the end of the abstract the dataset name, repository name and number.

**Clinical trial reporting:** For authors presenting the results of clinical trials, the guidelines recommended by [CONSORT](#) and [GPP3](#) should be followed. In addition, where available the clinical trial registration number should be included at the end of the abstract, and on the first mention of the trial in the main body of text. Unregistered clinical trials should be declared as such, and the reason for nonregistration should be provided. Mention of other trials should also include the relevant registration number, where available.

Secondary outcomes, exploratory analyses, and *post hoc* analyses should be clearly identified as such; these may be included in the primary publication or published separately, in which case they should clearly reference the primary publication and should not be published before it.

**Diagnostic accuracy studies:** Where a diagnostic accuracy study has been carried out, authors should follow the recommendations of STARD (<http://www.equator-network.org/reporting-guidelines/stard/>).

**Observational studies:** Where observational research has been carried out, authors should follow the recommendations of STROBE (<https://www.strobe-statement.org/>).

Several types of original article are accepted, as detailed below:

### Research Article

**Word limit:** 5000–8000 words (excluding abstract, summary points, references and figure/table legends)

Research Articles should present novel work that makes a significant impact within the scope of the journal, and which represents an important advancement in knowledge or understanding. Routine or incremental work is not suitable for full Research Articles. Research should be reported succinctly; the inclusion of detailed background discussion is to be avoided. Supporting data or further experimental details can be submitted as Supplementary Information. Articles submitted as Research Articles may be recommended to be considered as a Preliminary/Short Communication at the discretion of the Journal Editor.

### Preliminary Communication

**Word limit:** 2000–4000 words (excluding abstract, summary points, references and figure/table legends)

A type of brief report, Preliminary Communication articles are intended for short reports of studies that present promising improvements or developments on existing areas of research. The significance and potential implications of the developments must be explicit.

### Short Communication

**Word limit:** 2000–4000 words (excluding abstract, summary points, references and figure/table legends)

A type of brief report, Short Communication articles are short articles that build on a previously published study, document partial research results from an ongoing study, or discuss results from studies limited in scope.

**Required sections for Research Articles, and Preliminary and Short Communications** (for a more detailed description see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Introduction**
  - Should only cite directly pertinent references
  - Should not include data of conclusions from the work being reported
- **Patients & methods/Materials & methods**

- Where an organization was paid or otherwise contracted to help conduct the research (e.g., data collection and management), this should be detailed
- Should include information indicating that the research was approved or exempted from the need for review by the responsible review committee (institutional or national). Where no formal ethics committee is available, a statement indicating that the research was conducted according to the principles of the Declaration of Helsinki should be included
- Information on the selection and description of participants should define how authors measured race or ethnicity and justify their relevance
- **Results**
  - Numeric results should be given not only as derivatives (e.g., percentages) but also as the absolute numbers from which the derivatives were calculated
  - Statistical significance of results should be specified, if any
- **Discussion**
  - Authors should distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses
  - Authors should avoid claiming priority or alluding to work that has not been completed
- **Conclusions**
- **Summary points**
- **References**
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Ethical conduct of research statement**
- **Data sharing statement** (for studies reporting the original results of a clinical trial or the secondary analysis of clinical trial data only)
- **Figures/Tables**
  - There are no strict limits on the number allowed (we prefer these to be included as needed to represent the data appropriately); however, in some cases where there is a high number of figures/tables (generally >8 Figures/Tables combined) the Editor will recommend that some are included as online-only supplementary materials
  - Should be submitted as separate files (see guidelines [below](#))

## Methodology

Methodology articles should provide an overview of a novel study method, test or procedure. The method described may be either completely novel or may offer a demonstrable improvement on an existing method. The significance and potential implications of the developments must be explicit.

**Word limit:** 4000–8000 words (excluding abstract, summary points, references and figure/table legends)

**Required sections:** Article sections may vary depending on the type of method being presented. At a minimum, the article should include (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)

- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Introduction**
- **Methods**
  - This section will vary depending on the type of work being presented; however, in general, this section will include a general description of the method and its validation. Enough detail should be provided for the independent recreation of the method. Appropriate subheadings should be included.
- **Discussion and conclusions**
- **Summary points**
- **References**
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Ethical conduct of research statement**
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

## Meta-Analysis

Meta-Analyses use statistical methods to combine data from multiple, systematically selected studies. Meta-Analyses undergo external peer review.

Authors of Meta-Analyses **must** provide a supporting Cover Letter on submission briefly detailing:

- Relevance to the journal’s audience
- Objectives of the analysis (including the question the analysis intends to address)
- How the analysis advances understanding of the field

Meta-Analyses should be conducted following the recommendations of PRISMA (<https://prisma-statement.org/>). A summary of required sections is provided below, but further information on these should be taken from the PRISMA checklist. **In addition, a completed PRISMA checklist should be provided as Supplementary Materials on submission of the article.**

**Word limit:** 4000–8000 words (excluding abstract, summary points, references and figure/table legends)

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters) – should identify the work as a Meta-Analysis
- **Author(s) names & affiliations**
- **Structured abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Introduction:** including review rationale and the question being addressed (with reference to participants, interventions, comparisons, outcomes and study design [PICOS])
- **Methods**

- **Results**
- **Discussion**
- **Conclusions**
- **Summary points**
- **References** (number as appropriate based on literature search)
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Supplementary materials:** A completed PRISMA checklist (<https://prisma-statement.org/>) should be included for publication alongside the Systematic Review
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

### Case Study/Case Series

Case Studies/Series present a notable medical case or series of related cases of interest and aim to further the reader's understanding of the issues relating to such situations. Case study/series articles undergo external peer review. **Please note:** The journals *Future Oncology* and *Nanomedicine* do not consider Case Studies/Series.

**Word limit:** 1500–3000 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Body of the article.** A suggested structure could be:
  - Presentation of case – setting and patient details/history
  - Initial diagnosis/assessment
  - Treatment/management
  - Outcome and implications
- **Discussion/conclusion**
- **Summary points**
- **References**
- **Reference annotations**
- **Author contributions:** brief summary of the contribution of each individual meeting the [criteria](#) to be listed as an author on the manuscript
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Ethical conduct of research statement**
- **Figures/Tables:** should be submitted as separate files (see guidelines [below](#))

## Plain Language Summary of Publication articles

Separate author guidelines for the submission of these article types are available. Please [contact us](#) to request a copy.

For more information on plain language options in Future Science Group journals, please see [below](#).

## Added-value articles

All Future Medicine journals consider a range of shorter, added-value article types. The purpose of these articles is to provide readers with commentary, opinion and correspondence on topics of relevance to the journal scope. These articles are often invited by the Editor; however unsolicited article proposals are also welcome.

## White Paper

White Papers are authoritative reports that bring together the opinions and current thinking of leading stakeholders or recognized experts. They may offer recommendations, outline proposals and aim to set out current ‘consensuses’ related to an issue. The issue under discussion should be of immediate importance to the advancement of the field. White Papers may undergo external peer review and will be accepted at the discretion of the Editor.

**Word limit:** 1500–3000 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Plain language summary** (optional; maximum 250 words)
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Body of the article**
- **Discussion/conclusion**
- **Summary points**
- **References:** approximately 50 references or fewer
- **Reference annotations**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information

## Editorial

Editorials are short articles that provide an insight into, or snapshot of issues of topical importance to the journal’s target audience or researchers and other professionals. The intention is that the article should offer an expert perspective on a topic of recent interest. More detailed discussions can take the form of Commentary articles. Invited Editorial articles undergo internal review; unsolicited Editorials will undergo external peer review at the Editor’s discretion.

**Word limit:** 1500 words maximum (excluding keywords and references).

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Tweetable abstract** (optional; ~200 characters)

- **Keywords** (5–10)
- **Body of article**
- **References:** A maximum of **20 references** are permitted
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Please note:** No figures, tables or boxes are permitted in editorials

### Commentary

Commentaries are short articles that are similar to Editorials yet provide a more detailed discussion of a topic. Invited Commentary articles undergo internal review; unsolicited Commentaries will undergo external peer review at the Editor's discretion.

