Guidelines for authors: scope of *Croatian Medical Journal*

Croatian Medical Journal (CMJ) is an international peer reviewed journal open to scientists from all fields of biomedicine and health related research.

We welcome all contributions that enhance or illuminate medical sciences. Our special interest lies in two fields. The first pertains to the topics globally relevant for biomedicine and health. The second area is medicine in developing and emerging countries. We pay special attention to this area for 3 reasons: (a) Croatia is an "emerging" country and a country undergoing major socioeconomic changes; (b) authors from such countries need and deserve editorial assistance that we can offer; and (c) we can provide a medium for reporting research worth publishing and preserving from developing and emerging countries that would receive little attention otherwise.

Table 1 summarizes our publication priorities. These priorities should be understood broadly – we welcome good scientific reports regardless of the topic and form. However, the editorial preferences in Table 1 may encourage authors uncertain of the significance of their reports.

Policy of trial registration

Since 2005, to promote the culture of transparency in research and reporting, publishing study protocols, and publishing negative results, and to promote trial registration, *CMJ*, as the ICMJE member journal, requires registration of trials in a public trials registry, as a condition of consideration for publication (1,2). Now, the ICMJE is expanding the definition of the types of trials that must be registered and adopts the WHO's definition of clinical trial (3): "any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes" (http://www.who.int/ictrp/en/). The ICMJE implements the WHO definition of clinical trials for all trials that begin enrollment on or after 1 July 2008. In addition to accepting registration in any of the 5 existing registries, the ICMJE will accept registration of clinical trials in any of the primary registers that participate in the

TABLE 1. Publishing priorities in the *Croatian Medical Journal*

Topics of the manuscript	Acceptance priority	Useful guidelines for the content and structure of the manuscript	
		general	specific
Basic sciences	high	relevant for medicine	completed testing of a defined hypothesis
Clinical sciences	high	proper study design	clear and simple hypothesis, adequate sample size, controls, and statistics
Translational research	high	connects basic and clinical medicine	relevance and aplication of molecular studies for medicine
Public health	high	originality of research data	no compilations of publicly available data (eg, from WHO)
Health care organization	low	of international importance, not (only) plans for the future	not descriptive; only with a hypothesis, and concrete data; scientific analysis
Health and human rights	low	no politics; the work has to deal with health	no commentaries; the report should contain analysis of concrete data
Medical education	low	research data	no commentaries; the report should contain analysis of concrete data
Types of articles			
Original research articles	absolute preference	completed and high-quality work	clear hypothesis; strong, databased arguments
Reviews	solicited only	on a relevant subject	significant own previous publications
Short communications	low	absolutely important to be published fast	the case must be strong
Case reports	low	showing new disease mechanism, diagnostic, and/or therapy	clear-cut relevance to the field
Essays	low	discussion on an important topic	clearly written, with a sharp focus and relevance to modern medicine
Correspondence	low	research-related only	precise, short, polite

TABLE 2. Registries accepted by the International Committee of Medical Journal Editors (3,4)

Registry name	Uniform Resource Locator
ClinicalTrials.gov (a service of the US National Institutes of Health)	http://clinicaltrial.gov
Australian New Zealand Clinical Trials Registry (ANZCTR)	http://www.anzctr.org.au/
Brazilian Clinical Trials Registry (ReBec)	http://www.ensaiosclinicos.gov.br/
Chinese Clinical Trial Registry (ChiCTR)	http://www.chictr.org/
Clinical Research Information Service (CRiS), Republic of Korea	http://ncrc.cdc.go.kr/cris/index.jsp
Clinical Trials Registry - India (CTRI)	http://www.ctri.in/
Cuban Public Registry of Clinical Trials(RPCEC)	http://registroclinico.sld.cu/
EU Clinical Trials Register (EU-CTR)	https://www.clinicaltrialsregister.eu/
German Clinical Trials Register (DRKS)	https://drks-neu.uniklinik-freiburg.de/drks_web/
Iranian Registry of Clinical Trials (IRCT)	http://www.irct.ir/
ISRCTN.org	http://www.isrctn.org/
Japan Primary Registries Network (JPRN) (in Japanese)	http://rctportal.niph.go.jp/
The Netherlands National Trial Register (NTR)	http://www.trialregister.nl/trialreg/index.asp
Pan African Clinical Trial Registry (PACTR)	http://www.pactr.org/
Sri Lanka Clinical Trials Registry (SLCTR)	http://www.slctr.lk/

