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Authors' guidelines

CONDITIONS OF SUBMISSION AND COPYRIGHT ISSUES

Before the submission remind that:

- manuscripts are considered for publication with the understanding that they do not contain previously published material, have not been published previously and are not currently under review at another journal or elsewhere.
- The authors of manuscripts that include illustrations, tables and/or sections of text that have been published previously elsewhere must request permission to reproduce the material from the copyright holder. This permission must be presented in written form during submission of the manuscript. In the absence of such permission, all material received will be regarded as the authors' own work.
- All the manuscripts that do not respect the authors' guidelines will be resent to the author.
- Manuscripts that report the results of research conducted on human subjects must include a declaration in the **Methods** section that the study protocol was approved by the competent Ethics Committee, in accordance with the ethical standards established in the ***Declaration of Helsinki of 1946*** (World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA 2013 Nov 27;310(20):2191-4. Doi: 10.1001/jama.2013.281053), and that informed consent was obtained from all participants before enrolment in the study. All details that could reveal the identity of a patient (including initials of the patient's name and unnecessary reference to personal data such as occupation and residence) must be omitted from the text and illustrative materials. The patients must provide written informed consent to the publication.
- If experiments have been conducted on animals, the study must have been conducted in accordance with the ***International Guiding Principles for Biomedical Research Involving Animals*** guidelines recommended by the **World Health Organization** (**WHO**) for the use of laboratory animals, and such adherence must be explicitly stated in the manuscript.

Once a manuscript is accepted for publication:

- each author must complete and sign a ***Conflict of Interests disclosure form***, which specifies all economic, personal and professional relationships that could become a conflict of interests, that could be perceived as a possible conflict of interests, or that could influence the work of the author described in the manuscript. All the declarations will appear after the ***Acknowledgements*** section of the article, in the specific paragraph entitled **Ethics**.
- Under proofreading before the publication, the Editorial Office will send you the **Conflict of Interests** disclosure form, alongside with the **Journal Publishing Agreement** to the editorial, which you will return compiled and signed to: editorialoffice@pharmadvances.com
- The authors will be held responsible for any false declarations or noncompliance with the instructions specified above.
- The editorial office reserves the right to reject any manuscript that does not conform to the above-described instructions.

SUBMISSION PROCEDURE

To submit the articles each author needs to register at the official platform, available at the following link: https://www.editorialmanager.com/phadv/default1.aspx. It will be possible to upload the manuscript, which must be in **Word format and with the word line numbers** to facilitate the reviewers.

PUBLICATION TIMING

Time to the first decision: approximately: **15 days**

Time to the final disposition: **30 days**

We are committed to publishing papers as quickly as possible, while maintaining scientific excellence and rigor.

REVIEW PROCEDURE

The decision to publish a manuscript is based on the **peer-revision** and acceptance of an article will be based on criteria of originality, relevance, and scientific content of the contribution. Manuscripts are rapidly, strictly and fairly peer- reviewed by international experts on our Board of Reviewing Editors and other members of the international community.

Specifically, *PharmAdvances* applies a **single-blind improved transparent, fair and constructive review process**.

Each manuscript will be thoroughly evaluated by at least **two expert referees** beyond our editors. Authors may be requested to modify the text based on the comments of reviewers, to which they should respond point by point.

Statements made in the manuscripts are the responsibility of the author and not of the editor. The opinions expressed in the articles are those of the authors and may not reflect the position of the editors.

