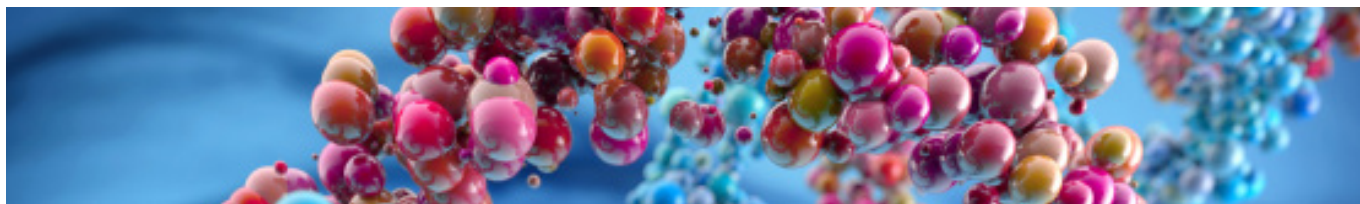


# Touch Medical Media

## Instructions for Authors





## Editorial Policies and Practices

### General Remarks

Touch Medical Media endeavours to publish unbiased, balanced reviews and studies in support of the concerns raised in the Good Publication Practice (GPP/GPP-3) guidelines. Articles accepted for publication include editorials, review articles, case reports, special reports and original research. Touch Medical Media requires all authors to adhere to the ethical standards as outlined by the Committee on Publication Ethics (COPE, [publicationethics.org](http://publicationethics.org)) and International Committee of Medical Journal Editors (ICMJE Recommendations, [www.icmje.org](http://www.icmje.org)). Please refer to the Touch Medical Media *Publication Ethics and Malpractice Statement* available on the journal website for further information and guidance.

### Peer Review

Articles undergo a double-blind peer review, conducted by at least two independent experts in the field, to ensure articles are balanced, objective and relevant to the current clinical landscape. The journal offers a rapid publication service, and aims to provide the peer review decision within four weeks of article submission.

### Authorship and Transparency

Touch Medical Media follows the authorship and transparency criteria outlined in the ICMJE recommendations ([www.icmje.org](http://www.icmje.org)). All named authors must meet the ICMJE criteria for authorship, take responsibility for the integrity of the work as a whole, and give approval of the final version before publication. Individuals who contribute to the paper but do not meet the criteria for authorship should be listed in the Acknowledgments section. All authors are asked to disclose personal, commercial, academic and financial interests, along with any funding or financial support relating to the article. Upon submission, one of the following forms (dependent on the type of article) must be completed and submitted with the article.

**CONSORT** for original research articles

**PRISMA** for systematic reviews and meta-analyses

**CARE** for case reports

### Plagiarism

Touch Medical Media has a strict policy against plagiarism. We use anti-plagiarism software to check all submissions before peer review. Tables, figures or sections of text must be used only with permission of the originator and with clear reference to the original version. All authors are responsible for obtaining the necessary permissions and must sign a copyright disclosure form to declare the publication is entirely their own work.

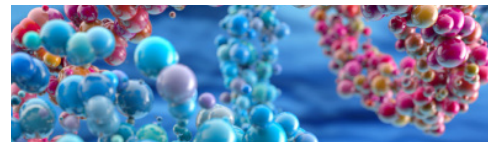
## Article Types

### Review Articles

- A balanced review of the literature relating to a topical subject matter, accompanied by critical analysis and reasonable concluding remarks.
- Systematic reviews and meta-analyses are also considered, and contributors should refer to the PRISMA checklist for guidance ([www.prisma-statement.org](http://www.prisma-statement.org)). A completed **PRISMA** checklist should be completed and submitted with the article.
- Lengths generally range from 2,000 to 4,000 words (excluding references).

### Editorials

- A brief article expressing objective opinions, experiences and/or perspectives on an important clinical area.
- Lengths generally range from 700 to 1,200 words with 10–12 references.
- Editorials should be accompanied by a brief summary (up to 80 words) rather than a full abstract.
- Editorials are still submitted to external peer reviewers for a double-blind peer review and this can take up to four weeks.



### Case Reports

- Case Reports may be submitted as a single case study or as a case report series, which includes two or more cases with collated results and subsequent conclusions.
- The report should include an up-to-date literature review to put the study into context.
- Lengths generally range from 400 to 2,000 words (excluding references).
- A completed **CARE** checklist should be completed and submitted with the article.

