GUIDE TO AUTHORS

SCOPE

Clinical Pharmacology & Therapeutics is the authoritative, cross-disciplinary journal in experimental and clinical medicine devoted to publishing advances in the nature, action, efficacy and evaluation of therapeutics in humans. CPT welcomes original articles in the emerging areas of translational, predictive and personalized medicine; new therapeutic modalities including gene and cell therapies; pharmacogenomics, proteomics and metabolomics; bioinformation and applied systems biology complementing areas of pharmacokinetics and pharmacodynamics, human investigation and clinical trials, pharmacovigilance, pharmacoepidemiology, pharmacometrics, and population pharmacology. The journal also publishes articles by invitation. Commentary and Point-Counterpoint provide a forum for perspectives in clinical pharmacology and therapeutics in the context of contemporary scientific, political, economic and social issues. State of the Art contributions summarize the latest advances in the science underpinning drug discovery, development, regulation and utilization. CPT highlights issues transforming the practice of clinical pharmacology, including ethics, education and public policy. Bench-to-bedside translation in therapeutics is presented in the context of clinical applications of basic pharmacology, discovery and translational medicine and drug development. CPT does not consider animal studies. CPT will consider case reports on a case-by-case basis.

ABSTRACTING


IMPACT FACTOR

With an impact factor of 7.266, CPT is the top-ranked journal publishing primary research in the field of pharmacology and pharmacy. URL http://cpt.msubmit.net ISSN 0009-9236 EISSN 1532-6535 FREQUENCY Printed monthly. Accepted Article and Early View Publication as available.

Submission Fee (Does not apply to invited authors) Manuscripts submitted for consideration will incur a submission fee of $75 (plus VAT where applicable) to cover, in part, the time and resources required to manage submissions. Members of ASCPT will receive a discounted submission rate. Fees must be paid prior to submission of a paper and will not be waived or refunded.

EDITORIAL PROCESS

Criteria for Publication

The principal criteria for publication of papers in CPT are that they:
• Report original scientific research (the main results and conclusions must not have been published or submitted elsewhere)
• Are of outstanding scientific importance
• Reach a conclusion of interest to an interdisciplinary readership.

Selection Process of Submitted Papers

CPT has space to publish approximately 10% of all submitted papers, requiring rigorous selection criteria. Upon submission, the manuscript is assigned to an Associate Editor covering the subject area, who makes the initial decision on whether to send it out for peer-review. The journal receives many more high-quality submissions than it can publish and CPT's Associate Editors strive to identify maximally impactful papers to compete for the limited publication space available. Papers not chosen for peer-review are quickly returned to the authors to minimize unproductive delays and allow sufficient time to prepare the manuscript for submission to another journal. If selected for peer review, referees are chosen by the Associate Editor based upon subject expertise and ability to evaluate the paper fully and fairly, and in a timely manner. The ideal referee report indicates who will be interested in the new results and why, and will be used by the Associate Editor to help determine the impactfullness of publication in CPT. If a paper is selected for further consideration, authors are required to address the comments of the referees in a revised version of the paper. The Associate Editor assigned to the paper is responsible for making a decision recommendation to the CPT Editorial Team in light of the referees' reports. All papers recommended for acceptance are then considered by the entire Editorial Team of CPT, including the Editor-in-Chief, who determines the final disposition for all papers.

PREPARATION OF MANUSCRIPTS

CONTENT TYPES

Author Submissions

(1) Article, (2) Clinical Trial, (3) Letter to the Editor

Invited Submissions


ORIGIANAL RESEARCH

(1) Article

Word Limit: 4,000 words excluding abstract, references, tables, and figures
Abstract: 150 words maximum
References: 50 maximum
Figures/Tables: 7 maximum

Substantial novel research

(2) Clinical Trial

Word Limit: 4,000 words excluding abstract, references, tables, and figures
Abstract: 150 words maximum
References: 50 maximum
Figures/Tables: 7 maximum

Manuscripts developed from well-conducted, well reported, and relevant clinical trials. See Clinical Trials: Guide to Authors for additional information.