**Word limit:** 1500–3000 words (excluding keywords and references).

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Tweetable abstract** (optional; ~200 characters)
- **Keywords** (5–10)
- **Body of article**
- **References:** A maximum of **20 references** are permitted
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Please note:** No figures, tables or boxes are permitted in Commentaries

### Interview

Interviews are conducted with key thought leaders in the field and can include a look back over their career and achievements to date, a discussion on their current research, and their thoughts and observations on the field as a whole. Individuals are invited to take part in an Interview, either verbal or written, at the Editor's discretion, and the contents of the interview undergo internal review. The opinions expressed in an Interview are those of the Interviewee, and do not necessarily reflect the views of Future Medicine. Interviewees are asked to include relevant disclosures in the published interview, including financial and/or conflict-of-interest statements.

**Word limit:** 1500 words

**Required sections:**

- **Title** (maximum 120 characters)
- **Interviewee name & affiliation**
- **Summary/biographical paragraph**
- **Series of questions for discussion** (provided by the Journal Editor)
- **Response from the author to each point**
- **Additional reference sources for the interested reader**
- **Disclosures**

## Priority Paper Evaluation

Priority paper evaluations review significant, recently published original research articles carefully selected and assessed by specialists in the field (not a paper from the author's own group). The original research detailed in the chosen paper is discussed with the aim of keeping readers informed of the most promising discoveries/breakthroughs relevant to the subject of the journal through review and comment from experts. Priority Paper Evaluations are intended to extend and expand on the information presented in the original publication, putting it in context and explaining why it is of importance. The ideal article will provide both a critical evaluation and the author's opinion on the quality and novelty of the information disclosed.

Invited Priority Paper Evaluations articles undergo internal review; unsolicited Priority paper evaluations will undergo external peer review at the Editor's discretion.

**Word limit:** 1500 words maximum (excluding abstract, keywords and references).

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Keywords** (5–10)
- **Summary of methods and results**
- **Discussion**
- **Future perspective**
- **Executive summary OR Practice points** (see the '[at-a-glance formatting checklist](#)' for which is required for your chosen journal)
- **References:** a maximum of **20 references** are permitted in priority paper evaluations
- **Reference annotations**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Figures/tables:** if necessary, only **one of each** is permitted, which should be submitted as separate files

## Research Highlights

Research Highlights discuss a number of recent original research papers, summarizing and commenting on each paper to give readers a real sense of the cutting edge of research in the field. Invited Research highlights articles undergo internal review; unsolicited Research highlights will undergo external peer review at the Editor's discretion.

**Word limit:** 3–4 brief summaries on recent research of 200–500 words each (excluding references).

**Required sections:**

- **Citation of original research paper**
- **Summary paragraph**
- **References:** A maximum of **20 references** are permitted
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Please note:** No figures, tables or boxes are permitted in Research Highlights

## Conference Report

Conference Reports summarize the most important research presented at a recent relevant meeting or event. It is not usually feasible to attempt comprehensive coverage of the conference; authors should therefore focus on those presentations that are most topical, interesting or thought-provoking. Invited Conference Report articles undergo internal review; unsolicited Conference Reports will undergo external peer review at the Editor's discretion.

**Word limit:** 1500 words maximum (excluding abstract, conference details and references).

### Required sections:

- **Title** (maximum 120 characters)
- **Conference details** (title, date, location)
- **Abstract/overview of meeting** (120 words maximum)
- **Body of article**
- **References:** a maximum of **20 references** are permitted
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **Please note:** No figures, tables or boxes are permitted in Conference Reports

## Company/Institutional Profile

Company Profiles and Institutional Profiles allow representatives from a particular organization to describe the work currently being carried out by their team, relevant to the field of the journal in question. This can include pharmaceutical and biotechnology companies, or academic institutes/departments and government organizations.

These reports are intended to provide an insight into the history and strategy of a company/institution, and profile its capabilities, advanced technologies and future potential. Individuals are invited to write a Company or Institutional Profile at the Editor's discretion, and the contents of the piece undergo internal review.

**Word limit:** 2000 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- **Title** (maximum 120 characters)
- **Author(s) names & affiliations**
- **Abstract** (maximum 120 words)
- **Keywords** (5–10)
- **Introduction:** brief factual account of the history and strategy of the company including background information e.g., the year the company was founded, number of employees etc.
- **Body of article**
- **Summary points**
- **Acknowledgements:** author acknowledgements, plus, where relevant, details of individuals who contributed to the article, but who did not fulfill the [criteria](#) to be listed as authors
- **Disclosures:** to include funding information, financial and/or conflict-of-interest disclosures, disclosure of any writing assistance (and the funding source for this), and any other relevant information
- **References:** a maximum of **20 references** are permitted

- **Figures/tables:** if necessary, only **one of each** is permitted, which should be submitted as separate files

### **Letter to the Editor**

Readers may submit Letters to the Editor, commenting on an article published in the journal.

**Word limit:** 1500 words

Inclusion of Letters to the Editor in the journal is at the discretion of the Editor, and they may undergo external review. All Letters to the Editor will be sent to the author of the original article, who will have 28 days to provide a **Letter in Reply** to be published alongside the Letter.

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## Article sections

The following list provides notes on the key article sections; authors should consult the '[at-a-glance formatting checklist](#)' to determine which sections are required for their submission.

### Title

Concisely and clearly conveys the scope/novelty of the article including any key words or phrases people might use to search on the topic; not more than **120 characters**. Should not include abbreviations if possible, and should avoid redundant language such as "A study of...".

### Author(s) names & affiliations

Including full name, address and e-mail. Where available, authors should also add their ORCID iD during the manuscript submission process. For more information on ORCID, see [below](#). Where patient authors are included, **an affiliation of 'Patient author' should be included** (alongside any additional affiliation desired), to facilitate discoverability on indexing services such as PubMed.

#### *Guidance on author sequence:*

Author sequence is at the authors' discretion; however, Future Medicine journals suggest following the recommendations in GPP3 Appendix Table 2 (<https://www.ismpp.org/gpp3>), whereby authors are listed either in order of the level of their contribution, or alphabetically. The corresponding author should always be indicated.

#### *Guidance on a change of affiliation during writing:*

Where an author has changed their affiliation prior to the publication of an article, the affiliation should reflect where the major part of the work was completed. Current affiliation and contact information should be listed in an acknowledgement.

#### *Authorship criteria:*

Future Medicine follows the [recommendations of the ICMJE](#) as regards authorship – authorship should be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not fulfill all four criteria should be listed in the acknowledgements section.

Future Science Group is supportive of diverse authorship groups and collaboration. We support the ICMJE recommendations that **individuals who meet the first authorship criterion should be given the opportunity to meet the other criteria wherever possible**, and encourage collaboration and co-authorship with colleagues in the locations where the research is conducted.

#### *Fair accreditation of authorship:*

Future Science Group Editors will endeavor to identify papers during the submission process where authorship/contributorship has not been appropriately designated, or that might fall into the category of '[helicopter science](#)', and raise the matter with the submitting author accordingly. In addition, we encourage readers who have concerns on this issue to contact the Journal Editor (via the 'Email us' link on each journal homepage).

### ***Patient authorship:***

Future Science Group is supportive of the inclusion of patients in all stages of research, including in the authorship of papers. Patient authors can include:

- **A person who lives with or is affected by a disease or condition** (i.e., a broad definition of patient that includes those with lived conditions or receiving health or social care, caregivers, family members and members of patient advocacy groups who represent them)
- **A person who provides unique and valuable input from the patient perspective to the publication.**
- **A person who meets all the criteria required for authorship, as listed above.** Authors are encouraged to refer to [this tool](#), which highlights how each of the four criteria above can be interpreted from the patient author perspective.

