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.

### 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 around a hot topic of relevance to the scope of the journal.

More information and a proposal form can be found on our website [here](#).

### Find a journal based on your requirements

<table>
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*Optional: This journal is a subscription journal; however, authors are able to opt for Open Access publication if they wish; Full open access: This journal is a fully gold open access title.

PMC: PubMed Central.
### At-a-glance article formatting checklist

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All Future Medicine journals also encourage the inclusion of a **plain language summary** and a **tweetable abstract** where appropriate. Further information on these sections are included below.

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. Further information on these sections are included below.

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.

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

- **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:

Please note, articles will need to be formatted to the journal style prior to final acceptance.
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).
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” (http://www.icmje.org/recommendations/), in particular the section on “Preparing for Submission” 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 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 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/](http://www.prisma-statement.org/)). A summary of required sections in 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 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/](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 of these sections see Article sections):

- **Title** (maximum 120 characters) – should identify the work as a Perspective
- **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**: perspective on the topic
- **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
- **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 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 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 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/](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/](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 of these sections 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)
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 (http://www.prisma-statement.org/). A summary of required sections in 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 (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)

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:
  o Presentation of case – setting and patient details/history
  o Initial diagnosis/assessment
  o Treatment/management
  o 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 the Laura Dormer 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.
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) or the Editorial Director, Laura Dormer.
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.
**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:**

<table>
<thead>
<tr>
<th>Practice points</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- The transition to SPMS typically invokes strong emotional responses that are unique to each patient.</td>
</tr>
<tr>
<td>- Most patients and caregivers wish to be informed and educated through these stages.</td>
</tr>
<tr>
<td>- Therapeutic agents specifically approved for the management of SPMS patients are needed.</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Summary points</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- In this updated analysis, median OS was 41.3 months (90% CI: 36.8–46.3) and 2-year OS rate was 80%.</td>
</tr>
<tr>
<td>- 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%.</td>
</tr>
<tr>
<td>- Overall, the median time on EGFR-TKI treatment was 28.1 months (90% CI: 26.8–30.3).</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
</tbody>
</table>
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<th></th>
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</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>What other documents will be available, if any (e.g., study protocol, statistical analysis plan, etc.)?</td>
<td></td>
</tr>
<tr>
<td>When will data be available (start and end dates)?</td>
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<tr>
<td>By what access criteria will data be shared? To include:</td>
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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.

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Open access journals

- Breast Cancer Management
- CNS Oncology
- Colorectal Cancer
- Concussion
- Future Neurology
- Future Rare Diseases
- Hepatic Oncology
- International Journal of Endocrine Oncology
- International Journal of Hematologic Oncology
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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

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