(3) Letter to the Editor

Word Limit: 400 words excluding references, tables, and figures
Abstract: no abstract for this article type
References: 5 maximum
Figures/Tables: 1 maximum

Letters must be submitted within 6 months of publication of the subject article. A Letter to the Editor must reference the original source, and a Response to Letter must reference the Letter to the Editor in the first few paragraphs. Letters to the Editor can use an arbitrary title, but a Response must cite the title of the Letter: e.g., Response to [title of Letter]

OTHER CONTRIBUTIONS

(4) Book Review [typically by invitation of Editors]

Word Limit: 700 words
Abstract: no abstract for this article type
References: no references for this article type
Figures/Tables: Cover image will be secured prior to publication by the Editorial Office

(5) Commentary [typically by invitation of Editors]

Word Limit: 1,600 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type; should include a 75-word introduction
References: 10 maximum
Figures/Tables: 2 maximum

Typically highlights findings of a paper in the same issue, presented in a wider scientific and clinical context

(6) Conference Proceedings [typically by invitation of Editors]

Word Limit: 1,000 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type; should include a 75-word introduction
References: 10 maximum
Figures/Tables: 2 maximum

Typically highlights topics from recent conferences that impact clinical pharmacology

(7) Development [typically by invitation of Editors]

Word Limit: 1,500 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type; should include a 75-word introduction
References: 5 maximum
Figures/Tables: 2 maximum. At least 1 color figure is required.

Emerging innovations in tools, platforms, and applications transforming diagnostic and therapeutic development; new algorithms optimizing the clinical utility of patient- and population-based evaluations; evolution of regulatory and economic policies centered on optimizing disease management.

(8) Discovery [typically by invitation of Editors]

Word Limit: 1,500 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type; should include a 75-word introduction
References: 5 maximum
Figures/Tables: 2 maximum. At least 1 color figure is required.

Cellular or molecular mechanisms emerging from enabling platform technologies providing insight into pathophysiology, opening new avenues for diagnostic and therapeutic intervention; novel integration of fundamental principles across communities of practice and disciplines producing unexpected paradigms with transformative clinical potential.

(9) Macroscopy [typically by invitation of Editors]

Word Limit: 1,600 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type
References: 5 maximum
Figures/Tables: 1 maximum
Should offer a broad view on critical issues facing clinical pharmacology and therapeutics in science, healthcare, policy, and society.

(10) Opinions [typically by invitation of Editors]

Word Limit: 1,500 words excluding introduction, references, tables, and figures
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GUIDE TO AUTHORS

SELECTIVE RESEARCH

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Word Limit: 1,600 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type
References: 5 maximum
Figures/Tables: 1 maximum
Should offer a broad view on critical issues facing clinical pharmacology and therapeutics in science, healthcare, policy, and society.

(10) Opinions [typically by invitation of Editors]

Word Limit: 1,500 words excluding introduction, references, tables, and figures
Abstract: no abstract for this article type
References: 5 maximum
Figures/Tables: 1 maximum

Letters to the Editor can use an arbitrary title, but a Response must cite the title of the Letter: e.g., Response to [title of Letter]
Abstract: no abstract for this article type; should include a 75-word introduction

References: 5 maximum

Figures/Tables: 2 maximum

These short pieces are designed to give the author’s perspective on current topics of relevance to the readership in areas of education, ethics, and public policy

(11) Point-Counterpoint [typically by invitation of Editors]

Word Limit: 1,600 words excluding introduction, references, tables, and figures

Abstract: no abstract for this article type; should include a 75-word introduction

References: 10 maximum

Figures/Tables: 2 maximum

Balanced discussion of controversies in clinical pharmacology

(12) Practice [typically by invitation of Editors]

Word Limit: 3,500 words excluding introduction, references, tables, and figures

Abstract: no abstract for this article type; should include a 75-word introduction

References: 5 maximum

Figures/Tables: 2 maximum. At least 1 color figure is required.

Cases of exceptional novelty that hold teaching points applicable to clinical pharmacology and established therapeutic approaches in clinical care

(13) Review

Word Limit: 4,000-8,000 words excluding introduction, references, tables, and figures

Abstract: no abstract for this article type; should include a 75-word introduction

References: 75-100 maximum

Figures/Tables: 8 maximum. At least 2 color figures are required.

High-quality, timely reviews and perspectives covering important topics in the entire field of clinical pharmacology and therapeutics

(14) State of the Art [typically by invitation of Editors]

Word Limit: 4,000-8,000 words excluding abstract, references, tables, and figures

Abstract: 150 words maximum

References: 2 maximum

Figures/Tables: 8 maximum. At least 2 color figures are required.