Further useful information for patient authors can be found in the **WeCan training module on “[Patients in Publications](#)”**.

### ***Group authorship:***

When a group name is included as an author (e.g., the XYZ Study Group), the respective group member names should be listed in the acknowledgements section. In relevant Medline/PubMed-indexed journals, these individuals are acknowledged as contributors to the article. The submitting author/agent should therefore ensure that group member names are included in full, are spelled correctly, and appear in the order they wish them to be listed on Medline/PubMed. More guidance from Medline can be found here: <https://www.nlm.nih.gov/bsd/policy/authorship.html>.

### ***Changes to authorship:***

Should a change to authorship be required either before or after article publication, this should be brought to the attention of the Journal Editor. This will then be investigated, and corrections made if deemed appropriate by the Editor and with the agreement of all authors involved (including those being added/removed).

## **Abstract**

Not more than **120 words**; no references should be cited in the abstract. The abstract should highlight the importance of the field under discussion within the journal’s scope, and clearly define the parameters of the article.

## **Structured abstract (for article types where this is specified e.g., Research Article)**

Not more than **120 words**, broken down into Aims, Patients & Methods/Materials & Methods, Results and Conclusions. For authors presenting the results of clinical trials, the guidelines recommended by [CONSORT](#) should be followed when writing the abstract, and the clinical trial registration number included at the end of the abstract, where available.

**Data deposition:** where data have been deposited in a public repository, authors should state at the end of the abstract the data set name, repository name and number.

## **Plain Language Summary (within article)**

Plain Language Summaries (PLS) within an article are a short, text-only summary of the article with any technical jargon removed. PLS should be of a similar length to a regular abstract or shorter (no more than 250 words) and are featured within an article alongside the main abstract (and on PubMed, for journals that are indexed there). PLS are peer reviewed, and wherever possible should be submitted at the same time as the manuscript.

We recommend structuring the PLS as a series of questions, such as:

- What is this article about?
- What were the results?
- What do the results of the study mean?

**Example:**

**What is this summary about?:** Sodium oxybate is a medicine for narcolepsy symptoms. It contains a high level of sodium. Should people taking sodium oxybate and their doctors worry about the sodium increasing their risk of heart or cardiovascular problems? This is a summary of an article that reviewed 20 years of published data to answer that question.

**What were the results?:** We found that sodium oxybate was not linked to cardiovascular risks, such as heart attacks or strokes.

**What do the results mean?:** This suggests that the sodium in sodium oxybate may not add cardiovascular risk for people with narcolepsy. People currently taking sodium oxybate should talk to their doctor to ask if they need to be concerned about the sodium in their medicine. People who take sodium oxybate are unlikely to need to change their sodium oxybate medicine because of the sodium.

For links to some useful resources when writing PLS, see [below](#).

### Tweetable abstract

A tweetable abstract is a short summary of your article used to share it on Twitter, helping a wider audience discover your work. Tweetable abstracts are included in the article publication and can be shared directly on Twitter via the 'Click to Tweet' feature on the article page. Authors are encouraged to provide a tweetable abstract during submission summarizing the key findings from the article and including any relevant hashtags. Tweets can be up to a maximum of 240 characters, however we recommend ~200 characters for a tweetable abstract (shorter tweets generally receive [better engagement](#)).

**Please note:** The tweetable abstract field is compulsory on our submission sites; if you do not wish to include one, please type "Not applicable" in this section instead.

### Keywords

Up to ten keywords (minimum of three), including therapeutic area, mechanism(s) of action etc., plus names of drugs and compounds mentioned in the text.

### Body of the article

Article content should be arranged under relevant headings and subheadings to assist the reader.

### Future perspective

The author is challenged to include speculative viewpoint on how the field will have evolved 5–10 years from the point at which the article was written.

### Executive summary OR Practice points

**Executive summary:** A series of bulleted summary points that illustrate the main topics or conclusions made under each of the main headings of the article as subheadings.

**Example:****Executive summary****Typical wearable devices with applications in health**

- A broad range of consumer, clinical and research-grade wearable sensors exist today that are already revolutionizing the healthcare landscape.

**Wearable devices used for general health management**

- Wearable sensors are currently being used to improve care both inside and outside of the hospital.

**Wearable biosensors revolutionizing specific fields of healthcare outside of the hospital & clinic**

- Ambulatory, remote monitoring using wearable sensors is being used for longitudinally tracking conditions related to metabolic, cardiovascular and gastrointestinal disorders; sleep, neurology, movement disorders and mental health; maternal, pre- and neo-natal care; and pulmonary health and environmental exposures.

**Challenges & future directions**

- Many technical and regulatory hurdles remain, that when addressed, will improve the adoption of wearable sensors for healthcare.

**Practice points:** A series of 6–10 bulleted points outlining methods of diagnosis and clinical treatment options – the key points for a clinician to bear in mind when presented with a situation of this type in their day-to-day practice (**Please note:** for authors writing reviews describing lab research rather than clinical topics, a bulleted summary list of the main points of the article should be included in place of the practice points).

**Example:****Practice points**

- There are four key stages in the transition from relapsing-remitting multiple sclerosis to secondary-progressive multiple sclerosis (SPMS): recognizing the early signs associated with transition, establishing a diagnosis of SPMS, developing a management plan and disease monitoring.
- The transition to SPMS typically invokes strong emotional responses that are unique to each patient.
- Most patients and caregivers wish to be informed and educated through these stages.
- Therapeutic agents specifically approved for the management of SPMS patients are needed.
- Nurses/nurse practitioners and other allied healthcare professionals are essential at all stages of disease progression. This interdisciplinary team can assist with patient education, support and nonpharmacological management.

**Summary points (for article types where this is specified e.g., Research Article)**

8–10 bullet point sentences highlighting the key points of the article.

**Example:****Summary points**

- Previously, the real-world observational GioTag study indicated that sequential use of afatinib and osimertinib warranted further assessment as a treatment strategy in patients with *EGFR* mutation-positive non-small-cell lung cancer; however, overall survival (OS) data were immature.
- In this updated analysis, median OS was 41.3 months (90% CI: 36.8–46.3) and 2-year OS rate was 80%.
- In patients with an *EGFR* Del19 mutation at the onset of treatment with afatinib, median OS was 45.7 months (90% CI: 45.3–51.5) and 2-year OS rate was 82%.
- Overall, the median time on *EGFR*-TKI treatment was 28.1 months (90% CI: 26.8–30.3).
- Median time on osimertinib treatment was 15.6 months (90% CI: 13.8–17.1) indicating that substantial clinical benefit with osimertinib can be achieved in a second-line setting following afatinib.
- These data, along with high rate of accrual of T790M in patients treated with afatinib, especially in patients with Del19-positive disease, indicate that sequential afatinib followed by osimertinib is potentially a feasible therapeutic strategy.
- Prospective data are required to evaluate the OS of patients treated with different *EGFR*-TKIs, and sequential regimens, in patients with *EGFR* mutation-positive non-small-cell lung cancer.

## Author contributions (for article types where this is specified e.g., Research Article)

Brief summary of the contribution of each individual meeting the [criteria](#) to be listed as an author on the manuscript. For example: “Author X was responsible for study conception and design; authors X and Y were responsible for acquisition of data; authors X, Y and Z were responsible for data analysis, and drafting and revision of the manuscript.”

## Acknowledgements

Author acknowledgements, plus, where relevant, details of individuals who contributed to the article, such as study group members, or those who contributed but who did not fulfill the [criteria](#) to be listed as authors.

## Disclosures

For more information, see [Disclosures](#). Should include:

- **Financial and conflict of interest disclosures** (or lack of), including:
  - Disclosure of financial support for the current work
  - Author conflict of interest disclosures
  - Writing assistance disclosure, along with any sources of funding for such assistance
- **Ethical conduct of research disclosure** (where relevant)
- **Data sharing statement** (where relevant)

For an example financial and conflict of interest disclosure, see [here](#).