### Original Studies

- An article reporting the results of an original study or clinical investigation.
- All data are considered and we publish negative or neutral results as well as positive results.
- Original study reports should present information as specified on the **CONSORT** checklist. A completed **CONSORT** checklist should be completed and submitted with the article.
- Lengths generally range from 2,000 to 4,000 words (excluding references).
- Please include trial registration information (if applicable) and data sharing statement.

### Supplements

- Touch Medical Media publishes supplements, appropriate materials include collections of articles on the same topic, conference abstracts, satellite symposia meeting proceedings, roundtable discussions, guidelines, product monographs and translated articles. All articles are subject to peer review, and must adhere to Touch Medical Media's editorial policies. Proposals for supplements are welcomed, and should be addressed to the journal Managing Editor. When submitting a proposal for a potential supplement please include the following information:
  - Journal in which you would like the supplement published.
  - Title of supplement and/or meeting on which it is based.
  - Date of meeting on which it is based.
  - Proposed table of contents with provisional article titles and proposed authors.
  - Guest Editor proposals, if appropriate.
  - Sponsor information including any relevant deadlines.

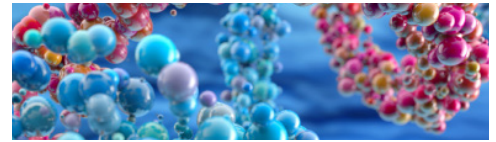
### Article Submission

Contributors are identified and invited by the journal Managing Editor with guidance from the Editorial Board. Submission enquiries are also welcomed, and proposals can be submitted to the Managing Editor.

- To submit please click on the 'Submit Here' tab on the menu of the website. This will then take you to Editorial Manager.
- For any assistance with the submission please contact the journal editor by email:

**Cardiology** heather.hall@touchime.org  
**Endocrinology** louise.taylor@touchime.org  
**Neurology** katey.gabrysch@touchime.org  
**Oncology** sophie.nickelson@touchime.org  
**Ophthalmology** lisa.glass@touchime.org  
**Respiratory** victoria.jones@touchime.org  
**RMD** gina.furnival@touchime.org

- Manuscripts must be submitted by one of the authors of the manuscript, and should not be submitted by anyone on their behalf. The submitting author takes responsibility for the article during submission and peer review.
- To comply with our editorial policies, the corresponding author must sign our disclosure form on behalf of all authors. Signed forms must be uploaded to Editorial Manager during submission. The Author Disclosure form is available to download under the 'Information for Authors' section of the 'Journals' tab on the website.
- Articles should be supplied in Microsoft Word format, with all pages clearly numbered. Articles may include up to five images/figures/tables (provided in a minimum resolution of 300 dpi). Authors are requested to provide a statement of disclosure/conflicts of interest relevant to the article. Further details on article preparation are detailed in the 'Article Preparation' section below.
- On submission, all articles are assessed by the Editor to determine their suitability for inclusion and appropriateness for peer review. The Editor, following consultation either with a member of the Editorial Board or the author(s), identifies appropriate reviewers, who are selected on the basis of their specialist knowledge in the relevant area. All articles undergo a strict, double-blind peer review, conducted by at least two independent experts in the field. Following review, articles are either accepted without modification, returned to the author(s) to incorporate the required changes or rejected. The Editor reserves the right to accept or reject any proposed amendments.



## Article Preparation

All articles must include a signed Touch Medical Media author disclosure form, an ICMJE conflict of interest form and either a **CONSORT**, **PRISMA** or **CARE** form, dependent on the type of article. Editorials and expert interviews need not include the final set of forms.

## Title Page

### Title

The title should identify the type of article (where possible), and reflect the key message, aims, objectives and contain the therapy and drug name (where possible). If the title is more than 12 words a shorter running title of no more than 12 words should be included.

## Author Details

The full name, position, and institution should be included for each author. The corresponding author must also include a postal address and email address. Authors are encouraged to provide a social media handle (Twitter or LinkedIn).