Topical reviews, award lectures, keynote addresses, and State of the Art Lectures

(15) Translation [typically by invitation of Editors]

Word Limit: 1,500 words excluding introduction, references, tables, and figures

Abstract: no abstract for this article type; should include a 75-word introduction

References: 5 maximum

Figures/Tables: 2 maximum. At least 1 color figure is required.

Diagnosis and therapeutic paradigms and pharmacological agents emerging from mechanistic insights in pathophysiology bridging discovery science and clinical practice; new tools optimizing therapeutic decision-making; novel algorithms from development and clinical science accelerating discovery of targeted interventions; clinical observations providing unexpected insights into fundamental mechanisms underlying pathophysiology (reverse translation).

FORMAT OF MANUSCRIPTS

General format Manuscripts must be typed in English and be in a single column, double-spaced format. All manuscript pages must be numbered.

Title page This should include (a) the complete manuscript title; (b) all authors’ names and affiliations; (c) the name and address for correspondence, fax number, telephone number, and e-mail address; (d) Conflict of interest statement; and (e) Funding information. The title page should also include the keywords.

Text For contributions requiring abstracts, the lengths are defined in the respective sections of Preparation of Manuscripts. For contributions that do not require an abstract, introductory paragraphs may contain references to cited work. Articles should consist of the following ordered sections:

Title Page
Abstract
Introduction
Results
Discussion

Methods (must contain IRB or IACUC approval: see Informed Consent and Ethics below)

Study Highlights

Acknowledgements

Author Contributions

References

Conflict of Interest

Medicine Leansons

Originality A submitted manuscript must be an original contribution not previously published (except as an abstract), must not be under consideration for publication elsewhere, and, if accepted, must not be reproduced elsewhere without the consent of the American Society for Clinical Pharmacology and Therapeutics (ASCP). Although the editors, editorial board, and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with Clinical Pharmacology & Therapeutics, its editors, ASCPT, or Wiley.

Conflict of Interest CPT subscribes to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. These principles require that participants in the peer review and publication process disclose all relationships that could be viewed as presenting a potential conflict of interest. Disclosures must include employment, consultancies, honoraria, stock ownership, stock options, expert testimony, grants received and pending, patents received and pending, royalties, and in-kind contributions. Editors may publish disclosed information if they believe readers will find it important in judging the manuscript. Institutional and personal conflicts of interest must also be declared.

Informed Consent and Ethics CPT adheres to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals established by the International Committee of Medical Journal Editors. A full description of recommendations can be found at http://www.icmje.org. Research projects on human subjects require review and approval by an Institutional Review Board (IRB). When reporting experiments on human subjects, indicate whether the procedures were in accordance with the ethical standards of the responsible committee on human experimentation or with the Helsinki Declaration of 1975 (as revised in 1983). IRB or IACUC approval must be cited in the Methods section of the text. If there has been no IRB review of the study, please so indicate in the cover letter. In such situations, the manuscript will be reviewed to determine whether IRB review should have been conducted. The result of this review may determine whether or not the manuscript will be considered for publication.

Clinical Trials Registry Registration in a public trials registry is required for publication in CPT.

GUIDE TO AUTHORS

A clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, including exploring pharmacokinetics or safety and tolerability (e.g., phase 1 trials) are exempt. Registration must be with a registry that meets the following criteria: (1) accessible to the public at no charge; (2) searchable by electronic methods; (3) open to all prospective registrants free of charge; or at a minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed), and funding source(s). Examples of registries that meet these criteria include (1) The registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) The International Standard Randomised Controlled Trial Number Registry (http://www.controlled-trials.com); (3) The Cochrane Renal Group Registry (http://www.cochrane-renal.org/ trialssubmissionform.php); (4) The National (United Kingdom) Research Register (http://www.update-software.com/nationalresearchregister); and (5) the registry sponsored by the United States National Institutes of Health (http://clinicaltrials.gov). A clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, including exploring pharmacokinetics or safety and tolerability (e.g., phase 1 trials) are exempt. Registration must be with a registry that meets the following criteria: (1) accessible to the public at no charge; (2) searchable by electronic methods; (3) open to all prospective registrants free of charge; or at a minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed), and funding source(s). Examples of registries that meet these criteria include (1) The registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) The International Standard Randomised Controlled Trial Number Registry (http://www.controlled-trials.com); (3) The Cochrane Renal Group Registry (http://www.cochrane-renal.org/ trialssubmissionform.php); (4) The National (United Kingdom) Research Register (http://www.update-software.com/nationalresearchregister); and (5) the registry sponsored by the United States National Institutes of Health (http://clinicaltrials.gov).