For an example ethical disclosure, see [here](#).

For example data sharing statements, see [here](#).

## ORCID

Future Science Group is pleased to be a Member Organization of ORCID, the Open Researcher and Contributor ID, underlining our commitment to transparency and discoverability for our authors:

<https://www.futuremedicine.com/orcid>

**Please note:** ORCID resources in many languages (including Spanish, Portuguese, Chinese and Arabic, amongst others) can be found here: <https://info.orcid.org/outreach-resources/>

### What is ORCID?

ORCID provides researchers with a unique identifier – an ORCID iD – plus a mechanism for linking their research outputs and activities to their ORCID iD.

An ORCID iD is a unique and persistent digital identifier that ensures your work is correctly associated with you, regardless of whether your name is similar to (or the same as!) another individual, or if your name changes.

ORCID is integrated into many systems used by publishers, funders, institutions and other research-related services.

### Why register?

Your ORCID iD:

- Distinguishes you and ensures your research outputs and activities are correctly attributed to you
- Reliably and easily connects you with your contributions and affiliations
- Reduces form-filling: you enter data once, have it reused often
- Improves recognition and discoverability for you and your research outputs
- Is interoperable: it works with many institutions, funders, and publishers
- Is persistent: you can use it throughout your research career

Watch “Why ORCID?” to learn more: <https://vimeo.com/237730655>

### Connect your ORCID iD to Future Science Group

Future Science Group’s submission system, ScholarOne, supports ORCID, giving you the option to include an ORCID iD when you submit a manuscript to us.

If you already have an ORCID iD, simply associate this when creating your account on ScholarOne. Alternatively, if you have yet to register for an ORCID iD, click the appropriate link to create one:

Create an Account

1 E-Mail / Name

2 Address

3 User ID & Password

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**ORCID®**

Select the appropriate option below to associate an ORCID iD to your account.

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[Associate your existing ORCID iD](#)

*Open Researcher and Contributor ID (ORCID) is a non-profit organization dedicated to solving the long-standing name ambiguity problem in scholarly communication by creating a central registry of unique identifiers for individual researchers and an open, transparent linking mechanism between ORCID and other current author identifier schemes. To learn more about ORCID, please visit <http://orcid.org/content/initiative>.*

By providing an ORCID iD during the submission process, it can then be incorporated by the journal into your accepted article's metadata, ensuring your work is appropriately attributed to you and that your ORCID record is updated accordingly.

Your ORCID iD will also be published within the article so that readers can link to your public ORCID profile, and from there to your other work.

### ORCID iD and your co-authors

Submitting authors/agents and the Journal Editor are unable to add ORCID iDs to a co-author's account – only the individual themselves can do so. However, all authors are provided with information on how to do this during the manuscript submission process, and if added prior to article acceptance their ORCID iD will also be published within the article.

Learn more about ORCID at <https://orcid.org/help>

### Author contributions

[CRediT](#) (Contributor Roles Taxonomy) statements can be provided on the Title Page during the submission process and should correctly list the contributions of each author made to the manuscript. This statement will be published in the article. Please refer to the Author Disclosure Form for our authorship criteria. Below is a list of the terms with their definitions that can be used in Author Contributions section. This information was taken from [CRediT – Contributor Roles Taxonomy \(niso.org\)](#).

- Conceptualization: Ideas; formulation or evolution of overarching research goals and aims
- Data curation: Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later re-use
- Formal Analysis: Application of statistical, mathematical, computational, or other formal techniques to analyse or synthesize study data
- Funding acquisition: Acquisition of the financial support for the project leading to this publication
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### Meeting abstract example:

Smith AB, Jones CD. Recent progress in the pharmacotherapy of diseases of the lower urinary tract. Presented at: *13th International Symposium on Medicinal Chemistry*. Atlanta, GA, USA, 28 November–2 December 1994.

### Patent example:

Merck Frosst Canada, Inc. WO9714691 (1997).

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US Food and Drug Association. [www.fda.gov](http://www.fda.gov) (Accessed: 16 March 2022).

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American Cancer Society. Cancer Facts and Figures 2015 (2015). Available at: [www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2015/index](http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2015/index) (Accessed: 16 March 2022).

Milenkovic M, Russo CA, Elixhauser A. Hospital stays for prostate cancer, 2004. HCUP Statistical Brief #30. Agency for Healthcare Research and Quality, MD, USA (2007). Available at: [www.hcup-us.ahrq.gov/reports/statbriefs/sb30.pdf](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb30.pdf) (Accessed: 16 March 2022).

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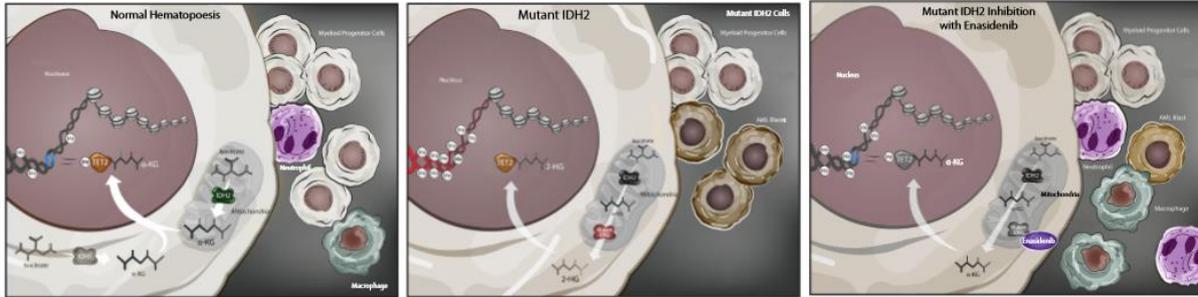
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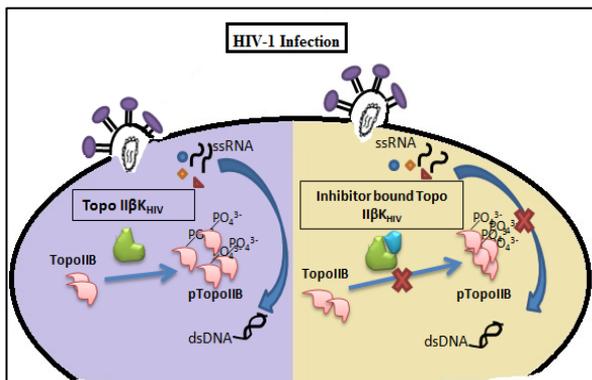


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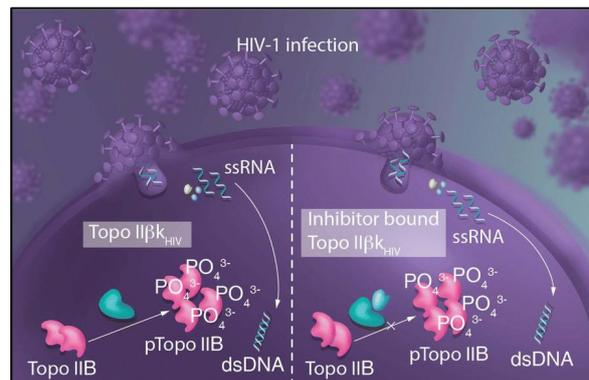
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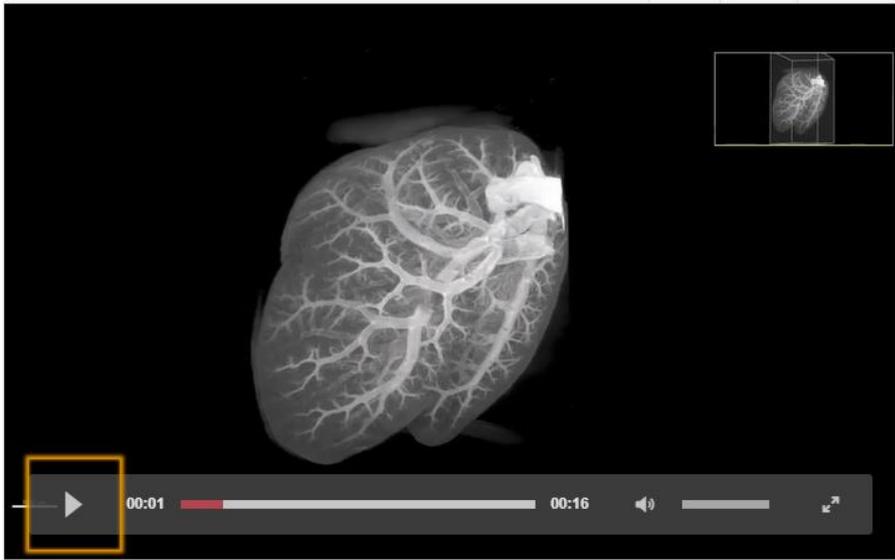
Supplemental Material

supplementary\_text.docx (18 KB)

supplementary\_video.mp4 (10 MB)