## Disclosures

Any financial support relating to the paper should be detailed. If no funding was received the following statement should be added: "No funding was received in the publication of this article". Each author must declare and detail any conflicts of interest relating to the current article in a separate sentence by name: "Robert Smith has received research grants from Drug Company A. David Jones has been a consultant for Drug Company B". If multiple authors have no conflicts of interest to declare this can be done in one sentence: "Robert Smith and David Jones have no relevant conflicts of interest to declare". Details of medical writers who have contributed to the manuscript but do not meet the requirements for authorship as outlined in the ICMJE recommendations ([www.icmje.org](http://www.icmje.org)) should be listed: "Editorial assistance was provided by John Smith of Communications Agency A, funded by Company B".

## Compliance with Ethical Guidance

Original contributions and case reports should include a statement confirming that procedures were followed in accordance with the responsible committee on human experimentation and with the **Helsinki Declaration of 1975 and subsequent revisions**, and that informed consent was received from all patients involved in the study. Animal studies should confirm compliance with the **ARRIVE** guidelines.

## Abstract

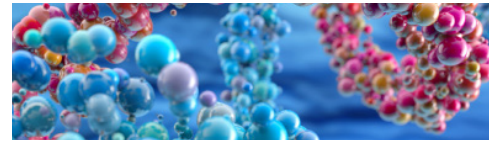
Articles must be accompanied by an abstract of 150–200 words and a list of 5–10 keywords. Editorials do not require a full abstract, but should be accompanied by a brief summary of up to 80 words. The abstracts for original studies should be presented in a structured format (Introduction, Methods, Results, Conclusion) and must reflect the content of the article accurately.

## Main Body of Text

All articles should be written in plain English and the writing should be clear and direct. All acronyms and abbreviations must be explained in full at first mention. When drugs are mentioned, the international (generic) name should be used. If the proprietary name is required, for example to distinguish between formulations, the chemical composition, manufacturer, city and the country of manufacturer should be stated. Clinical content should provide a basis for information, opinion or debate (editorials, narrative reviews, expert interviews) or meet a learning objective or unmet medical/educational need for clinical practice in this therapy area (original research, reviews, case studies).

## Review Articles

Review articles should include a balanced overview of the available literature. Relevant headings should be used within the text to make it easier to read and understand. The text can be further subdivided into main sections with subheadings. The introduction should include aims and learning objectives and inclusion and exclusion criteria. How does this review fill a gap in the medical literature? How was the literature collated for this review? E.g. MeSH search terms, if applicable, including inclusion and exclusion criteria, etc. Depending on how the narrative review is structured, ensure there is a discussion of limitations to accompany each sectional analysis. If limitations are not discussed in individual sections, as above, ensure limitations are explored in a separate 'discussion' section. The conclusion should include a summary of key learning points and 'take home' messages.



### **Systematic Review Articles**

Systematic review articles should include an introduction, rationale and objectives in the context of what is already known, and explain how this meets an unmet educational/medical need. The methods should indicate if a protocol exists, and any MeSH terms, selection criteria, i.e. inclusion and exclusion, methods for obtaining data, any assumptions made. The results should include the number of studies screened based on eligibility criteria described in the methods and provide a flowchart for studies screened, characteristics and presentation of results for each study selected. The discussion should be a summary of main findings, limitations, risk of bias, incomplete reporting, etc. The conclusion should include key learning points resulting from this case report and any 'take home' messages.

### **Original Research Studies**

Original studies should be structured into clear sections, including introduction, methods, results, discussion and conclusion. The introduction should ensure aims, objectives and rationale for the study are clearly presented and included an explanation of how this research meets an unmet clinical need. The methods section should include the Compliance with Ethics statement here (as well as at the beginning of the article); include a description of trial design and endpoints; and ensure eligibility criteria/inclusion and exclusion criteria are included. The results section should ensure endpoints mentioned in the methodology are listed and a description of statistics used for analysis is present. Ensure the discussion includes limitations, and the ensure a conclusions is present.

### **Case Studies**

Case studies should include a description of what is unique about this case is present and what it adds to medical literature. There should be a case presentation (or similar) with a diagnostic assessment, a description of the therapeutic interventions used, patient outcomes is included. The discussion should include limitations of the case presentation as a learning tool, including risk of bias and a review of the literature in relation to the case. The conclusion should include key learning points resulting from this case report and any 'take home' messages.

### **References**

References must be numbered in order of first mention. They must be indicated in the text by a number with the full list at the end of the article in numerical order. References must include current citable literature. Where possible use primary references, but "data on file", "poster", "abstract" or other unpublished references can be used where necessary. References to personal communications should be included within the main text in parenthesis: "(Personal communications, Name of communicator, Location, Year)".