CPT is supported by EndNote Styles. To download the CPT style file, visit http://www.endnote.com/support/enstyles.asp and search for “Clinical Pharmacology & Therapeutics.”

FIGURES
Figures should be numbered consecutively in the order of first citation in the text. If a table, figure or any other previously published material is included, the authors must obtain written permission to reproduce the material in both print and electronic formats from the copyright owner and submit it with the manuscript. The original source should be cited. Figures and tables must be uploaded separately from the manuscript text. Each figure must be provided as an individual file. Composite figures should be submitted preassembled.

FIGURE LEGENDS
Legends should be brief and specific and should appear after the Reference section in the manuscript text.

GUIDELINES FOR FIGURES AND ARTWORK
Detailed guidelines for submitting figures and artwork can be found at: http://authorstyleservices.wiley.com/prep_illus.asp. Using the guidelines, please submit production-quality artwork at submission.

FIGURES IN PRINT
Accepted figure files include PDF, TIFF, or EPS. [color charges may apply]

Minimum resolutions:
Half-tone images, 300 dpi (dots per inch) Color images, 300 dpi saved as CMYK Images containing text, 400 dpi Line art, 1,000 dpi

Sizes:
Figure width – single image 86 mm (should be able to fit into a single column of the printed journal) Figure width – multi-part image 178 mm (should be able to fit into a double column of the printed journal)

Text size
8 point (should be readable after reduction – avoid large type or thick lines) line width between 0.5 and 1 point

COLOR ON THE WEB
Figures supplied in color will appear as such on the web for free. If authors choose to foreshadow color charges, these figures will be converted to black and white for the print journal automatically as part of the regular production process. For any figures that include elements that would become inaccurate due to conversion to grayscale (eg, a color key in a bar graph), separate color and black and white versions should be submitted as well as separate versions of the figure legend where color used in the figure is referred to directly. The black and white versions of figures should be submitted as supplementary information and indicated as such in the submission letter.

TABLES
Accepted file types include MS Word DOC or DOX format. Tables should be numbered consecutively in the order of first citation in the text. Minimize empty space and restrict the number of characters per row to 130. Supply a brief title for each, but place explanatory matter in the footnotes (not in the heading). Do not use internal horizontal and vertical lines. Tables and figures must be uploaded separately from the manuscript text. Each table must be provided as an individual file. Please do not include multipart tables (such as Table 1a and 1b). Tables should be editable and not embedded images or excel files.

JOURNAL STYLE
Papers should be prepared as follows:
1. See the artwork guidelines above
2. Do not make rules thinner than 1 pt (0.36mm)
3. Use a coarse hatching pattern rather than shading for tints in graphs
4. Color should be distinct when used as an identifying tool
5. Commas should be used to separate thousands
6. At first mention of a manufacturer, the town (state if USA) and country should be provided

FILE FORMATS & REQUIREMENTS
Authors are required to submit final, publication-ready files at the revision stage, along with a version tracking all changes to the paper. Use the Track Changes mode in MS Word or indicate the revised text with bold, highlighted, or colored type.

SUPPLEMENTARY INFORMATION
Supplementary information is peer-reviewed material directly relevant to the conclusion of an article that cannot be included in the printed version owing to space or format constraints. It is posted on the journal’s website and linked to the article online; it may include data files, graphics, movies, or extensive tables. The printed article must be complete and self-explanatory without the supplementary information.

Supplementary Information Charges
Supplementary information may be included online at a rate of $125 per file.

Supplying Supplementary Information Files
Authors should ensure that supplementary information is supplied in its FINAL format at submission, as it is not copy edited and will appear online exactly as submitted. It cannot be altered, nor new supplementary information added, after the paper has been accepted for publication. Please supply the supplementary information via the electronic manuscript submission and tracking system in an acceptable file format. Each supplementary figure must be provided as an individual high-resolution PDF, TIFF, or EPS file. Each supplementary table must be provided as an individual DOC, DOCX, or Excel file. Supplementary text must be provided in DOC or DOXX format. The number of files should be limited to eight, and the total file size should not exceed 640 x 480 pixels. Individual files should not exceed 1 MB. Please use the following naming structure for your supplementary figures and tables:
- Figure S3 and Table S1, etc. Please do not refer to supplementary materials as appendices.