WHO International Clinical Trials Registry Platform (ref. 4, http://www.who.int/ictrp/network/primary/en/index.html). Registration in a partner register only is insufficient (3). The Registry names and web addresses for trial registration are listed in the Table 2. In each register authors can find guidelines for process of registration. After successful registration, authors will obtain a registration number which should be included (with registration database) at the end of article Abstract.

The latest legislature on trial results registration in the USA, which requires mandatory registration of trial results, raised concerns among authors whether data registration constitutes a previous publication and thus makes the submission to the journal a redundant publication. At its 2008 annual meeting, the ICMJE reaffirmed that posting of trials results in a public database is not a publication as defined by its member journals (5).

Finally, the revised Declaration of Helsinki (http://www.wma.net/e/policy/b3.htm) elaborates in two items the registration in publicly available databases and ethical obligations to publish or otherwise make publicly available negative and inconclusive, as well as positive results. Item 19 requires: "Every clinical trial must be registered in a publicly accessible database before recruitment of the first subject." and item 30 states: "Authors, editors and publishers all have ethical obligations with regard to the publication of the results of research. Authors have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. They should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results should be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest should be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication."

Authorship Statement form/Conflict of interest disclosure

All contributing authors must fill out and sign these statements and submit them to the Editorial Offiice. Accepted manuscripts will not be published until signed statements from all authors have been received. As for Authorship criteria, the CMJ adheres to the ICMJE recommendations, which propose that authorship is based on the following 4 criteria:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

Drafting the work or revising it critically for important intellectual content; AND

Final approval of the version to be published; AND

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. (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html).

As for the conflict of interest, all authors must sign ICMJE COI disclosure Statement form (http://www.iCMJe.org/coi_disclosure.pdf).

Other possible conflict of interest

From now on, all reviewers, editors, section editors, EB members, included in the publication process will also be asked to disclose any potential conflict of interest regarding the manuscript they are asked to review (primarily relationships with the pharmaceutical industry; incorporated into our aubmission system).

Review process

The CMJ does not charge any financial fee to the authors, nor does offer one to the reviewers. The reviewers are familiar with the authors` identity; however, authors do not know who the reviewers of their manuscripts were. Each manuscript undergoes expert review (by two independent ex-

perts in the field) and statistical review (if necessary). The review process (before the final decision) usually takes up to 12 weeks. Manuscripts often require further changes in the copyediting process, and authors can expect to be contacted for revision more than once.

PLAGIARISM DETECTION

Each manuscript is checked for plagiarism. We use eTBLAST, CrossCheck, and Wcopyfind softwares and deal with suspicious manuscripts following COPE flowcharts (http://publicationethics.org/resources/flowcharts).

References

1 De Angelis C, Drazen JM, Frizelle FA, Haug C, Hoey J, Horton R, et al. Clinical trial registration: a statement from the International Committee of Medical Journal Editors. Croat Med J. 2004;45:531-2. Medline:15906482

2 De Angelis CD, Drazen JM, Frizelle FA, Haug C, Hoey J, Horton R, et al. Is this clinical trial fully registered? A statement from the International Committee of Medical Journal Editors. Croat Med J. 2005;46:499-501. Medline:16100751

3 Laine C, Horton R, DeAngelis CD, Drazen JM, Frizelle FA, Godlee F, et al. Clinical trial registration: looking back and moving ahead. Croat Med J. 2007;48:289-91. Medline:17589970

4 Zarin DA, Ide NC, Tse T, Harlan WR, West JC, Lindberg DA. Issues in the registration of clinical trials. JAMA. 2007;297:2112-20. Medline:17507347 doi:10.1001/jama.297.19.2112

5 Marusic A, Huic M. Registration of clinical trials still moving ahead - September 2008 update to uniform requirements for manuscripts submitted to biomedical journals. Croat Med J. 2008;49:582-5. Medline:18925691 doi:10.3325/cmj.2008.5.582

Guidelines for authors: manuscript preparation and submission

ORGANIZATION OF THE MANUSCRIPT

Manuscripts should meet the general requirements agreed upon by the International Committee of the Medical Journal Editors, available at www.icmje.org.