EDITORIAL WORKFLOW		
Steps	**Editorial Office (OE) /Editor in Chief (EIC) /Section Editor (SE)**	**Comments**
1	Author submits paper	Only Word format papers are accepted. **Word line numbers are needed.**
2	EO receives new submission	

3	EO executes Technical Check	
4	EO initiates discussion	
5	EO assigns the manuscript to the EIC. According to the topic, EIC assigns the manuscript to the appropriate SE.	Editors discuss the manuscript and decide on: - Removal (like "Rejection") - Sent back to author: paper returns to author who may revise it and resubmit Assignment: paper will be assigned to an editor
6	The SE decides together with the EIC if the submitted manuscript should be accepted for further revision or rejected.	The assigned SE will then follow the manuscript in the subsequent steps and might require consultation with the EIC or other editorial board members for specific issues
7	SE identifies and invites the reviewers	2 Reviewers (default) or more in case assessment requires multiple expertise. 10/15 days to review (original manuscripts)
8	Reviewers send in their comments and recommendation	EO/SE sends reviewers reminders if necessary
9	SE/EO receives reviewer comments	Only assigned editor receives
10	SE makes a recommendation accordingly	SE decides (revise, accept, reject) and shares its decision with the EIC. EO receives notification
11	In case of revision, EO notifies the Authors	
12	In case of revision, Authors submit revised manuscript to EO	Author submits revision (deadline: 10 days default; flexibility depends on the amount of work required to address the editor/reviewer comments)
13	EO assigns manuscript to previous SE	
14	In case of revision, SE sends revised manuscript to the Reviewers (if necessary or requested by Reviewers)	7 days to review (revised manuscripts). Reviewers can see comments from authors

15		Reviewers send their recommendation
16	SE receives recommendation	Only assigned editor receives
17	SE sets a (final) decision	SE decides (revise, accept, reject) and shares its decision with the EIC. EIC confirms.
18	EO notifies the Author	
19	EO sets final disposition	Publishing editor receives manuscript

PREPARATION OF THE MANUSCRIPT

Article types

Article description	Abstract	Word limit	Tables/Figures	References
Research articles Research Articles report on primary research. They must describe significant and original observations. Consideration for publication is based on the article's originality, novelty, and scientific soundness, and the appropriateness of its analysis. The article must be subdivided into the following sections: introduction, materials and methods, results, discussion, conclusions.	Unstructured abstract, max. 350 words.	The text should be 3000-5500 words (8 to 16 typed, double-spaced pages) not including abstract, tables, figures, references.	Min. 4 Max. 6-8	Max. 120-150
Review article Reviews are summaries of recent insights in specific research areas of a topic that has direct relevance in the field. Key aims of Reviews are to provide systematic and substantial coverage of mature subjects, evaluations of progress in specified areas, and/or critical assessments of emerging technologies. They should discuss a topic of current interest, outline current knowledge of the subject, analyze different opinions regarding the problem discussed in a balanced manner, be up to date on the latest data in the literature. Normally these are authored by individuals who have themselves made a significant contribution to the original literature on the topic under review and are acknowledged authorities in the field.	Unstructured abstract, max. 350 words.	The text should be 2000-4000 words not including abstract, tables, figures, references.	A minimum number of 3 display items is required including figures and tables or boxes for important but marginal topics.	Max. 150-180.

Brief reports Brief Reports are short announcements of research results. They must contain data derived from cutting-edge research and be of potential interest to a large proportion of the readership. They are independent, concise reports representing a significant contribution to the field. Such communications should represent complete, original studies and should be arranged in the same way as full-length manuscripts.	Unstructured abstract, max. 200 words.	The text should be limited to 2500 words not including abstract, tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20
Perspectives Perspectives are intended to review concepts in a field of interest to PhAdv based on the writer own assessment. They should provide a new view with the goal of sparking debate and open up future research avenues.	Unstructured abstract, max. 200 words.	The text should be between 2000 and 3500 words not including abstract, tables, figures, references.	A minimum number of 2 display items is required.	Max. 50-100
Opinions Opinions are short articles intended to convey the author's viewpoint: on an issue that is critical to the research community; on the strengths and weaknesses of a hypothesis or scientific theory; on a research study. In the latter cases they should provide constructive criticism and be supported by available evidence. Opinion articles should not contain unpublished or original data.	Unstructured abstract, max. 200 words.	The text should be limited to 2500 words not including abstract, tables, figures, references.	A minimum number of 2 display items is required.	Max. 20
Commentaries A commentary is a thorough analysis referred to a work already published in the field of interest to PhAdv, written to draw attention to its possible impact. They should be written by expert in the field.	No abstract	The text should be between 1500 - 2000 words not including tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20
Meeting Reports	No abstract	The text should be between 2000 and 3500 words not including tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20
Letter to the Editor Letters are encouraged if they directly concern articles recently published in the journal. If accepted, the editors reserve the right to submit such letters to the authors of the articles concerned prior to publication, in order to permit them to respond in the same issue of the journal. In exceptional cases, Letters may also address data published in another journal or general subjects related to matters discussed in the journal.	Unstructured abstract, max. 200 words.	The text should be limited to 2500 words not including abstract, tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20
Editorials Editorials are discussions related to a specific topic, article or issue written by an editor or other member of the publication staff.	No abstract	The text should be between 1500 - 2000 words not including tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20
Interviews These types of articles are usually written by the editors who use a question/answer format to interview leading scientists or eminent characters to provide an authoritative view on a particular aspect related to	No abstract	The text should be limited to 2500 words not including tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20