**Wholemout mouse lungs with heart attached were cleared by modified iDISCO and imaged by light-sheet microscopy. Imaris software was utilized for 3D rendering.**

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## Supplementary videos

Our articles can be supported by videos online, including mechanism of action videos, videos of procedures, etc.

Videos are freely available to all readers and featured alongside the article abstract as supplemental files within the Details section (as in the example below). Videos are shared via social media (across Twitter, LinkedIn and Facebook) and can also be made available via the Future Science Group YouTube channel.

The screenshot displays a web page from Future Medicine. At the top, the logo 'Future Medicine' is visible, along with navigation links for 'JOURNALS', 'BOOKS', 'ABOUT US', and 'CONTACT US'. The article title is 'Individualized ablation strategy guided by live simultaneous global mapping to treat persistent atrial fibrillation' by Rui Shi, Mark Norman, Zhong Chen & Tom Wong. The article is published online on 14 Feb 2018. The main text discusses atrial fibrillation (AF) and catheter ablation. On the right side, there is a 'Details' section containing three video thumbnails: 'Video 1: LA anatomy con...', 'Video 2: The workflow of ...', and 'Video 3: The relationship...'. The page also includes a 'View Article' button and social sharing options.

The copyright for any videos provided by the author will remain with the author. The author will grant Future Medicine a license to publish the video, in accordance with the terms of the Copyright Assignment Form.

Please let the Journal Editor know that you are interested in using a video alongside your article.

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## Units of measurement

Measurements of length, height, weight and volume should be reported in metric units (meter, kilogram or liter) or their decimal multiples.

Temperatures should be in degrees Celsius.

Blood pressures should be in millimeters of mercury.

Any other units should be reported using the International System of Units (SI) where possible.

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## Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results.

When possible, appropriate indicators of measurement error or uncertainty (such as confidence intervals) should be included.

Please define any statistical terms, abbreviations and symbols used.

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## Abbreviations

There is no need to include a separate abbreviations section in the manuscript. Instead, please define any abbreviations the first time they are used within the abstract, manuscript body, and figure/table legends, as appropriate.

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## Product brand names

- Product brand names should not appear in the Title or Summary.
- Ideally brand names should only be used once in the main paper, in parentheses following the first mention of the generic name (please give both EU and US brand names where appropriate). The generic name should then be used thereafter.
- Brand names should include a superscript copyright/trademark/registered trademark symbol as appropriate on their first mention in each section of the manuscript (abstract/body of the text/executive summary/figure footnote/table footnote).
  - It is not necessary to include a copyright/trademark/registered trademark symbol for subsequent mentions.
- When referring to a lead compound (or compounds claimed in patents) for the first time, please ensure that the name of the relevant company is given in the text.

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### Enago

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Editing services include:

- Language check
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For the journal *Biomarkers in Medicine*, Future Medicine partners with Charlesworth Author Services to provide editorial support, including English-language editing.

For more information on this service, please click [here](#).

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## Submission

All our journals welcome unsolicited proposals for articles. Please send a pre-submission email to the Journal Editor outlining the scope of the paper you wish to submit before formally submitting your article via our online submission system. Please ensure that solicited manuscripts are submitted on or before the agreed deadline. If a manuscript requires authorization by your organization before submission, please remember to take this into account when working towards these deadlines.

First draft submission should be made via our [online submission system](#) in the first instance. Guidelines to using the system can also be found on this page. If possible, manuscripts should be submitted in .docx format. However, we can convert most word-processing packages.

**File size:** Total files uploaded to the journal site cannot exceed 100MB. If you have files exceeding this limit, or have any difficulty uploading your files, please contact the Journal Editor for assistance.

To help with the speed of processing of an article, authors should ensure that their article has been edited for language and grammar by a fluent English speaker prior to submission.

## Submitting agents

Any third party (such as a medical writer or assistant) can submit via ScholarOne Manuscripts as a Submitting Agent. A “Guide to Article Submission for Submitting Agents” is available [here](#).

## Copyright assignment

Future Medicine journals have different publishing options, depending on the title you are publishing in. Our subscription journals are ‘hybrid’ – articles are published behind a paywall as standard (accessible to journal subscribers and those who choose to pay a one-off fee to access the article), but authors also have the option to pay a fee to publish their article open access (making them freely available for all readers to access). Other journals are fully open access, with all articles requiring the payment of the open access fee on acceptance for publication. To find out what options are available for your chosen journal, see the table of information [above](#). For more information on Open Access publication, see [below](#).

## Transfer of copyright

For authors publishing via the standard, non-Open Access route, copyright of the article is transferred to the journal. However, the author retains certain rights to re-use the content in future. For further details on this, please read the details in the Copyright Assignment Form, available [here](#).

## Required forms

These documents should be completed and submitted alongside article submissions as appropriate.

### Compulsory:

- **Author Disclosure Forms** – required for **all** submissions. These are available [on our website](#). **PLEASE NOTE:** Only one disclosure form is required per submission. One author (e.g., the submitting or corresponding author) should complete the form on behalf of all co-authors.
- **EITHER: Copyright Assignment Form** – required if the open access option is not being taken. For articles where copyright is to be assigned to the journal, please complete the Copyright Assignment Form available [on our website](#).  
**OR: Open Access Form** – required if the open access option is being taken. For authors wishing to publish their article open access, a copyright form is not required. Please see the [‘Open Access’](#) section below for details on this option, and for the [open access form required](#).

**PLEASE NOTE:** Either a copyright form or an open access form will be required for an article to be published, which **must include a signature** (either signed by hand and scanned or including a valid e-signature, e.g., see [here](#)).

**Optional:**

- **Accelerated Publication Form** – required if the accelerated publication option is being taken. For authors opting to use the Accelerated Publication service, please complete the form available [on our website](#). For more information on this option, see [below](#).

## Initial quality review

Once the manuscript has been received in-house, it will undergo initial internal quality review by the Journal Editor. In all cases this will include checking:

- The article is within scope for the journal and relevant to its audience.
- The novelty of the work, including screening with plagiarism detection software.
- The clarity of presentation.
- That, for original research submissions, appropriate institutional review board approval has been obtained and is described within the article; and for investigations involving human subjects, informed consent has been obtained from the participants involved and an explanation of how this was obtained is included in the manuscript.

Each journal will also have specific criteria the Journal Editor will assess against to decide which articles will proceed to peer review. These vary by journal, but include criteria such as topicality, study sample size, etc.

## Peer review

Articles deemed suitable for consideration following the above quality review will then proceed to external double-anonymized peer review (dependent on article type – for more details, see our [Editorial policies](#) on ‘External peer review’). Please note, double-anonymized peer review cannot be guaranteed where a paper has been previously posted to a preprint server.

This usually takes around 4 weeks, although an [Accelerated Publication](#) option is also available. Please provide a list of suitable peer reviewers with your initial submission.