Reference details should be ordered as:

#### **Journal articles**

Surname Initials. Article title. Journal name. year;volume:page numbers.

Example: Meier B, Grüntzig AR, King SB III, et al. Risk of side branch occlusion during coronary angioplasty. *Am J Cardiol.* 1984;53:10-4.

#### **Book chapters**

Chapter authors, book chapter title. In: book authors, book title, location of publisher: publisher name, publication year; page nos.

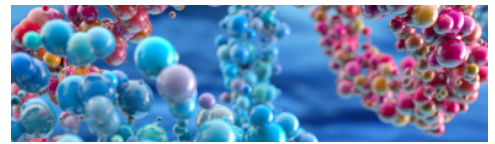
Example: H Mansbach, Sumatriptan: Looking Back and Looking Forward. In Humphrey P, Ferari M and Olesen J (eds). *The Triptans: Novel Drugs for Migraine*, New York: Oxford University Press, 2001;183-9.

#### **Web address**

Author name(s) (if available). Article name. Year. Available at: URL (accessed date following EU or US date formats).

#### **Abstracts/presentations**

Author(s). Presentation Title. Presented at: Conference Name, Location, Day, Month, year. Abstr #



## Figures

A maximum of five figures may be used. Figures are welcomed where they add emphasis, clarity and/or interest to articles and should be clearly labelled with relevant captions. They must be referred to in the main text. All symbols and abbreviations used in figures must be defined. Authors are responsible for obtaining permission for all copyright material, including figures and images. Evidence that permissions have been granted must be presented alongside the article during submission.

Illustrations can be accepted as line drawings, mono or coloured or as photographs or slides but must be of a high quality and saved as .tiff or .jpeg files and be at least 300dpi. Informed consent should be obtained if there is any doubt that anonymity can be maintained. (See Compliance with Ethics above.)

## Tables

All tables should be cited in the text, and each numbered consecutively throughout. Tables should have a title and a legend explaining any abbreviations used in that table. Footnotes to tables should be indicated in superscript symbols. Data presented in tables should not then be repeated in the text.

If submitted material has been previously published, acknowledgment to the original source must be made and evidence that permissions have been granted must be presented alongside the article during submissions. Any material received without such evidence will be assumed to be original from the authors.

## Article Highlights

The journal publishes an article highlights sheet alongside articles to provide a top line summary of the content. Authors are asked to provide five to eight bullet points summarising the key points of the article. Authors should also make note of any figures they wish to be included.

## Podcasts and Videos

To further engage the audience, Touch Medical Media now offer all authors the opportunity to create podcasts and videos to accompany their article. Podcasts are audio files hosted on the journal website alongside the article. The podcast should include an introduction by the author, the article title, and a description of the article. The recording should be one to two minutes long and submitted in .mp3 format to the Managing Editor. Videos should also include an introduction by the author, a title and description of the article. Ideal recording time is three to five minutes long and should be sent in .mp4 format to the Managing Editor. Please contact the editor of the relevant therapy area (see above for contact details) for further information.

## Proofs

Proofreading is the responsibility of the author. Any corrections should be clearly marked in the proofs and returned to the editorial office. Only minor changes may be made at the proofing stage; major changes will not be accepted.

## Errors and Omissions

Touch Medical Media will take every care possible to try to ensure that all content is reproduced correctly; however, due to human or mechanical error we cannot guarantee the accuracy, adequacy or completeness of any information and cannot be held responsible for any errors or omissions, or for the results obtained from the use thereof.

## Copyright

Authors transfer the copyright of the article to Touch Medical Media, who publish the article as free-to-access to registered users.

## Reprints

Reprints of all published articles are available to authors, institutions and commercial organisations.

Please contact **Tim Sheldrick** ([tim.sheldrick@touchmedicalmedia.com](mailto:tim.sheldrick@touchmedicalmedia.com)) with requests relating to the **Cardiology, Neurology** and **Oncology** portfolios and **Matthew Goodwin** ([matthew.goodwin@touchmedicalmedia.com](mailto:matthew.goodwin@touchmedicalmedia.com)) with requests relating to the **Endocrinology, Ophthalmology** and **Respiratory** portfolios.