



Instructions for Authors – *ECED Reports*

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PLEASE BE AWARE THAT YOUR ARTICLE IS BEING SUBMITTED TO AN OPEN ACCESS JOURNAL. BY SUBMITTING, YOU ARE ACCEPTING TO PAY THE EUR 795 ARTICLE PROCESSING CHARGE SHOULD YOUR ARTICLE BE ACCEPTED FOR PUBLICATION.

Scope

Experimental and Clinical Endocrinology & Diabetes Reports is an open access companion journal to *Experimental and Clinical Endocrinology & Diabetes* that publishes case reports and short communications in the fields of endocrinology and diabetology. A broad spectrum of cases is covered, ensuring that *ECED Reports* is an essential resource for those seeking a deeper insight into the pathology and treatment of a range of diseases and conditions in this field.

The specific aims of the journal are as follows:

- To report rare or exceptional cases in endocrinology or diabetology of wider interest to those working in the field.
- To present new clinical approaches to managing the treatment of problems in endocrinology and diabetology.
- To document specific clinical findings that may indicate new or alternative understandings of existing disease etiology and pathogenesis.
- To complement the research findings and reviews published in *Experimental and Clinical Endocrinology & Diabetes* with clinical data and cases.
- To promote greater exchange of information between the various specialties and subspecialties related to endocrinology and diabetology.

***ECED Reports* supports the CARE statement and guidelines for case reports (www.care-statement.org). When writing your case report, please go by the list of questions listed at the end of this document. This will help ensure that your case report is comprehensive, complete and transparent.**

All articles in *ECED Reports* undergo rigorous peer review. As an open-access publication, all articles in *ECED Reports* are made freely available for all to read and download from Thieme eJournals.

Manuscripts are received with the explicit understanding that they have not been published elsewhere and are not under simultaneous consideration by any other publication.

Manuscript Submission

All manuscripts must be submitted exclusively via online submission at <http://mc.manuscriptcentral.com/ecedreports>

Submissions of hardcopy manuscripts will not be accepted. Please refrain from sending manuscripts via e-mail. For submission of all manuscripts, please follow the instructions on the online submission system. Before submission, keep ready full metadata of all manuscripts (title, short running title, authors' names including affiliations and addresses, list of keywords and abstract). The author submitting the manuscript will be corresponding author. Figures should be uploaded separately as *.tif, *.jpg, *.ppt, *.doc or *.xls files (resolution: colored and black-white bitmaps: 300 dpi; diagrams and line drawings: 600 dpi minimum). Tables should be uploaded in a separate Word file (not as a *.jpg file). The legends to the figure and table including Arabic numerals should be entered in the appropriate fields during the file upload. Please note that figures and tables should not be integrated into the main document, but a list with the legends of the figures and tables should be included here. Authors are responsible for the correctness of the manuscripts and the list of references.

A. Case Reports

Case reports should contain a detailed description of the signs, symptoms, diagnosis, treatment and subsequent follow-up of the patient(s). They should not exceed 3 printed pages. Authors are asked to follow the outline set below:

Page 1: a) title, b) short running title (limit: 40 characters), c) name of the author (no titles or academic grades) and address of the institute(s) where the investigations have been carried out. Should the address of the author at the time of publication differ from the one stated in the paper, the current address should be stated in a footnote, d) complete mailing address of corresponding author including telephone and telefax numbers and e-mail addresses.

Page 2: a) an abstract containing not more than 250 words with no abbreviations, b) max. 3 keywords (without repeating words in the title).

Page 3 and onwards: the actual report.

Please consult the checklist at the end of this document to ensure your case report is complete and in accordance with the CARE guidelines.

References a) Text: Citations and references should be numbered consecutively using square brackets in the order in which they are cited in the text, followed by any in tables or legends. Please do not number references under alphabetical order of authors. Do not use footnotes and hyperlinks. If authors are mentioned in the text, only the first author should be given followed by "et al." whenever the reference has three or more authors. Example: "...protein concentrations were determined according to Lowry et al. [12]. b) List of References: References should be given as plain text. Do not use fields in MS Word, as these are difficult to process later. The references should be listed in numbered order according to the sequence they appear in the text. All authors or groups of authors of each publication should be mentioned. The name of the author(s) should be followed by the full title of the paper, name of the journal in which it has been published (abbreviations according to Index Medicus viz. PubMed/Medline), year of publication, volume, first and last page. Abstracts and supplements have to be indicated. Chapters from books have to be cited as follows: author(s), title of chapter, title of book, editor(s), place of publication, publisher, year of publication, first and last page of the chapter. Examples:

9 Lowry OH, Rosebrough NJ, Farr AL, Randall RJ. Protein measurement with the Folin-phenol reagent. *J Biol Chem* 1951; 193: 265–275

10 Kerner W, Pfeiffer EF. The artificial pancreas. In: Samols E (ed). *The endocrine pancreas*. New York: Raven Press, 1991: 441–456 B.