the field of interest to PHADV .				
Case report Accurate and transparent data collection from episodes of care informs the delivery of high-quality individualized healthcare. Therefore, case reports submitted to *PharmAdvances* should make a contribution to medical knowledge, must have educational value, highlighting the need for a considerable change clinical practice or diagnostic/prognostic approaches. The ones that describe preventive or therapeutic interventions are discouraged, as these generally require stronger evidence. Should adhere to **international case report guidelines** supporting the measurement of: (1) **clinician and patient-assessed outcomes**, (2) effectiveness of **Clinical Practice Guidelines** (CPGs), and (3) **the return on investment** (ROI).	See *PHADV* 's Case report format below	limited to 1500-1800 words	Max of: 1-2 tables and 3 figures..	See *PHADV* 's Case report format below

CASE REPORT FORMAT

1. **Title** – The diagnosis or intervention of primary focus followed by the words "case report".
2. **Key words** – 2 to 5 key words that identify diagnoses or interventions in this case report (including "case report").
3. **Abstract** – (unstructured)
4. **Introduction** –Briefly summarizes why this case is unique and may include medical literature references.
5. **Patient information**:
    - primary concerns and symptoms of the patient.
    - Medical, family, and psychosocial history including relevant genetic information.
    - Relevant past interventions and their outcomes.
    - De-identified patient specific information.
6. **Clinical findings** – Describe significant physical examination (PE) and important clinical findings.
7. **Timeline** – Historical and current information from this episode of care organized as a timeline (figure or table).
8. **Diagnostic assessment**
    - Diagnostic methods (PE, laboratory testing, imaging, surveys).
    - Diagnostic challenges.
    - Diagnosis (including other diagnoses considered).
    - Prognostic characteristics when applicable.
9. **Therapeutic intervention**

- Types of therapeutic intervention (pharmacologic, surgical, preventive). o Administration of therapeutic intervention (dosage, strength, duration).
- o Changes in therapeutic interventions with explanations.

10. **Follow-up and outcomes**
    - Clinician- and patient-assessed outcomes if available.
    - Important follow-up diagnostic and other test results.
    - Intervention adherence and tolerability. (How was this assessed?)
    - Adverse and unanticipated events.

11. **Clinical findings** – Describe significant physical examination (PE) and important clinical findings.

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    - Clinician- and patient-assessed outcomes if available.
    - Important follow-up diagnostic and other test results.
    - Intervention adherence and tolerability. (How was this assessed?)
    - Adverse and unanticipated events.

16. **Discussion**
    - Strengths and limitations in your approach to this case.
    - Discussion of the relevant medical literature.
    - The rationale for your conclusions.
    - The primary “take-away” lessons from this case report (without references) in a one paragraph conclusion.

17. **Patient perspective** – The patient should share their perspective on the treatment(s) they received.

18. **Informed consent** – The patient should give informed consent.

COVER LETTER

A cover letter must be included with each manuscript submission. It should be concise and explain why the content of the paper is significant, placing the findings in the context of existing work and why it fits the scope of the journal. Confirm that neither the manuscript nor any parts of its content are currently under consideration or published in another journal.