Accepted File Formats
File sizes must be as small as possible to expedite downloading. Images should not exceed 640 x 480 pixels. Movie files can be in Quick Time (.mov), or MPEG (.mpg) format. For movies, we recommend 480 x 360 pixels as the maximum frame size and a frame rate of 15 frames per second. If applicable to the presentation of the information, use a 256-color palette. Please consider the use
of lower specification for all of these points if the supplementary information can still be represented clearly. Our recommended maximum data rate is 150 KB/s. Seek advice from the editorial office if files larger than our maximum size to avoid delays in publication. Questions about the submission or preparation of supplementary information should be directed to the editorial office.

**EDITORIAL POLICIES**

**PLAGIARISM**

Plagiarism is when an author attempts to represent someone else’s work as his or her own. Duplicate publication, sometimes called self-plagiarism, occurs when an author reuses substantial parts of his or her own published work without providing the appropriate references. This can range from getting an identical paper published in multiple journals, to ‘slammi-slicing’, where authors add small amounts of new data to a previous paper. Plagiarism can be said to have clearly occurred when large chunks of text have been cut-and-pasted. Such manuscripts would not be considered for publication in CPT. But minor plagiarism without dishonest intent is relatively frequent, for example, when an author reuses parts of an introduction from an earlier paper. The journal editors judge any case of which they become aware (either by their own knowledge of and reading about the literature, or when alerted by referees) on its own merits. If a case of plagiarism comes to light after a paper is published, the journal will conduct a preliminary investigation. If plagiarism is found, the journal will contact the author’s institute and funding agencies. A determination of misconduct will lead the journal to run a statement, bidirectionally linked online to and from the original paper, to note the plagiarism and to provide a reference to the plagiarized material. The paper containing the plagiarism will also be obviously marked on each page of the PDF. Depending on the extent of the plagiarism, the paper may also be formally retracted.

**IMAGE INTEGRITY AND STANDARDS**

Images submitted with a manuscript for review should be minimally processed (for instance, to add arrows to a micrograph). Authors should retain their unprocessed data and metadata files, as editors may request them to aid in manuscript evaluation. If unprocessed data are unavailable, manuscript evaluation may be stalled until the issue is resolved. A certain degree of image processing is acceptable for publication (and for reproducibility), but extreme fields and techniques are avoidable. The final image must correctly represent the original data and conform to community standards. The guidelines below will aid in accurate data presentation at the image processing level; authors must also take care to exercise prudence during data acquisition, where image artefacts can be avoided. Authors should list all image acquisition tools and image processing software packages used. Authors should document key image gathering settings and processing manipulations in the Methods. Images gathered at different times or from different locations should not be combined into a single image, unless it is stated that the resultant image is a product of time-averaged data or a time-lapse sequence. If juxtaposing images is essential, the borders should be clearly demarcated in the figure and described in the legend. The use of touch-up tools, such as cloning and healing tools in Photoshop, or any feature that deliberately obscures manipulations, is to be avoided. Processing (such as changing brightness and contrast) is appropriate only when it is applied equally across the entire image and is applied equally to controls. Contrast should not be adjusted so that data disappear. Except for minor manipulations, such as processing to emphasize one region in the image at the expense of others (for example, through the use of a biased choice of threshold settings), is inappropriate, as is emphasizing experimental data relative to the control. When submitting revised final figures, authors may be asked to submit original, unprocessed images.

**CONFIDENTIALITY**

CPT editors and editorial staff keep confidential all details about a submitted manuscript and do not comment to any outside organization about manuscripts under consideration by the journal while they are under consideration or if they are rejected. The journal editors may comment publicly on published material, but their comments are restricted to the content itself and their evaluation of it. After a manuscript is submitted, correspondence with the journal referees’ reports and other confidential material, whether or not the submission is eventually published, must not be posted on any website or otherwise published without prior permission from the editors. The editors themselves are not allowed to discuss the manuscript with third parties or to reveal information about correspondence and other interactions with authors and referees. Referees agree to maintain confidentiality of all manuscripts under consideration.