B. Short Communications

Short Communications are completed projects of smaller scope and should contain new clinical and experimental data of immediate interest.

They should not exceed 3 printed pages (i.e. 9 type-written double-spaced pages in manuscript 30 lines of 60 letters each) and may include 1 table and 1 figure. The list of references at the end of the paper should not exceed 15 citations.

The guidelines for the structure of Short Communications are the same as for Case Reports mentioned above with following exceptions: include a Materials and Methods section after the Introduction.

Conflict of Interest

A statement concerning the conflicts of interest of all authors is mandatory.

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If material taken from foreign sources (including figures, etc.) is included in a manuscript submitted to *ECED Reports*, it must be indicated as such by citation of the original source and, whenever necessary, permission for reproduction must be obtained from the respective publishing company.

English Language

It is in the authors' best interest that manuscripts be proofread by a native English speaker.

Proofs and Reprints as PDF File

Galley proofs will be sent to the corresponding author as a PDF file. The corresponding author receives a PDF file of the published article free of charge.

Research Ethics

For all research involving humans, subjects must have given their informed consent. Research on animals must have been approved by the local ethics committee.

Checklist for Case Reports

(Adapted with minor changes from the “CARE Checklist 2013”, www.care-statement.org, as displayed on 14 October 2013.)

- | | |
|---------------------------------|--|
| Title | <input type="checkbox"/> The words “case report” should be in the title along with what is of greatest interest in this case |
| Key Words | <input type="checkbox"/> The key elements of this case in 2 to 5 key words |
| Abstract | <input type="checkbox"/> Introduction—What is unique about this case? What does it add to the medical literature?
<input type="checkbox"/> The main symptoms of the patient and the important clinical findings
<input type="checkbox"/> The main diagnoses, therapeutics interventions, and outcomes
<input type="checkbox"/> Conclusion — What are the main “take-home” lessons from this case? |
| Introduction | <input type="checkbox"/> Brief background summary of this case referencing the relevant medical literature |
| Patient Information | <input type="checkbox"/> Demographic information (such as age, gender, ethnicity, occupation)
<input type="checkbox"/> Main symptoms of the patient (his or her chief complaints)
<input type="checkbox"/> Medical, family, and psychosocial history including co-morbidities, and relevant genetic information
<input type="checkbox"/> Relevant past interventions and their outcomes |
| Clinical Findings | <input type="checkbox"/> Describe the relevant physical examination (PE) findings |
| Diagnostic Assessment | <input type="checkbox"/> Diagnostic methods (such as PE, laboratory testing, imaging, questionnaires)
<input type="checkbox"/> Diagnostic challenges (such as financial, language, or cultural)
<input type="checkbox"/> Diagnostic reasoning including other diagnoses considered
<input type="checkbox"/> Prognostic characteristics (such as staging in oncology) where applicable |
| Therapeutic Intervention | <input type="checkbox"/> Types of intervention (such as pharmacologic, surgical, preventive, self-care)
<input type="checkbox"/> Administration of intervention (such as dosage, strength, duration)
<input type="checkbox"/> Changes in intervention (with rationale) |
| Follow-up and Outcomes | <input type="checkbox"/> Clinician- and patient-assessed outcomes
<input type="checkbox"/> Important follow-up test results
<input type="checkbox"/> Intervention adherence and tolerability (How was this assessed?)
<input type="checkbox"/> Adverse and unanticipated events |
| Discussion | <input type="checkbox"/> Discussion of the strengths and limitations in the management of this case
<input type="checkbox"/> Discussion of the relevant medical literature
<input type="checkbox"/> The rationale for conclusions (including assessment of possible causes)
<input type="checkbox"/> The main “take-home” lessons of this case report |