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 ICMJE’s trial registry [i.e., the ClinicalTrials.gov database (4,5)]

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

<table>
<thead>
<tr>
<th>Topics of the manuscript</th>
<th>Acceptance priority</th>
<th>Useful guidelines for the content and structure of the manuscript</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic sciences</td>
<td>high</td>
<td>relevant for medicine</td>
</tr>
<tr>
<td>Clinical sciences</td>
<td>high</td>
<td>proper study design</td>
</tr>
<tr>
<td>Translational research</td>
<td>high</td>
<td>connects basic and clinical medicine</td>
</tr>
<tr>
<td>Public health</td>
<td>high</td>
<td>originality of research data</td>
</tr>
<tr>
<td>Health care organization</td>
<td>low</td>
<td>of international importance, not (only) plans for the future</td>
</tr>
<tr>
<td>Health and human rights</td>
<td>low</td>
<td>no politics; the work has to deal with health</td>
</tr>
<tr>
<td>Medical education</td>
<td>low</td>
<td>research data</td>
</tr>
<tr>
<td>Types of articles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original research articles</td>
<td>absolute preference</td>
<td>completed and high-quality work</td>
</tr>
<tr>
<td>Reviews</td>
<td>solicited only</td>
<td>on a relevant subject</td>
</tr>
<tr>
<td>Short communications</td>
<td>low</td>
<td>absolutely important to be published fast</td>
</tr>
<tr>
<td>Case reports</td>
<td>low</td>
<td>showing new disease mechanism, diagnostic, and/or therapy</td>
</tr>
<tr>
<td>Essays</td>
<td>low</td>
<td>discussion on an important topic</td>
</tr>
<tr>
<td>Correspondence</td>
<td>low</td>
<td>research-related only</td>
</tr>
</tbody>
</table>
WHO International Clinical Trials Registry Platform (ref. 4, http://www.who.int/icrtp/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.html) 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.”

References


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 Conclusion.

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.

Patients/material and methods

For clinical studies consider including: (a) planned study population, including con-

Figure 1.

Go from the general, broad context of your work, to tell the reader what is already known, to what is not yet known, to what the problems are, and to what you have decided to do.

Stylistic structure of the introduction section.
Thus, it is best to describe the main findings 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 (although 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.

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 content), 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 be 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 non-standard abbreviations that are used in each table. For footnotes use the following symbols, in this sequence:

* † ‡ § ¶

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 paren-
the central axis. 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 sequence. 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. Preferred format for graphs or chart is xlsx 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 photographic 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.

Authorship Statement form

All contributing authors must fill out and sign these statements and submit them to the Editorial Office. Accepted manuscripts will not be published until signed statements from all authors have been received.

Acknowledgements

Technical help, critical reviews of the manuscript and financial or other sponsorship may be acknowledged. Do not acknowledge paid services, eg, professional translations into English.

References

CMJ uses the ICMJE recommendations for reference formatting (http://www.nlm.nih.gov/bdo/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. 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, concentration). 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 accompanied 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.

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