ESSENTIAL TITLE PAGE INFORMATION

The first page of the manuscript must contain:

Title

The title of the manuscript should be concise and specific. Manuscripts must be submitted with both a full title (maximum of 100 characters) and a short running title (maximum of 40 characters), abbreviations are not allowed in the titles.

Author names and affiliations

Authors names should be listed in the following order: First name, middle initial, last name.

Each author should list a department, university, city and country (please avoid writing your academic position such as resident, fellowship, assistant or associate professor). The PubMed/MEDLINE standard format is used for affiliations: complete address information including city, zip code, state/province, country, and all email addresses. At least one author should be designated as corresponding author, and his or her email address and other details should be included at the end of the affiliation section. It is also advisable to indicate the ORCID identification.

Abstract

A concise and factual abstract is required, **not exceeding 300 words**. The abstract should recapitulate in an abbreviated form the Purpose of the study, Results (along with the main methods used) and Conclusions. Vague, uninformative statements and too basic, general sentences should be avoided. Important terms relevant to the content of the manuscript should be incorporated into the abstract to assist indexers and searchers. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, references should be avoided. Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Key words

Immediately after the abstract, provide a maximum of 5 keywords, avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Impact statement

The impact statement is single sentence (typically 15-30 words) that summarizes the most important finding of the work: it needs to complement (rather than repeat) the title and should

avoid acronyms that are not well known to a broad readership.

The style of writing should conform to English usage and syntax. Authors whose mother tongue is not English are urged to have their manuscripts checked for linguistic correctness before submission. Slang, technical jargon, obscure abbreviations and abbreviated phrasing should be avoided.

On the **pages that follow**, develop the manuscript as follows:

Introduction

Should establish the rationale for the research and contain only the essential information and citations.

Materials and methods

Provide a detailed description of the materials and methodologies used.

Indeed, new sequence information must be deposited to the appropriate database prior to submission of the manuscript.

New high throughput sequencing (HTS) datasets (RNA-seq, ChIP-Seq, degradome analysis, ...) or other high throughput data must be deposited in public databases such as the GEO database, the NCBI's Sequence Read Archive (SRA), or others.

Clarify all the ethical aspects related to your research (see instructions on the Ethics paragraph below) including availability of data and materials. Copy of all the uncropped original experimental data at publishing resolution must be retained for five years and shown upon request by the journal. Failure to produce such data on request can constitute a reason for possible retraction by the journal.

Results

Present the results of the research clearly and exhaustively. Should give answers to the aim/s aforementioned in the introduction and provide main findings and trends.

Discussion

Analyze critically the results obtained and their possible translational and clinical implications. Should compare and contrast the results with relevant researches, provide possible alternate explanations to interpret the results and include possible limitations and shortcomings. It should make clear whether the hypothesis mentioned in the article is true, false or no conclusions can be derived.

Conclusions

Present the significance of the results, their potential impact and, if possible, future perspectives.

Ethics

Complete the paragraph Ethics with the following items:

- **Fundings**: in addition to a list of the sources of funding, authors are also expected to provide the relevant grant numbers, where possible, and list the authors associated with the specific funding sources.

Authors are also required to state whether the funding sources were involved in study design, data collection and interpretation, or the decision to submit the work for publication.

- **Conflicts of interests**: all authors are requested to disclose any actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the work submitted that could inappropriately influence, or be perceived to influence, their work.
  Also state if no conflict was present by writing "The authors have declared no conflict of interests".
- **Availability of data and material**: each manuscript should provide a standardized format to specify the availability of data underlying the research results of the article.
  The statement may refer to original data the research generated or to third-party data, which have been analyzed. The statement should expresses: the means of access, where applicable, providing their link to the data or the required unique identifier. Some examples:

AVAILABILITY OF DATA	STANDARDIZED STATEMENT
Available in a repository accessed with the DOI link.	*The data underlying this article are available in (repository name), at the following link: https://dx.doi.org/[doi]*
Available in a repository accessed using a unique identifier other different from a DOI.	*The data underlying this article are available in (repository name) at the following link: (URL), accessed with a unique identifier, (e.g. deposition number, accession number).*
Incorporated into the article (and its online supplementary material).	*The data underlying this article are available in the article (and in its online supplementary material).*
Cannot be shared for reasons due to ethics and privacy.	*The data underlying this article cannot be shared publicly due to (describe why, e.g. for the privacy of research participants). The data can be shared just before a reasonable request to the corresponding author.*
Available just before a reasonable request.	*The data underlying this article can be shared just before a reasonable request to the corresponding author.*
Owned by a third party.	*The data underlying this article were provided by a third party (specify who/which) under an approrpiate licence or permission. Data can be shared on request to the corresponding author after the permission of the third party.*
Generated at a large-scale facility.	*The data underlying this article were accessed from (indicate the name with the URL and unique identifier for dataset). The derived data generated in this research can be shared after a reasonable request to the corresponding author.*
Derived from a source in the public domain.	*The data underlying this article are available in*

	(repository name), at the following link: https://dx.doi.org/[doi]. The datasets were derived from sources in the public domain: (indicate the list sources, with the URLs).
Subject to an embargo.	*The data underlying this article are subject to an embargo of (specify the period of embargo). Once the embargo expires the data will be available (specify the availability, e.g. after a reasonable request, etc.).*
No new data associated with this article.	*No new data were generated or analysed in this research.*

- **Code availability**: indicate if it is applied.
- **Authors' contribution**: *PharmAdvances* follows the **International Committee of Medical Journal Editors** which state that, in order to qualify for authorship of a manuscript, the following criteria should be observed:
    1. substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data for the work;
    2. drafting the work or revising it critically for important intellectual content;
    3. provide approval for publication of the content;
    4. agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not meet these criteria, but nonetheless provided important contributions to the final manuscript, should be included in the **acknowledgements** section. The responsibility is related to the author, who will get written approval by persons named in the acknowledgments section.
Manuscripts prepared and written by commercial entities (fake-paper factories, "paper mills") on behalf of researchers listed as authors on the manuscript do not meet *PharmAdvances* policies and will not be considered for publication. *PHADV* will reject suspicious manuscripts before the peer-revision.
All the individual contributions should be specified as an Author Contributions statement, that is mandatory and needed at the time of the submission. It should describe each authors' tasks.

NOTE: list only 2 initials for each author, without full stops, but separated by commas (e.g. JC, JS). In the case of two authors with the same initials, please use their middle initial to differentiate between them (*e.g.* REW, RSW) or second letter of the last name (*e.g.*, RWe, RWa).

Ethical approval: if you plan to apply for ethical approval for research involving human participants remind that the information requested by your local committee will depend on your discipline and the type of research that you intend to undertake.
In your manuscript you should declare that you intend to respect the autonomy of individuals involved in your research.
This paragraph usually includes:

1. supplying the research's participants with sufficient and clear information to make an informed decision as to participate (**informed consent to participate**);
2. ensuring that participants are not subject to coercion to participate or penalty for not participating;
3. assuring that all the participants are free to withdraw from the research at any time without giving a reason and without any form of prejudice;
4. respecting and defending the **personal data** made available by the participants following rigorous and recommended procedures to take in account both the confidentiality and anonymisation.

NOTE: if some of the Ethics' items are not applied, please, write **N/A**.

References

Please ensure that every reference cited in the text is also present in the reference list (and *viceversa*). References should follow the **Vancouver System**, as indicated below:

- the order number corresponding with that of appearance in the text;
- the author's name(s) followed by initial or first name;
- the title of the work, in the original language;
- for journals: usual title abbreviations according to international nomenclature and in the order: year, volume number, issue number (in parenthesis), first and last page numbers of the work.
  For example: Bodtger U, Linnegerg A. Remission of allergic rhinitis: An 8-year observational study. J Allergy Clin Immunol 2004;114(6):1384-8.