First (title) page

The first page should carry:

(a) the article title;

(b) full names (first names, middle-name initials, if applicable), and last names of all authors;

(c) names of the department(s) and institution(s) to which the work should be attributed. If authors belong to several different institutions, superscript digits should be used to relate the authors' names to respective institutions. Identical number(s) in superscript should follow the authors' names and precede the institution names;

(d) a short running head of not more than 100 characters (count letters and spaces);

(e) the name and mailing address of the corresponding author, accompanied by the telephone and fax numbers and e-mail;

(f) source(s) of research support in the form of financial support, grants, equipment, drugs or all of these;

Last page

The last page should carry:

(a) ethical approval, if required;

(b) authors' declarations on their contributions to the work described in the manuscript, their potential competing interests, and any other disclosures. Authors should disclose any commercial affiliations as well as consultancies, stock or equity interests, and patent-licensing arrangements which could be considered a conflict of interest. The details of such disclosures will be kept confidential but *CMJ* urges the authors to make general statements in the Acknowledgment section of the manuscript.

(c) a list of abbreviations used in the paper (if necessary);

Other pages

Each manuscript should follow this sequence: title page; abstract, trial identification number for registered trials; text (Introduction, Methods, Results, Discussion); acknowledgments; references; tables (each table complete with title and footnotes on a separate page), figure legends, and the last page.

TEXT ORGANIZATION AND STYLE

Abstract

The second page should contain the Abstract.

In the case of reports on clinical trials, the abstract should also include the information on the identifying number of the trial and the name of the registration database.

CMJ requires that the authors prepare a structured abstract of not more than 250 words. The abstract should include (at least) four headings: Aims, Methods, Results, and Conlusion.

Aim. State explicitly and specifically the purpose of the study. Formulations such as "The purpose of this study was to gain a better insight into the influence of several growth factors on the differentiation of bone marrow cells in the in vitro culture" should be replaced by "To analyze in vitro differentiation of human bone marrow stem cells in the presence of INF-γ or TNF-α."

Methods. Concisely and systematically list the basic procedures, selection of study participants or laboratory animals, methods of observation and analysis.

Results. List your basic results without any introduction. Only essential statistical significances should be added in brackets. Draw no conclusions as yet: they belong into the next section.

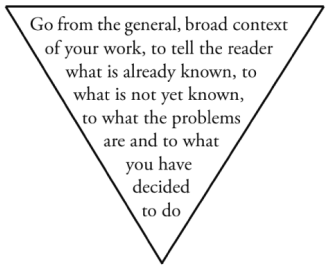
Conclusion. List your conclusions in a short, clear and simple manner. State only those conclusions that stem directly from the results shown in the paper. Rather than summarizing the data, conclude from them.

For better reporting of abstract of articles related to randomized controlled trials, please follow published extended CONSORT Statement for Abstract, also available at http://www.consort-statement.org/.

Introduction

The author should briefly introduce the problem, particularly emphasizing the level of knowledge about the problem at the beginning of the investigation. Continue logically, and end with a short description of the aim of the study, the hypothesis and specific protocol objectives (Figure 1). Finish the section stating in one sentence the main result of the study.

Figure 1.



Stylistic structure of the introduction section.

Patients/material and methods

For clinical studies consider including: (a) planned study population, including controls; (b) inclusion, non-inclusion, and exclusion criteria; (c) planned subgroup analyses; (d) prognostic factors that may affect study results; (e) outcome measures and minimum difference(s) to be considered clinically important; (f) planned treatment interventions; (g) method of assignment of participants to treatments (eg, randomization method, blinding or masking procedure, matching criteria); (h) planned sample size and power calculations; (i) rules for stopping the study; and (j) methods of statistical analysis in sufficient detail to permit replication. It is important to specify exactly how the patients were selected. The patients should be characterized in detail, so as to avoid confusion about uncontrolled variables. Give the reasons for a given patient's exclusion from the follow-up, and analyze whether or not he/she was a representative of the primary series. Give the exact dates and location (instituion, city, country) of the study.