## Revision

After peer review is complete, a further 2 weeks is allowed for any revisions (suggested by the reviewers/Editor) to be made.

## In-house production

Accepted manuscripts will undergo production in-house. This will involve type-setting, copy-editing, proof-reading and re-drawing of any graphics. Authors will receive proofs of their article for approval and sign off.

Please note that once the author receives the copy of their article for approval, our production department will need to hear from them within a tight deadline to ensure the issue is published on schedule. If you believe you may be away and unable to check the galley proofs at any point, please let the Journal Editor know.

## Production process:

- Manuscript accepted by Journal Editor, and sent to the Production team
- Manuscript is typeset, figures/tables formatted, and house styles applied

- Manuscript is imported into the PXE Digital Publishing Platform (see: <http://powerxeditor.aptaracorp.com/>), and copyedited
- **Author receives an email with information on how to access their article on the PXE platform (please be vigilant in case the email goes into your junk email folder). They are asked to:**
  - Answer any queries highlighted by the Production Editor
  - Conduct any final minor edits to the text that they wish to make
  - Sign the article back over to the Production Editor
  - The FSG Production Editor will look over their edits, **add in any figures that are pending** and return the proof to the author for approval.
- This process may be repeated, until all the Production Editor's queries have been addressed
- The Production Editor then creates a final PDF of the article from the PXE platform, and conducts any final edits to the layout etc. – at this point the article content and layout is finalized
- XML files of the final article are produced
- Article is published online, in the journal's 'Ahead of print' section
- Once all the articles for a journal issue are complete, they are compiled into the final journal issue and assigned page numbers

## Accelerated publication option

Our fee-based accelerated publication option provides publication of accepted articles online ahead of the print issues, within 6 weeks of submission (subject to receiving a signed Accelerated Publication Agreement form on the day of submission, and acceptance following peer-review and article revisions). **If you are interested in this option, you can see a quote for the option during the manuscript submission process, and can select this option on submission if you would like to proceed.**

Accelerated publication fees are as follows:

Journal	Accelerated publication fee
<ul style="list-style-type: none"> <li>▪ Biomarkers in Medicine</li> <li>▪ Epigenomics</li> <li>▪ Future Microbiology</li> <li>▪ Future Oncology</li> <li>▪ Immunotherapy</li> <li>▪ Journal of Comparative Effectiveness Research</li> <li>▪ Nanomedicine</li> <li>▪ Pharmacogenomics</li> <li>▪ Regenerative Medicine</li> </ul>	\$3900*#
<ul style="list-style-type: none"> <li>▪ Future Cardiology</li> <li>▪ Future Virology</li> <li>▪ Journal of 3D Printing in Medicine</li> <li>▪ Neurodegenerative Disease Management</li> <li>▪ Pain Management</li> <li>▪ Personalized Medicine</li> </ul>	\$3100*#
<b>Open access journals</b> <ul style="list-style-type: none"> <li>▪ Breast Cancer Management</li> <li>▪ CNS Oncology</li> <li>▪ Colorectal Cancer</li> <li>▪ Concussion</li> <li>▪ Future Neurology</li> <li>▪ Future Rare Diseases</li> <li>▪ Hepatic Oncology</li> <li>▪ International Journal of Endocrine Oncology</li> <li>▪ International Journal of Hematologic Oncology</li> <li>▪ Lung Cancer Management</li> <li>▪ Melanoma Management</li> </ul>	\$1600*
*Plus VAT where applicable.	
#Discounts are available for authors choosing both the Open Access and Accelerated Publication options.	

The journals use a third party payment system, managed by Rightslink. Authors will receive an email at acceptance detailing how to pay their fees. Payers may pay in USD, GBP or Euros, by credit card or invoice. **Authors should follow the instructions in the email and on Rightslink, or forward the email to the individual responsible for payment of the fee to complete.**

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## Open access

Future Science Group journals have different publishing options, depending on the title you are publishing in. Some journals are 'hybrid' – articles are published behind a paywall as standard (accessible to journal subscribers and those who choose to pay a one-off fee to access the article), but authors also have the option to pay a fee to publish their article open access (making them freely available for all readers to access). Other journals are fully open access, with all articles requiring the payment of the open access fee on acceptance for publication. To find out what options are available for your chosen journal, see the table of information [above](#).

## Subscription journal green & gold open access options

### Green (delayed) open access

Authors who wish to use a green route to open access should refer to our [self-archiving policy](#). Future Medicine journals conform to most green open access mandates. Authors who are unsure of the route, should contact our open access helpdesk via [email](#).

### Gold (immediate) open access

Should you wish to opt for gold open access publication within an FSG hybrid journal, you can do so by paying an article processing charge (APC). See the 'Article processing charges' section for current information on APCs for the various journals. The forms that you will need to complete can be found in the 'Required forms' section.

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### Discounts on APCs in hybrid journals

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All articles are subject to our standard peer-review process and will be accepted or rejected based on their own merit.

### Fully open access journals

Future Science Group offers a range of fully 'gold' open access journals. These journals are free to read online, and thus are not supported by subscriptions. As a result, they levy APCs to support publication of the journals. See the '[Article processing charges](#)' section for current information on APCs for the various journals. The forms that you will need to complete can be found in the '[Required open access forms](#)' section. No submission charges are applicable for these journals.

*Future Science OA* and *Concussion* publish articles using a default CC-BY license, and our other open access titles publish articles using a CC BY-NC-ND license. CC-BY licenses are used by all journals where the article is affected by a funder or institutional mandate.

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Authors who are based at an institute with a Read & Publish agreement will not be charged APCs (read more below). Authors based in countries (or who have received their funding from countries) in Group A or Group B of the Research4Life list (<https://www.research4life.org/access/eligibility/>) are eligible to apply for a 100% discount on article processing charges. Authors who believe they are eligible for a waiver should request this when submitting their article to the relevant journal, and should provide the journal editor with details of their affiliation or funding source as appropriate (including whether the funding body has policies related to mandatory open access publication). Such discounts cannot be used in conjunction with any other offer, nor can they be requested once the manuscript has been entered into the peer review process.

All articles are subject to our standard peer-review process and will be accepted or rejected based on their own merit.

## Read & Publish agreements

Future Science Group is supportive of open access and has Read & Publish agreements in place with a number of institutions. These agreements come into place for manuscripts accepted from the 1st January 2021.

### What does this mean for you?

- Your APCs are covered if the corresponding author's primary affiliation is one of our member institutions.
- Please note that some Read and Publish deals only apply to hybrid journals. To check your institution's eligibility, please see [Read & Publish](#) and check with your library.
- Your article will be published using either a CC BY or a CC BY NC ND license depending on the agreement with your institution.
- You should note that extras are not included – if you wish to use any of our optional extras such as accelerated publication or color printing, please make sure you factor these costs in separately.
- You have institutional access to the content from all our journals.

### What should you do?

- Make sure that you and your co-authors are listed with their correct affiliations in our submission system
- Complete an open access form (see [below](#)) and upload it either at submission or revision
- When your manuscript is accepted, our payment system will allow you to check your institution is listed correctly and remove the open access fee

### Our member institutions:

- See our website [here](#) for a full list.

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## Article processing charges

**Please note:** Different Open Access fees apply for **Plain Language Summary of Publication** articles. Please [contact us](#) to find out more.