**DATA POLICY**

CPT expects that data supporting the results in the paper will be archived in an appropriate public repository. Whenever possible the scripts and other artefacts used to generate the analyses presented in the paper should also be publicly archived. Exceptions may be granted at the discretion of the editor for sensitive information such as human subject data or the location of endangered species. Authors are expected to provide a data accessibility statement, including a link to the repository they have used, to accompany their paper.

**COMMUNICATION WITH THE MEDIA**

Authors must not discuss contributions with the media (including other scientific journals) until the publication date. The only exception is in the week before publication, during which contributions may be discussed with the media if authors and their representatives (institutions, funders) clearly indicate to journalists that their contents must not be published until the journal’s press embargo has elapsed. Authors will be informed of embargo dates and times after acceptance for publication of their articles. We reserve the right to halt the consideration or publication of a paper if this condition is broken. Any timely request from the media (including other scientific journals) before the embargo time will result in the abstract being withdrawn from the supplementary information available at the time of the meeting, is embargoed until the start of the ASCPT Annual Meeting.

**EMBARGO ON ABSTRACTS**

Accepted abstracts are published in the March supplement of CPT. Academic institutions, private organizations, and companies with products whose values may be influenced by information contained in an abstract may issue a press release to coincide with the availability of an abstract. However, information beyond that contained in the abstract, e.g., discussion of the abstract done as part of a scientific presentation and the presentation of additional or new information that will be available at the time of the meeting, is embargoed until the start of the March issue. Information released prior to this day is a violation of the ASCPT Abstract Embargo Policy and may result in the abstract being withdrawn from the meeting and other measures deemed appropriate. Authors are responsible for notifying financial and other sponsors about this policy.

**CORRECTION AND RETRACTION POLICY**

We recognize our responsibility to correct errors that we have previously published. Our policy is to consider refutations (readers’ criticisms) of preliminary research papers, and to publish them (in concise form) if and only if the author provides compelling evidence that a major claim of the original paper was incorrect. Corrections are published for significant errors at the discretion of the editors. Readers are encouraged to notify an error should an email to the editorial office of the journal, clearly stating the publication reference, title, author and section of the article, and briefly explaining the error.

**CORRECTIONS TO THE PRINT AND ONLINE VERSIONS OF PAPER-REVIEWED CONTENT**

Publishable amendments are considered by the editors of the journal. The authors of the publication are represented by a formal printed and online notice in the journal because they affect the publication record and/or the scientific accuracy of published information. Where these amendments concern peer-reviewed material, they fall into one of four categories: erratum, corrigendum, retraction, or addendum, described here.

**Erratum** Notification of an important error made by the author(s) that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal.

**Corrigendum** Notification of an important error made by the author(s) that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal.
All authors must sign corrigenda submitted for publication. In cases where coauthors disagree, the editors will take advice from independent peer-reviewers and impose the appropriate amendment, noting the dissenting author(s) in the text of the published version.

**Retraction** Notification of invalid results. All coauthors must sign a retraction specifying the error and stating briefly how the conclusions are affected, and submit it for publication. In cases where coauthors disagree, the editors will seek advice from independent peer reviewers and impose the type of amendment that seems most appropriate, noting the dissenting author(s) in the text of the published version.

**Addendum** Notification of a peer-reviewed addition of information to a paper, usually in response to readers’ request for clarification. Addenda are published only rarely and only when the editors decide that the addendum is crucial to the reader’s understanding of a significant part of the published contribution.

**SUBMISSION AND PUBLICATION**

**SUBMISSION OF PAPERS**

Manuscripts must be submitted online at http://cpt.msubmit.net. Manuscripts are assessed by an editor upon submission. Only manuscripts that meet our editorial criteria are sent out for formal review. One compelling, negative review may be sufficient for a decision to reject.

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Authors are encouraged to submit their version of the accepted, peer-reviewed manuscript to their funding body’s archive, for public release twelve months after publication. In addition, authors are encouraged to archive their version of the manuscript in their institution’s repositories (as well as on their personal web sites), also twelve months after the original publication. Authors should cite the publication reference and Digital Object Identifier (DOI) on any deposited version, and provide a link from it to the published article on the CPT website. This policy complements the policies of the US National Institutes of Health, the Wellcome Trust and other research funding bodies around the world. ASCPT recognizes the efforts of funding bodies to increase access of the research they fund, and strongly encourages authors to participate in such efforts.

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