Control group(s) should be described as precisely as experimental groups. For animals, the species, sex, age, breed, and physiologic condition should be given.

Names of chemicals and devices used should be followed by the information on the manufacturer (name, city, and country) set in parentheses. Give generic names for the drugs and chemicals, followed by their commercial names in brackets.

All human and animal studies must have been approved by the relevant ethical committees and this should be clearly here and at the last page of manuscript.

Informed consent should be signed by all patients included in the study, when necessary (please consult http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html).

List the statistic tests used. Relate each test to a particular data analysis.

Results

Key rules for writing the Results section are: (a) the text should be understandable without referring to the respective tables and figures, and vice versa; (b) however, the text should not simply repeat the data contained in the tables and figures; and (c) the text and data in tables and figures should be related to the statements in the text by means of reference marks.

Thus, it is best to describe the main findings in the text, and refer the reader to the tables and figures, implying that details are shown there. The formulations such as "It is shown in Table 1 that the outcome of Group A was better than that of Group B" should be replaced by "The outcome of Group A was better than that of Group B (Table 1)."

Call experimental groups by their real (albeit maybe more descriptive/longer) names, rather than assigning them numbers or letters. The need for brevity should not clash with the requirement that all results should be clearly presented.

Provide exact *P*-values, with three decimal places or as $P < 0.001$.

Discussion

The discussion section should include interpretation of study findings in the context of other studies reported in the literature). This section has three main functions: (a) assessment of the results for their validity with respect to the hypothesis, relevance of methods, and significance of differences observed; (b) comparison with the other findings presented in the relevant literature; and (c) assessment of the outcome significance for the further research.

Do not recapitulate your results, discuss them!

Tables

Information on significance and other statistical data should preferably be given in the tables and figures. Tables should not contain only statistical test results. Statistical significances should be shown along with the data in the text, as well as in tables and figures.

Tables should bear Arabic numerals. Each table should be put on a separate page. Each table should be self-explanatory, with an adequate title (clearly suggesting the contents), and logical presentation of data. The title should preferably include the main results shown in the Table. Use tables in order to present the exact values of the data that cannot be summarized in a few sentences in the text. Use tables instead of case reports unless a very small number of cases are presented. Avoid repetitive words in the columns: these should abbreviated, and their explanations given in the footnotes. Present the same data either in a table OR a figure.

Each column heading for numerical data should include the unit of measurement applied to all the data under the heading. Choose suitable SI units. The precision of biological measurements should determine decimal digits. The decimal digits of percentages should be in concordance with a total number of the sample.

Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in

each table. For footnotes use the following symbols, in this sequence:

*,†,‡,§,ǁ,¶,**,††,‡‡,…

Figures

Figures should be numbered in sequence with Arabic numerals. Legends to figures should be listed on a separate page, in the consecutive order. The legend of a figure should contain the following information: (a) the word "Figure", followed by its respective number; (b) figure title containing major finding (eg, Manuscript which follow Guidelines for Authors had higher acceptance rate, and NOT Relationship with manuscripts style and their acceptance rate). A clinical study as conducted should include: (a) inclusive dates of accrual of study population; (b) sample size achieved; (c) how many subjects were excluded or withdrew, and the reasons; (d) demographic and clinical characteristics of the study population, including controls; and (e) how the study as conducted deviated from the study as planned, and the reasons (eg, compliance). Several figures related to the same patient, eg, radiographs taken at different times, should be labeled Figure 1 A, B, C, etc. rather than Figures 1, 2, 3. Symbols should be consistent throughout all figures. Use simple symbols, like closed and open circles, triangles and squares. Different types of connecting lines can be used. The meanings of symbols and lines should be defined in the legend. Each axis should be labeled with a description of the variable it represents. Only the first letter of the first word should be capitalized. The labeling should be parallel with the respective axis. All units should be expressed in SI units and parenthesized. Make liberal use of scale markings, directed outwards. Axes should not extend beyond the last numeral, and should never be terminated by arrows. Choose units so that the values expressed may fall within the range between 0 and 999. All the values on a given axis should have the same number of decimals. If an axis is labeled in percentages, this should be indicated. If an axis is not continuous, this must be indicated by a clearly marked interruption.

