ABOUT THE JOURNAL

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

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IMPACT FACTOR

With an impact factor of 7.268, *CPT* is the top-ranked journal publishing primary research in the field of pharmacology and pharmacy.

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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 impactfulness 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 (4) Book Review, (5) Commentary, (6) Conference Proceedings, (7) Development, (8) Discovery, (9) Macroscopy, (10) Opinions, (11) Point-Counterpoint, (12) Practice, (13) Review, (14) State of the Art, (15) Translation. Submissions that do not adhere to the guidelines provided in this document will be returned to the author prior to consideration. Material that cannot fit within the allowed limit may be submitted as supplementary information.

ORIGINAL 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: 1,600 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 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 interventions; 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
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; 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

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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

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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.
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

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Word Limit: 4,000-8,000 words excluding abstract, references, tables, and figures
Abstract: 150 words maximum
References: 75-100 maximum
Figures/Tables: 8 maximum. At least 2 color figures are required.
Typically topical reviews, award lectures, keynote addresses, and State of the Art Lectures

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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.
Diagnostic 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; and (c) the name and address for correspondence, fax number, telephone number, and e-mail address. The title page should also include the number of references, figures, and tables; and key words.

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
Conflict of Interest/Disclosure
Author Contributions
References
Figure Legends

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Abbreviations Abbreviations should be defined at the first mention in the text and in each table and figure. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure. For a list of standard abbreviations, please consult the CSE Manual for Authors, Editors, and Publishers (available from the Council of Science Editors, 12100 Sunset Hills Road, Suite 130, Reston, VA 20190) or other standard sources.

Style *The American Medical Association Manual of Style* (9th edition), *Stedman's Medical Dictionary* (27th edition) and *Merriam-Webster's Collegiate Dictionary* (10th edition) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical name, and do not abbreviate them (a proprietary name may be given only with the first use of the generic name). Code names should be used only when a generic name is not yet available (the chemical name and a figure giving the chemical structure of the drug is required). Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug. Names and locations (city and state in United States; city and country outside United States) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses. The official HUGO gene should be indicated in parentheses with the first reference in the paper.

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Original research articles should include a Study Highlights section after the Methods in the manuscript text. The highlights section should include and answer each of the questions below.

The entire section, not including the questions, should be under 150 words.

- o What is the current knowledge on the topic?
- o What question did this study address?
- o What this study adds to our knowledge
- o How this might change clinical pharmacology or translational science

AUTHOR RESPONSIBILITY

Upon submission, the corresponding author must confirm full access to all data in the study and final responsibility.

AUTHOR CONTRIBUTIONS

A list of each authors' contributions should be provided in the manuscript text. The standard contributions include: Wrote Manuscript, Designed Research, Performed Research, Analyzed Data, and Contributed New Reagents/Analytical Tools.

ACKNOWLEDGMENTS

This should include sources of support, including federal and industry support. All authors who have contributed to the manuscript must be acknowledged. Medical writers, proofreaders, and editors should not be listed as authors, but acknowledged here.

DISCLOSURE

At the time of submission, each author must disclose and describe any involvement, financial or otherwise, that might potentially bias his or her work. Disclosure must be included in the text of the manuscript.

REFERENCES

The reference list should contain the references in the order in which they are cited in the text (Vancouver style). Citations included in tables/figures count toward the maximum references allowed for the article type and must be included in the reference list. Tables created solely of references are not permitted. Only published works, as well as manuscripts in press, should be included in the reference list; articles that are submitted or in preparation should be referred to as "unpublished data" in the text (for which all authors up to 6 total should be listed, then *et al.*). For publications in the reference list, all authors should be included unless there are more than six, in which case only the first author should be given, followed by '*et al.*' Titles of cited articles are required for all article types. Journal names are italicized and abbreviated (with periods after each abbreviated word) according to common usage; refer to Index Medicus (PubMed) for details. For book citations, the publisher and city of publication are required; include the country (and state for US) for lesser-known cities or where any ambiguity is possible (e.g., John Wiley & Sons, Hoboken, New Jersey, USA, 2003; MIT Press, Cambridge, Massachusetts, USA).

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Kashuba, A.D. *et al*. Effect of fluvoxamine therapy on the activities of CYP1A2, CYP2D6, and CYP3A as determined by phenotyping. *Clin. Pharmacol. Ther.* **64**, 257–268 (1998).

Books:

Eisen, H.N. *Immunology: An Introduction to Molecular and Cellular Principles of the Immune Response* 5th edn. (Harper & Row, New York, 1974).

Articles in books:

Weinstein, L. & Schwartz, M.N. Pathogenic properties of invading microorganisms. In *Pathologic Physiology: Mechanisms of Disease* (eds. Sodeman, W.A., Jr. & Sodeman, W.A.) 457–473 (W.B. Saunders, Philadelphia, 1974).

Website:

Fleischbein, J. Northeast Pacific long-term observation program. US GLOBEC <http://globec.oce.orst.edu/groups/nep/index.html> (2003). Accessed 13 April 2006.

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

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- Line art, 1,000 dpi

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- Figure width – single image 86 mm (should be able to fit into a single column of the printed journal)
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- 8 point (should be readable after reduction – avoid large type or thick lines) line width between 0.5 and 1 point

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1. See the artwork guidelines above
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3. Use a coarse hatching pattern rather than shading for tints in graphs
4. Color should be distinct when used as an identifying tool
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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.

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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

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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 DOCX format. The number of files should be limited to eight, and the total file size should not exceed 8 MB. Individual files should not exceed 1 MB.

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