Our open access fees are as follows:

Journal	Open access fee
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Journal	Open access fee
<ul style="list-style-type: none"> <li>▪ Future Cardiology</li> <li>▪ Future Virology</li> <li>▪ Journal of 3D Printing in Medicine</li> <li>▪ Neurodegenerative Disease Management</li> <li>▪ Pain Management</li> </ul>	\$3100/\$1100*#

<ul style="list-style-type: none"> <li>▪ Personalized Medicine</li> </ul>	
<b>Open access journals</b>	<b>Open access fee</b>
<ul style="list-style-type: none"> <li>▪ Breast Cancer Management</li> <li>▪ CNS Oncology</li> <li>▪ Colorectal Cancer</li> <li>▪ Concussion</li> <li>▪ Future Neurology</li> <li>▪ Future Rare Diseases</li> <li>▪ Hepatic Oncology</li> <li>▪ International Journal of Endocrine Oncology</li> <li>▪ International Journal of Hematologic Oncology</li> <li>▪ Lung Cancer Management</li> <li>▪ Melanoma Management</li> </ul>	\$1600/\$550*#
*Plus VAT where applicable. #Fee of \$1300/\$1100/\$550 only applies to content that is not reviewed externally as standard, e.g., editorials, commentaries and interviews.	

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The publication fee is charged on acceptance of the article and payment in full should be paid within 30 days by the author or other funding body. Authors not paying by credit card may request to be invoiced in US Dollars, GBP or Euros. The source of funding for open access fees should be included in the Financial & Competing Interests Disclosure statement.

The journals use a third party payment system, managed by Rightslink. Authors will receive an email at acceptance detailing how to pay their fees. Payers may pay in USD, GBP or Euros, by credit card or invoice. **Authors should follow the instructions in the email and on Rightslink, or forward the email to the individual responsible for payment of the fee to complete.**

Please note that the fee must be received before the article is published, in order for it to be available open access immediately on publication. Authors of articles published in subscription journals are also able to make a published article open access retrospectively; if you are interested in doing so, please contact the Journal Editor.

All articles are subject to our standard peer-review process and will be accepted or rejected based on their own merit.

### Required open access forms

For authors publishing open access in any of our journals, the Open Access option form should be completed, which is available on our website [here](#). **Please note:** a different Open Access form should be completed for **Plain Language Summary of Publication** articles. Please [contact us](#) to find out more.

Where the **open access fees are to be paid by a third party**, for instance by a submitting agent supporting the author, a separate form is available, also found [here](#).

If you have a query regarding our Open Access Options please contact [Roshaine Wijayatunga](#), Head of Open Access Publishing.

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## Access tokens

### What is an access token?

An access token allows a single user to access a certain amount of content an indefinite number of times. Most commonly, this is a single article – but can be any set of content, up to and including access to all of our content. Please note that access tokens are only available to authors for non-commercial purposes. For authors or third parties wishing to host an article on a company website, please contact [reprints@futuremedicine.com](mailto:reprints@futuremedicine.com).

### Why use an access token?

An access token offers a cost-effective and time-efficient way of offering access to a targeted group of people. It allows an author to share their work with their colleagues, peers and friends effortlessly by providing them a link to directly access the article, increasing the visibility of the article and its readership.

### How does it work?

- An author should request access tokens directly through a staff member of Future Medicine, stating the article which they wish to purchase the tokens for.
- Once payment has been processed, the access tokens are immediately available for activation. The author will receive an automated e-mail that contains the details of how to share the access tokens with their colleagues, peers and friends - including suggested text which they can use as the base for any e-mail they might send.
- Each user who wishes to access the content must be provided with the activation link (contained in the e-mail the author receives) - in order to access the content, they must simply click on the link, then register (or login, if already a registered user) and the content will be available to them.
- There is no time limit within which the tokens must be activated, so there is no pressure on the author to ensure the content is accessed immediately.
- Once all the access tokens have been used, additional bundles of 50 can be purchased and the author can continue to distribute his content in the same way as described above.

### Costs

Access tokens can be purchased in bundles of 50 at a time at a cost of **\$150 per 50 tokens**, which is very cost effective compared with a single user purchasing a single pay-per-view article. Therefore, an author can share his work at a cost of only \$3 per person – with no expiry date.

## Post-publication tools

There are many ways to help increase the reach of your article; see the information below, and check out our infographic on “How to spread the word about your article” [here](#):

# How to spread the word about your article

**Consider your title and keywords carefully**

Research has suggested that shorter titles increase readership. Try to keep your title concise - imagine that a potential reader is searching through a large number of publications trying to find manuscripts of relevance to read. They're more likely to notice your article if the content is immediately clear from the title.

In addition, consider your keywords carefully. These are used to ensure your article is shown for various searches. You should therefore consider what keywords you would use to search when seeking articles in this topic area, and ensure you use those. You should also ensure your title and abstract include these keywords.

**Enhance your article**

A video is worth 8 million words whilst pictures tell a thousand words. Both grab a reader's attention and encourage audiences to read the full article. Why not submit a video or graphical abstract alongside your article? Wondering where or how to start? We can help, and offer a number of resources for authors.

More details on the assistance we can provide can be found at: [www.futuremedicine.com/authorguide/preparingyourarticle](http://www.futuremedicine.com/authorguide/preparingyourarticle)

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Opening your article up to online discussion is a great way to increase its impact and see what your peers are saying, so why not blog about it? There are a number of places you can do this online, and FSG publishes a range of free-to-use websites on which you can do this, covering bioanalysis, oncology, regenerative medicine, neurology, drug discovery, and more. In addition, why not write an accompanying Editorial? If you would like to submit an accompanying Editorial for your work, please get in touch with the journal Editor.

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Depending on how you have published your article, and in which journal, you can share your work in a variety of ways - see our website for more information: [www.futuremedicine.com/authorguide/archivesharearticle](http://www.futuremedicine.com/authorguide/archivesharearticle)

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If you want to post about your article yourself, make sure you use hashtags, as this improves searches for your tweet. For example, if your article discusses something oncology based, ensure you include #oncology in your tweet.

All conversations surrounding articles are measured and can be viewed via the Altmetric score displayed on the article homepage.

**LinkedIn and Facebook**

The journal will post about your article in suitable LinkedIn groups. Connect with the Editor to see when and where your article is posted. Feel free to post about your article yourself in relevant groups and on your personal feed. We will also post about your article on Facebook and Pinterest.

[www.futuremedicine.com/authorguide](http://www.futuremedicine.com/authorguide)

## Social media

Future Science Group journals will share published articles via our social media channels, and encourage authors to suggest hashtags or accounts to @mention on our [Author Disclosure form](#).

Authors are also encouraged to provide a **tweetable abstract** for the Journal Editor to use, summarizing the key message of the article (for more information see [Article sections](#)).

## Sharing your own work

Sharing the news that your article has been published, via social media, is a great way to let your peers know about your work. Twitter, Facebook and LinkedIn are all great places to spread the word. All Future Medicine articles include sharing links at the top of the page, making it easy for you to create posts for your various accounts:

🔑 Tools ✕ Share

- f Facebook
- 🐦 Twitter
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## Twitter

Tips for creating a tweet about your article:

- Include a link to your article! Consider using a URL shortener, such as [Bitly](#), to shorten your article URL, allowing you more characters to use within your post.
- Include an image – tweets that include images attract far more engagement than those that don't. We are happy for authors to include images of any figures, or perhaps another image you think reflects the content of your article well
  - Be sure to check any image you use is in the public domain
- Use appropriate hashtags (utilize <http://hashtagify.me/> for information on hashtags) – by marking out a key word or phrase by preceding it with a hashtag (such as #AlzheimersDisease), your tweet will be searchable and discoverable by other users. Many people follow certain hashtags regularly, so do have a look to find out what the key terms are for your subject area.
- @mention your co-authors, institution, funders etc. – most universities and some individual departments have their own Twitter accounts, and by mentioning their username (such as @futuresciencegp), they will be notified of your tweet in the Mentions section of their account. Once you have their attention, they may click to read your article or share your tweet with their followers! The tweet will also be visible to anyone who follows you, as normal.
  - Beware of the difference between @mention and @reply – an @reply places the username at the front of your tweet and is generally used to reply to another user's tweet or to send them a specific message. By placing the username at the start of your tweet (e.g., with no text before it), the tweet will only be visible to the user you've replied to, or anyone who follows both you and the other user. So if you want your tweet to be widely seen, include the username within your tweet but not at the beginning.
- @mention the journal – all Future Science Group journals (see [below](#)) have a Twitter account, and we'll be sure to re-tweet you if you mention us!
- Ask your co-authors to re-tweet your message, to spread the word further to their networks. You can also encourage people to re-tweet in your tweet itself!

