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

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 7.268, CPT is the top-ranked journal publishing primary research in the field of pharmacology and pharmacy. URL http://cpt.msubmit.net

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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 ASCEPT 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 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


Figures/Tables: Cover image will be secured prior to publication by the Editorial Office

REFERENCES

Abstract: 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

(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. 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 data; 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. At least 1 color figure is required.
GUIDE TO AUTHORS

Clinical Trials Registry Publication in a public trials registry is required for publication in CPT. 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 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 the registry sponsored by the United States National Library of Medicine (http://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/trialsubmissionform.php); (4) The National (United Kingdom) Research Register (http://www.update-software.com/national/); and (5) European Clinical Trials Database (http://eudract.emea.eu.int). 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 (11th 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, suppliers, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses. The official HUGO gene name should be indicated in parentheses with the first reference in the paper.

Language Editing Authors who require editing for language are encouraged to consult language editing services prior to submission.

STUDY HIGHLIGHTS
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.  
- What is the current knowledge on the topic?  
- What question did this study address?  
- What this study adds to our knowledge  
- 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**  
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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.

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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 data, and white versions of figures should be submitted as well as the web for free. If authors choose to forego color charges, these figures will be converted to black and white for the print journal automatically as the revised text with bold, highlighted, or colored type

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

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- Table size: 8.5 point (should be readable after reduction – avoid large type or thick lines) line width 8 point (should be able to fit into a double column of the printed journal)  
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GUIDE TO AUTHORS

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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.

ABSTRACTING


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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FREQUENCY Printed monthly. Accepted Article and Early View Publication as available.

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CPT will consider manuscripts developed from well-conducted, well-reported and relevant clinical trials. CPT will consider clinical trials that report on original phase II/III results of hypothesis testing randomized controlled trials for pharmaceuticals, that include subgroup analyses of previously published randomized trials (emphasis on pharmacogenetic/genomic, and exposure-response) subgroup/responder analyses, phase I/II dose-ranging trials (exposure response analyses), original Proof of Concept (POC) randomized controlled trials, and randomized withdrawal trials in any phase of development. If advanced for consideration, manuscripts can be elected for rapid review and potential fast-track publication. Special requirements and policies regarding submission of manuscripts describing clinical trial are listed below; however, it should be noted that all guidelines provided in the Guide to Authors available at www.ascp.org also apply to these manuscripts.

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Submit manuscripts online at http://cpt.msubmit.net selecting Clinical Trial as the manuscript type. Notification will be provided within 48 hours of the decision for expedited review. Note: On a case-by-case basis, CPT will consider expedited review for manuscripts that include novel proof-of-concept studies, or those that meet other pre-specified criteria for rapid review. Authors must provide the following information in your cover letter: (a) registration in a public trials registry (if applicable); (b) information regarding funding source(s). Examples of registries that meet these criteria include (1) the United States National Library of Medicine (http://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/trial submissionform.php); (4) The National (United Kingdom) Research Register (http://www.update-software.com/national/); and (5) European Clinical Trials Database (http://efdrect.emea.eu.int/).

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.

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Language Editing

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STUDY HIGHLIGHTS

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.

• What is the current knowledge on the topic?
• What question did this study address?
• What study adds to our knowledge?
• 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.

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At the time of submission, each author must disclose and describe any involvement, financial or otherwise,
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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 works 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 http://www.endnote.com/support/enstyles.asp and search for “Clinical Pharmacology & Therapeutics” style file, visit http://www.endnote.com/support/enstyles.asp and search for “Clinical Pharmacology & Therapeutics.”

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FIGURES AND TABLES

FIGURES

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