1. Overview

1.1 Scope

Annals of Medicine is one of the world’s leading general medical review journals, boasting an impact factor of 4.246. It is a Medline-indexed, peer-reviewed international journal for the rapid publication of reviews and original research, covering all areas of medicine from bench to bedside and back again. By covering both molecular medicine and clinical practice, Annals of Medicine aims to bridge the gap between them.

1.2 Article types

- Trends in Clinical Practice – Reviews of the current and emerging treatments of diseases
- Trends in Molecular Medicine – Reviews of molecular medicine and mechanisms of action
- Drug Focus – Reviews of the clinical data on the latest drugs to reach the market
- Original Research papers reporting the latest advances in molecular medicine and translational genetics with respect to clinical application; as well as papers reporting the results of clinical studies
- We also publish Supplements.

1.3 Peer-review

All articles are subject to independent peer-review. When all comments have been submitted to the Editorial Office, they will be collated and forwarded to the author, along with any Editorial recommendations. Comments remain confidential and are shared only with the corresponding author or submitting party.

1.4 Rapid publication

Publication in Annals of Medicine is driven entirely by editorial considerations and independent authoritative peer review. As part of the journal’s responsive approach to the publication of clinical evidence, we offer two prioritised modes of rapid publication and a third non-prioritised mode:

- FastTrack: This offers the most highly prioritised service, with a submission to online publication timeline of 5–7 weeks (subject to 1–2 week author revision following initial peer-review and prompt turnaround of proofs). There is a publication support fee for this, based on a charge of $850/€625/£550 per published page. This charge supports the ultra-swift processing of material and 20 downloads of the article via e-access tokens.
- RapidTrack: This prioritised service offers submission to online publication in 10–12 weeks and is subject to a publication support fee of $400/€300/£260 per page; 10 downloads of the article are also provided.
- StandardTrack: This non-prioritised standard service provides submission to online publication in up to 20 weeks; there are no publication support fees charged for this mode.

Annals of Medicine welcomes contact with the Editorial Offices preceding formal submission and particularly encourages prior contact for FastTrack submissions where a particular publication deadline is desired.

2. Manuscript content

Every article must contain:

2.1 Title page

The title page - should include:

a) Full title (avoid abbreviations or proprietary names in the title)
b) Running title (for page heading, max 50 characters)
c) All contributing authors with full name, title and affiliation
d) Corresponding author details (to whom all decision letters and page proofs will be communicated, and to be note in the printed manuscript), the email address is the most important information.

2.2 Abstract
For Original Articles please provide the abstract subdivided into the appropriate sequential sections correlating to the subheadings in the article.
Review Articles should include a “block style” non-structured abstract.
References must not be included in the abstract. You will be required to remove them and renumber your references if they are included in the abstract. Abstracts must be less than 200 words long.

2.3 Key words
After the abstract, please include 3-10 key words placed in alphabetical order and according to the Medical Subject Headings list of Index Medicus.

2.4 Key messages
Please make a list of 1-3 key messages from the article, each forming a complete sentence. They should be included both in the manuscript text file and also be entered in the designated area in the online submission form.

2.5 Abbreviations
Abbreviations used in the text should all be explained and listed on a separate page after the abstract.

2.6 Main text
Original articles should be set out with the following subheadings: Introduction, Materials (or Patients) and Methods, Results, Discussion, References. The Materials (or Patients) and Methods should present a study protocol. In experimental studies of human subjects a statement should be included which indicates that the informed consent of the subjects and acceptance of the study protocol by a local ethics committee has been obtained. The results should be quantified and presented with appropriate indicators of measurement error or uncertainty (e.g. confidence intervals). The mean and standard deviation (SD) should be given at a minimum; a sole reliance on the use of P values is not acceptable. The statistical method(s) and/or package used should also be stated. The Results should be presented in a logical sequence, and the Discussion should commence with a presentation of the major findings of the study and conclude with the implications and/or applications of the findings.
Review Articles are structured more freely, yet the above instructions on statistics should be applied, when relevant.

2.7 Ethics
In the instance where preclinical research/work with animal subjects is included within the original research submission, contributors are required to follow the procedures in force in their countries which govern the ethics of work done with human or animal subjects. The Code of Ethics of the World Medical Association (Declaration of Helsinki) represents a minimal requirement. In particular:
• When experimental animals are used, state the species, strain, number used, and other pertinent descriptive characteristics.
• When describing surgical procedures on animals, identify the pre anaesthetic and anaesthetic agents used and state the amount of concentration and the route and frequency of administration for each. The use of paralytic agents, such as curare or succinylcholine, is not an acceptable substitute for anaesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drugs used; if none were used, provide justification for such exclusion.
• When reporting studies on unanaesthetized animals or on humans, indicate that the procedures followed were in accordance with institutional guidelines.
3. **House style**

3.1 **File formatting**
Keep all formatting to a minimum. Do not assign ‘styles’ to headings, extracts or paragraphs. Make sure that the ‘normal’ style is used throughout the text. Turn off the automatic hyphenation feature.

3.2 **Spacing and headings**
The text should be double spaced with generous margins. Times New Roman in 12 pt size is the preferred font style. Smaller spacing and font may be used for references, tables and figure legends.
Subheadings may be used for clarification in the Material and Methods and Results sections, and must clearly differentiate from the main text using appropriate font style.

3.3 **Abbreviations and units**
A phrase is spelt out when used for the first time followed by an appropriate abbreviation in parentheses. Abbreviations must be spelt out in figure legends and footnotes of tables. If the article contains many non-standard abbreviations, a separate list with explanations must be provided (see above).