## Facebook

You may think that Facebook is just for personal use, but it can be a great tool to spread the word about your article. Post information about your article on your own profile, add depth to your information along with a related image, and a link to the article. Don't forget to copy in @futuresciencegp so we can 'like' and share it as well.

## LinkedIn

Future Science Group and many of the individual journals have their own [LinkedIn groups](#). We encourage authors to join these groups, and post about their article (or any other topics they think would be of interest to the group members).

## Journal social media sites

Journal	Twitter	LinkedIn group
Biomarkers in Medicine	<a href="https://twitter.com/@fsgbmm">https://twitter.com/@fsgbmm</a>	Biomarkers in Medicine <a href="https://www.linkedin.com/groups/8444085">https://www.linkedin.com/groups/8444085</a>
Breast Cancer Management	<a href="https://twitter.com/@fsgbmt">https://twitter.com/@fsgbmt</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
CNS Oncology	<a href="https://twitter.com/@fsg_cns">https://twitter.com/@fsg_cns</a>	Future Science Group Neurology <a href="https://www.linkedin.com/groups/8204606">https://www.linkedin.com/groups/8204606</a>  Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
Colorectal Cancer	<a href="https://twitter.com/@fsgcrc">https://twitter.com/@fsgcrc</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
Concussion	<a href="https://twitter.com/@fsgconcussion">https://twitter.com/@fsgconcussion</a>	Future Science Group <a href="https://www.linkedin.com/groups/2105775">https://www.linkedin.com/groups/2105775</a>
Epigenomics	<a href="https://twitter.com/@fsgepi">https://twitter.com/@fsgepi</a>	Epigenomics <a href="https://www.linkedin.com/groups/8267879">https://www.linkedin.com/groups/8267879</a>
Future Cardiology	<a href="https://twitter.com/@fsgfca">https://twitter.com/@fsgfca</a>	Future Cardiology <a href="https://www.linkedin.com/groups/8205344">https://www.linkedin.com/groups/8205344</a>
Future Microbiology	<a href="https://twitter.com/@fsgfmb">https://twitter.com/@fsgfmb</a>	Future Science Group Microbiology <a href="https://www.linkedin.com/groups/8506116">https://www.linkedin.com/groups/8506116</a>
Future Neurology	<a href="https://twitter.com/@fsgfnl">https://twitter.com/@fsgfnl</a>	Future Science Group Neurology <a href="https://www.linkedin.com/groups/8204606">https://www.linkedin.com/groups/8204606</a>
Future Oncology	<a href="https://twitter.com/@FutureOncol_FSG">https://twitter.com/@FutureOncol_FSG</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
Future Rare Diseases	<a href="https://twitter.com/RareDiseasesFSG">https://twitter.com/RareDiseasesFSG</a>	Future Science Group <a href="https://www.linkedin.com/groups/2105775">https://www.linkedin.com/groups/2105775</a>
Future Virology	<a href="https://twitter.com/@fsgfvl">https://twitter.com/@fsgfvl</a>	Future Science Group Microbiology <a href="https://www.linkedin.com/groups/8506116">https://www.linkedin.com/groups/8506116</a>
Hepatic Oncology	<a href="https://twitter.com/@fsghep">https://twitter.com/@fsghep</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
Immunotherapy	<a href="https://twitter.com/@fsgimt">https://twitter.com/@fsgimt</a>	Immunotherapy <a href="https://www.linkedin.com/groups/3713578">https://www.linkedin.com/groups/3713578</a>
International Journal of Endocrine Oncology	<a href="https://twitter.com/@fsgije">https://twitter.com/@fsgije</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
International Journal of Hematologic Oncology	<a href="https://twitter.com/@fsgijh">https://twitter.com/@fsgijh</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
Journal of 3D Printing in Medicine	<a href="https://twitter.com/@3DPrinting_Med">https://twitter.com/@3DPrinting_Med</a>	3D Printing for Medicine <a href="https://www.linkedin.com/groups/8523493">https://www.linkedin.com/groups/8523493</a>
Journal of Comparative Effectiveness Research	<a href="https://twitter.com/@fsgcer">https://twitter.com/@fsgcer</a>	Journal of Comparative Effectiveness Research <a href="https://www.linkedin.com/groups/8205347">https://www.linkedin.com/groups/8205347</a>
Lung Cancer Management	<a href="https://twitter.com/@fsglmt">https://twitter.com/@fsglmt</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>

Melanoma Management	<a href="https://twitter.com/@fsgmmt">https://twitter.com/@fsgmmt</a>	Future Science Group Oncology <a href="https://www.linkedin.com/groups/8234713">https://www.linkedin.com/groups/8234713</a>
Nanomedicine	<a href="https://twitter.com/@fsgnm">https://twitter.com/@fsgnm</a>	Future Science Group <a href="https://www.linkedin.com/groups/2105775">https://www.linkedin.com/groups/2105775</a>
Neurodegenerative Disease Management	<a href="https://twitter.com/@fsgnmt">https://twitter.com/@fsgnmt</a>	Future Science Group Neurology <a href="https://www.linkedin.com/groups/8204606">https://www.linkedin.com/groups/8204606</a>
Pain Management	<a href="https://twitter.com/@fsgpmt">https://twitter.com/@fsgpmt</a>	Future Science Group Neurology <a href="https://www.linkedin.com/groups/8204606">https://www.linkedin.com/groups/8204606</a>
Personalized Medicine	<a href="https://twitter.com/@fsgpme">https://twitter.com/@fsgpme</a>	Future Science Group <a href="https://www.linkedin.com/groups/2105775">https://www.linkedin.com/groups/2105775</a>
Pharmacogenomics	<a href="https://twitter.com/@PGSjournal">https://twitter.com/@PGSjournal</a>	Pharmacogenomics Journal <a href="https://www.linkedin.com/groups/4013978">https://www.linkedin.com/groups/4013978</a>
Regenerative Medicine	<a href="https://twitter.com/@Regen_Med">https://twitter.com/@Regen_Med</a>	Regenerative Medicine <a href="https://www.linkedin.com/groups/4383090">https://www.linkedin.com/groups/4383090</a>

### Press releases

Issuing a press release describing a new publication can help the article reach a wider potential audience and leads to increased articles views. We encourage authors to consider a press release to describe their article. If you are interested in this option, please let us know. We can provide assistance writing and distributing the press release as required.

### Sharing on an FSG specialist website

Many Future Medicine journals are partnered with an associated [specialist website](#); an online community offering medical professionals easy access to breaking news, peer-reviewed articles and multimedia content. For a fee, your article can be featured on the journal's partner site, and made exclusively accessible to site's registered members. The article abstract will be hosted on the site, with a direct link to the article PDF featured on the homepage, shared via social media and highlighted in the website's weekly newsletter. This will automatically ensure your article reaches its target audience, helping to increase its readership and extend its impact. If you are interested in finding out more about this option, as well as other options for reaching your target audience via our digital sites, please contact [Rachel Jenkins](#) for further information.

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## Article metrics

Various article metrics are available on an article's page on our website, including download numbers and citations, and information from Altmetric and Dimensions.

### Altmetric

All Future Medicine articles are tracked by [Altmetric](#), with each article receiving an Almetrics score reflecting the quantity and reach of the attention it has received. Click on this score on each article page to find out more about how much and where an article is being talked about! For more information on Altmetric, go to <https://www.altmetric.com>.

### Dimensions

Information from the [Dimensions](#) platform can be viewed alongside articles, including citation information. Click on the Dimensions badge on the article page to find out more information.

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## **Editorial policies**

The Future Medicine cross-journal Editorial Policies can be viewed and downloaded from our website [here](#).