Books

Name of the author/editor, title, publisher/institution, town where published, first and last page number of the work.

For example: Paupe J, Scheinman P (Eds). Allergologie Pédiatrique. Flammarion, Paris, 1988:pp:324-42.

NOTE: do not write the references using uppercase, small caps or italics. For abbreviation of titles, use the international standards from **Index Medicus**.

Web links and URLs

All web links and URLs, including links to the authors' own websites, should be given a reference number and
included in the reference list rather than within the text of the manuscript. They should be provided in full, including both the title of the site and the URL, as well as the date the site was accessed.

For example: The Mouse Tumor Biology Database. Available at http://tumor.informatics.jax.org/mtbwi/index.do. Accessed 20 May 2013. If an author or group of authors can clearly be associated with a web link, such as for weblogs, then they should be included in the reference.

Article within a journal

Smith JJ. The world of science. Am J Sci 1999;36:234-5.

Article within a journal (no page numbers)

Rohrmann S, Overvad K, Bueno-de-Mesquita HB, Jakobsen MU, Egeberg R, Tjønneland A, et al. Meat consumption and mortality - results from the European Prospective Investigation into Cancer and Nutrition. BMC Medicine 2013;11:63.

Article within a journal by DOI

Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. Dig J Mol Med 2000; doi:10.1007/s801090000086.

Article within a journal supplement

Frumin AM, Nussbaum J, Esposito M. Functional asplenia: demonstration of splenic activity by bone marrow scan. Blood 1979;59 Suppl 1:26-32.

Book chapter, or an article within a book

Wyllie AH, Kerr JFR, Currie AR. Cell death: the significance of apoptosis. In: Bourne GH, Danielli JF, Jeon KW, editors. International review of cytology. London: Academic, 1980:pp. 251-306.

Online First chapter in a series (without a volume designation but with a DOI)

Saito Y, Hyuga H. Rate equation approaches to amplification of enantiomeric excess and chiral symmetry breaking. Top Curr Chem. 2007. doi:10.1007/128_2006_108.

Complete book, authored

Blenkinsopp A, Paxton P. Symptoms in the pharmacy: a guide to the management of common illness. 3rd ed. Oxford: Blackwell Science 1998.

Online document

Doe J. Title of subordinate document. In: The dictionary of substances and their effects. Royal Society of Chemistry. 1999. http://www.rsc.org/dose/title of subordinate document. Accessed 15 Jan 1999.

Online database

Healthwise Knowledgebase. US Pharmacopeia, Rockville. 1998. http://www.healthwise.org. Accessed 21 Sept 1998.

Supplementary material/private homepage

Doe J. Title of supplementary material. 2000. http://www.privatehomepage.com. Accessed 22 Feb 2000.

University site

Doe, J: Title of preprint. http://www.uni-heidelberg.de/mydata.html (1999). Accessed 25 Dec 1999.

FTP site

Doe, J: Trivial HTTP, RFC2169. ftp://ftp.isi.edu/in-notes/rfc2169.txt (1999). Accessed 12 Nov 1999.

Organization site

ISSN International Centre: The ISSN register. http://www.issn.org (2006). Accessed 20 Feb 2007.

Dataset with persistent identifier

Zheng L-Y, Guo X-S, He B, Sun L-J, Peng Y, Dong S-S, et al. Genome data from sweet and grain sorghum (Sorghum bicolor). GigaScience Database. 2011. http://dx.doi.org/10.5524/100012.

Tables

All tables must be presented in separate files in a text format. Tables must be identified and referred in the manuscript with **roman numerals** and accompanied by a brief caption.

Tables will not be accepted in PowerPoint, PDF or JPG formats, which require retyping of the text for uniformity of style with journal graphics.

Figures

The figures (i.e., photographs, graphs, and diagrams, including flow charts) themselves should be submitted separately from the manuscript file (one file for each figure). Each figure should be numbered with an arabic numeral (according to its citation in the text). For composite figures, each component should be labeled with lowercase letters (*e.g.*, **Figure 1 a**).