3.4 **Language**
English or American spelling is accepted if used consistently throughout the manuscript. Authors who do not use English as a first language should enlist the help of a colleague or translator who is proficient in medical English before submitting the manuscript for consideration. The quality of the language is the author's responsibility. All manuscripts will undergo copy-editing before printing, but language editing can only be undertaken to a limited extent at that point.

3.5 **Companies and drug brand names**
Companies are treated as single entities requiring a verb in the third person singular (e.g., GSK is developing an AII antagonist).
Drug brand names should not appear in paper titles. In the body of the review, the generic name should be used in preference to brand names. Drug brand names are to be used only if absolutely necessary. In such a case, when referring to a lead compound (or compounds claimed in patents) for the first time, please ensure that the ® or TM symbols are used as required, and that the name of the relevant company is also stated. Please note, brand names should take an upper case first letter; generic names lower case.

3.6 **Length**
Review articles should not be longer than 30 pages in the style described above, mini reviews are allowed to be 10-15 pages and original articles not more than 25 A4 pages, including references. Remember that manuscripts are usually too long, not too short.

4. **References**
Articles should principally review recent primary literature and scientific meeting reports, rather than patents, although relevant patent information may be included where appropriate.
Websites of interest may also be referenced. Occasional 'historic' papers may be cited. Ensure that all key work relevant to the topic under discussion is cited in the text and listed in the bibliography. Reference to unpublished data should be kept to a minimum and authors must obtain a signed letter of permission from cited persons to use unpublished results or personal communications in the manuscript. The total number of references should not exceed 100.

4.1 **Numbering**
Number references consecutively in the order in which they are first mentioned in the text. Identify references in the text, tables and legends by Arabic numerals within parentheses, i.e. (1). References cited in tables and legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration. See examples below.
4.2 Bibliography

The titles of the journals should be abbreviated according to the style used in Index Medicus. The reference style is “Vancouver”.

List all authors when 6 or fewer; when 7 or more, list the first six and add ‘et al’. If a journal carries continuous pagination throughout a volume the month and issue number are omitted in the reference list. Page numbers are given as “2284-90”, not “2284-2290”. The use of abstracts in the list of references should be avoided. Manuscripts accepted but not yet published are designated ‘in press’. Unpublished observations as well as manuscripts submitted but not yet accepted should be cited in the text only as ‘unpublished observations’ with the authors’ initials, surname and institution as well as the year when the observation was made. The references must be verified by the authors against the original documents.

Examples of reference style:


Full reference details must be provided in the bibliography (for example, for journal citations, author surnames and initials, article title, journal name, year, volume, page range). Failure to do so may lead to a delay in publication or a return of the paper by the Editor to the author.

5. Tables

Should be intelligible without reference to the text and should supplement, not duplicate it. Each table should be included in the main manuscript file on a separate page after the references. The legend should be typed above the first line of the table. If a table has to be continued, a second page should be used and all column headings repeated. All tables should be numbered (Roman) and each must have a caption/legend. Footnotes are indicated by using lower case alphabets as superscripts (e.g., Table Ia). P values are given as numbers (not as *, **, ***). Be sure each table is cited in the text.

If you are using data from another published or unpublished source, please obtain permission and acknowledge the source(s).

6. Illustrations

Should be numbered and quoted consecutively in the text. Please capitalise only the first letter of a label, not every word, and define scale bars in figure legends, not on figures. Legends should be intelligible without reference to the text.

Format: EPS or TIFF preferred.

Resolution: Small figures should be 300 dpi and large figures should be 72 dpi. Figures with resolution lower than specified will not reproduce correctly and could delay publication.

Please upload figures images as separate files in Manuscript Central.

The charge for colour figures is US $200 for the first page and $100 for each subsequent printed page.

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Please submit structures drawn in ISISDraw or Chemdraw and ensure that you submit these in their original, editable format. Also, use the following conventions:

- Always indicate stereochemistry where necessary – use the wedge and hash bond convention for
chiral centres and mark cis/trans bonds as such,

• Draw small peptides (up to five amino acids) in full; use amino acid abbreviations (Gly, Val, Leu and so on) for larger peptides,

• Refer to each structure with a number in the text and submit a separate file (i.e., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used,

• Where structures do not appear as part of a figure, number each structure (using Arabic numerals only) and cite the compound number in the body of the article. Note that structures within figures can also be cited in this way.

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7.1 NIH/Wellcome-funded research
For NIH/Wellcome-funded manuscripts Informa Healthcare will deliver to PMC/UKPMC the final peer-reviewed manuscript, which was accepted for publication and that reflects any author-agreed changes made in response to the peer review. We will also authorise the author manuscript’s public access posting 12 months (NIH) or 6 months (Wellcome Trust) after final publication. Following the deposit, authors will receive further communications from the NIH Manuscript Submission System/UK Manuscript Submission System with respect to the submission. It is the author’s responsibility to make the Editor aware of this funding as early as possible.

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For a detailed description of the journal’s editorial policies, including plagiarism, authorship, patient privacy, and redundant publication, authors are referred to the editorial policy document on the journal’s website.

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Please submit manuscripts in Microsoft Word (double spaced, Times New Roman, 12 pt) using the Manuscript Central online submission system (http://mc.manuscriptcentral.com/sann).

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• Please ensure that manuscripts are submitted on or before the deadline issued by the Editors.
• Once the manuscript has been received in-house, it will be peer-reviewed (this usually takes ~ 4-6 weeks). A further 4 weeks are then allowed for any revisions (suggested by the Referees/Editor) to be
made.

• The final accepted version is then typeset and edited. A set of page proofs are sent to the author for final approval before the journal is printed; second proofs are not usually provided.
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