Radiographs should be cropped so as to present only what is essential. It is rarely necessary to show normal radiographs, even for the purpose of comparison. Frontal and lateral projections should be of the same scale and density, and corresponding details (eg, joint space) should be at the same level. Publication of color illustrations is to be paid by the author (equivalent of €250 per page).

Graphs, charts, titles, and legends in accepted manuscripts will be edited according to *CMJ* style and standards prior to publication. Prefered format for graphs or chart is xls or xlsx. Graphs and charts saved as image (raster) files such as JPG, TIF, or GIF and imported or copied/pasted into Word or Power Point are not acceptable.

The resolution for photpgraphic images should also be at least 300 dpi, and the minimum image width should be 6 cm. Please submit files in RGB format. For published manuscripts, image files will be posted online in their original RGB format, maintaining the full color of your original files. Note that we will still need to convert all RGB files to CMYK for printing on paper and color shifts may occur in conversion. You will not receive a CMYK proof. You can view an approximation of print results by converting to CMYK in Photoshop or Illustrator.

Acknowledgements

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References

CMJ uses the ICMJE recommendations for reference formatting (http://www.nlm.nih.gov/bsd/uniform_requirements.html), with sequential numbering in the text, and respective ordering within the list. References cited in the manuscript are listed in a separate section immediately following the text. The authors should verify all references. Consult Index Medicus or PubMed (http://www.ncbi.nlm.nih.gov/entrez/) for standard journal abbreviations. A reference cited only in a table or figure is numbered in the sequence established by the first mention in the text of the table or figure containing the reference. Do not put MEDLINE ID's or DOI in references.

Do not put period after the reference number. Separate reference number and (last) name of first author by one space only. Provide names of all authors when there are six or fewer; if there are seven authors or more, list only the first six, followed by et al. Journal references should include the following information, listed in the order indicated: authors, article title and subtitle, journal abbreviation, year, volume number in Arabic numerals, and inclusive pages.

REPORTING SPECIFIC TYPE OF STUDIES

Some types of research reports require specific organization of the manuscript and presentation of data. We ask authors to follow available recommendations for the following study designs. Examples include PRISMA for meta-analyses of randomized controlled trials, MOOSE for meta-analyses of epidemiological studies, STARD for studies of diagnostic accuracy, STROBE for reporting observational studies in epidemiology, ARRIVE for research using laboratory animals, CONSORT for randomized controlled trials, SQUIRE for quality improvement studies in health care, and COREQ for reporting qualitative research and CARE for case reports. The latest updates of reporting guidelines are available from the EQUATOR Network - an international initiative that seeks to enhance reliability and value of medical research literature by promoting transparent and accurate reporting of research studies (http://www.equator-network.org/resource-centre/library-of-health-research-reporting/). We expect authors to submit relevant checklist and flow diagrams with their manuscript.

LANGUAGE

The language of the *CMJ* is US English. The Editors retain the customary right to style and, if necessary, shorten texts accepted for publication. This does not mean that we prefer short articles – actually, we do not limit their size – but rather a resection of the obviously redundant material.

The past tense is recommended in the Results Section. Avoid using Latin terms; if necessary, they should be added in parentheses after the English terms. Real names rather than "levels" or "values" should refer to parameters with concrete units (eg, con-

centration). Above all, the author should have in mind that his/her article is intended for a general medical journal and a general reader.

ABBREVIATIONS

Only standard abbreviations and symbols may be used without definition and may be used in the title or the page-heading title. Non-standard abbreviations should not be used in the title or page-heading title. They must be explained in the text in the following way: the term should be written in full when it appears in the text for the first time, followed by the abbreviation in parentheses; from then on, only abbreviation is used in the text. This applies separately to the Abstract and the rest of the text.

SUBMISSION OF MANUSCRIPTS

All manuscripts should be submitted online at http://comet.sdewes.org/cmj/index.php. The submission should be acompanied with Letter to the Editor stating the major finding and explaining what is novel in the manuscript. All manuscripts submitted to *CMJ* will be regularly analysed by plagiarism detection software.