***Photographs, graphs, diagrams*, and *flow charts* must be supplied in one of the following formats: JPG (high resolution: min 300 dpi), TIFF (high resolution: min 400 dpi), or EPS (high resolution: min 600 dpi).**

Scanned images must be acquired with high resolution and saved in a high-resolution format.

Illustrative material included in the article should ideally be unprotected by copyright. For tables or figures that have already been published (by the authors or others), permission to reproduce must be obtained from the copyright holder (generally, the journal in which the material was originally published) and attached to the submission. Failure to obtain this permission prior to submission can delay publication of an accepted manuscript.

Authors should make sure that photographs of patients contain no identifying features. The patient must be asked to provide written informed consent to the publication of the photograph.

In addition, the Publisher reserves the right to not publish images not conforming to these requirements, which could affect the graphical quality of the journal.

NOTE: figures must be presented separately, not inserted in the manuscript text and must not contain trade names or bibliographic references.

Legends

A caption should comprise a brief title and a description of the illustration. Captions for figures are to be provided in the text file at the end of the manuscript.

Use of the Digital Object Identifier

The Digital Object Identifier (DOI) may be used to cite and link to electronic documents. The DOI

consists of a unique alpha-numeric character string which is assigned to a document by the publisher upon the initial electronic publication. The assigned DOI never changes. Therefore, it is an ideal medium for citing a document. When you use a DOI to create links to documents on the web, the DOIs are guaranteed never to change.

Source data files

PharmAdvances strives to make supplementary data, if applicable, easily accessible, searchable and citable, and made available in the most useful format for reuse. *PharmAdvances* encourages authors to provide Source data files, for example, for figures such as histograms or tables showing summary data.

Each Source data file should relate directly to a single figure or table, whereas major datasets generated in the course of the work should be deposited externally. Each source data file should be clearly labelled, '**Figure 1**–Source data 1', '**Table I**–Source data 1' and so on and have a short title (and optional legend).

Source data files should be referred to in the relevant figure legend or table footnote, and they should also be listed at the end of the article text file.

In addition, authors should provide information about data processing and analysis, including any statistical tests applied, with exact sample number, p-values of tests, criteria for data inclusion or exclusion, and details of replicates. In some cases, it might be unwieldy to have this information in the legend of a figure, in which case the information should be provided along with the source data file.

Wherever possible, authors should make major datasets available using domain-specific public archives (for example, **GenBank**, **Protein Data Bank**, **ClinicalTrials.gov**), or generic databases (for example, **Dryad**, **Dataverse**, **the Open Science Framework** or an institutional repository) where a domain specific archive does not exist. A comprehensive catalogue of databases has been compiled by the **BioSharing information resource**.

Acronyms, abbreviations, units of measurements

PharmAdvances recognizes the adoption of the International Systems of Units (SI-Units). Acronyms, abbreviations, and units of measurements without a legend and/or incomprehensible are not permitted. When necessary, a list of abbreviations may be inserted after the abstract.

SUBMISSION CHECKLIST

The following list will be useful during the final checking of an article prior to sending it to the journal for review. Ensure that the following items are present:

one author has been designated as the corresponding author with contact details:

- e-mail address;
- full postal address;
- ORCID.

All necessary files have been uploaded, and contain:

- key words;

- all figure captions;
- all tables (including title, description, footnotes); further considerations:
- manuscript has been “spell-checked” and “grammar-checked”;
- references are in the correct format for this journal;
- all references mentioned in the Reference list are cited in the text, and *viceversa*;
- permission has been obtained for use of copyrighted material from other sources (including the Internet);
- ethics paragraph.

ONLINE PROOF CORRECTION

Proofreading is the responsibility of the authors regarding content, and of the editors regarding the technical part. The proofs for correction will be sent to the corresponding author indicated in the manuscript. These must be corrected and returned to the editorial office by the date indicated in the accompanying letter and within **5 working days** of their receipt.

After this deadline, ex officio correction and/or postponing of publication will occur, depending on the editorial priority of the Editor in Chief.

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