Revista Clínica Española

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

INTRODUCTION

Revista Clínica Española published its first issue in 1940 and is the communication channel of the Spanish Society of Internal Medicine (SEMI).

Revista Clínica Española fully endorses the goals of updating knowledge and facilitating the understanding of key developments in internal medicine applied to clinical practice. Revista Clínica Española is subject to a thorough double-blind review of the received articles written in Spanish or English. Nine issues are published each year, including mostly originals, reviews and consensus documents. .

Revista Clínica Española is included, amongst other databases, in: Current Contents/Clinical Medicine, JCR/SCI-Expanded, Index Medicus/Medline and Excerpta Medica/EMBASE.

Articles by Spanish authors should comply with the general criteria of Law 14/2007, from 3rd July, for biomedical research (BOE n 159), which protects the rights of individuals who are subjects of research. Clinical trials should be registered with public databases prior to their initiation and patient recruitment, and only after approval of the institutional or regional Clinical Research Ethics Committee. The authors should provide the archive number and database where the trial is registered. For all clinical trials that initiate patient recruitment as of 1 January 2017, registration in public databases will be mandatory. Trials with patient recruitment prior to this date may still be submitted to the Journal for evaluation.

USE OF PUBLISHING GUIDELINES

When preparing articles, the international guidelines should be followed in order to express health research results and apply them to the specific type of study. Authors must provide a check-list, indicating the page number of the manuscript that refers to each section of the guidelines. This check-list will make it easier to review, but it will not be published with the work.

EQUATOR (http://www.equator-network.org/) contains an introduction and several aids (toolkits) for authors and manuscript reviewers. Some are also in Spanish (http://www.español.equator-network.org/).

Each type of article requires specific guidelines:

Clinical trials: CONSORT (http://www.consort-statement.org/).These guidelines are required, with the flow diagram being included in the manuscript, as well as its adjustment to non-pharmacological treatments.

The check-list will be provided on the last page of the manuscript.

Observational studies: STROBE (http://www.strobe-statement.org/) following the checklist appropriate to the type of study (cohort, case-control, or cross-sectional), and including the flow diagram in the manuscript. The checklist will be provided on the last page of the manuscript.

Diagnostic tests: STARD (http://www.equator-network.org/reporting-guidelines/stard/), including the check-list on the last page of the manuscript.

Systematic reviews and meta-analysis: PRISMA (http://www.prisma-statement.org/),including the fl ow diagram in the manuscript, and providing the check-list on the last page of the manuscript.

Qualitative studies and focus groups: COREQ (http://www.equator-network.org/reporting-guidelines/coreq/).

Studies on quality improvement: SQUIRE (http://www.squire-statement.org).

For other types of studies, consult EQUATOR.

Types of article

Originals. The journal will consider clinical and experimental studies, randomised clinical trials, cohort studies, screening studies, diagnostic test studies, cost-effectiveness analyses, decision-making assessment studies, interventionist studies, case-control studies and survey-based studies that have achieved high response rates. The articles may cover any field related to internal medicine and will be assessed particularly on the clinical relevance of this field. The articles are to have a maximum length of 2500 words, excluding the title page, the structured abstract (maximum of 250 words), keywords, figure captions and references (a maximum of 50). Up to 5 tables or figures will be accepted.Revista Clínica Española. requires a record of all clinical trials submitted for publication and acceptance of the studies by the corresponding ethics committees. The number of authors must not exceed 10. When preparing controlled clinical trials, the CONSORT standards must be followed, which are available at http://www.consort-statement.org/. For observational studies, the points listed in the checklist available at http://www.strobe-statement.org/ must be followed. Studies on the validity of diagnostic tests must follow the STARD standards available at http://www.stard-statement.org/

Original briefs. The journal will consider research studies that, due to their characteristics, can be published in abbreviated form. These articles will be structured like the originals. Their length must not exceed 1500 words, excluding the title page, the abstract (of 150 words), keywords, figure captions and no more than 20 references. Up to 2 tables or figures will be accepted. The number of authors must not exceed 6. .

Clinical Review. Revista Clínica Española. will consider manuscripts for this section based on their importance and timeliness, mostly by request of the editorial team. These manuscripts can appear in 2 formats: 1) narrative clinical review, with a maximum length of 4000 words, excluding an unstructured abstract (maximum of 150 words), references (maximum of 80 references) and up to 4 tables or figures; 2) brief clinical review, with a maximum length of 2000 words, excluding an unstructured abstract (maximum of 150 words), references (maximum of 50 references) and up to 2 tables or figures. The maximum number of signatories will be 3 for either of the 2 modalities. Any author may send manuscripts on their own initiative for consideration in this section, after contacting the editorial team and having their topic accepted. The author will also create 4 test questions for inclusion in the self-assessment

modules as an activity for continuing medical education. The questions must have 5 answer choices, of which only one must be correct. The questions must refer to concepts in the manuscript, and their answers must require a careful reading of the article. At the end of each question, a brief comment (1 to 3 sentences) must be added concerning the correct answer.

Systematic reviews and meta-analyse. Systematic reviews may use statistical methods (meta-analyses) to analyse and summarise the results of included studies. These reviews must follow the PRISMA standards: http://prisma-statement.org/. The maximum length of the manuscript must be 4000 words, excluding an unstructured abstract (maximum of 250 words), references (maximum of 80 references) and up to 5 tables or figures. The number of authors must not exceed 6.

Clinical-Pathological Conferences (CPC). Meetings that comply with the following criteria may be submitted: a) a clinical discussion of a case, accompanied by a pathology correlation, taking place in any Spanish hospital; and b) a discussion by the clinical speaker on the most relevant aspects of the case, who establishes a series of differential diagnoses based on the reported data and suggests a diagnosis. The discussion's main focus will always be on the clinical data of the presented case. The initial diagnosis established by the physicians responsible for the patient's care will then be described. The article should then list some of the interventions or comments (a maximum of 4) proposed by the session's attendees; c) after completing the clinical discussion, a pathology speaker will list the main histopathology findings and specify the pathological diagnosis; d) then, the clinical speaker may perform the anatomoclinical correlation; e) the studies must have a maximum length of 4000 words. Up to 3 tables and 4 figures will be accepted, as well as a maximum of 20 references, and the maximum number of signatories is 5; f) in the manuscript, the clinical speaker and the pathology speaker will be listed as the authors. If a third person was in charge of organising the CPC and collaborated in writing it, that individual will be listed as associate editor and not as author; g) all CPCs will be evaluated by the drafting committee ofRevista Clínica Española. before being accepted and published.

Clinical Conferences. All clinical meetings (except for clinical-pathological ones) that include a reasoned clinical case will be considered. This format may include closed clinical sessions in which a clinical speaker discusses relevant issues of the case and establishes a well-reasoned differential diagnosis that leads to a final diagnosis. In contrast to clinicopathological conferences, the case solution does not have to rest on a histopathologic test but may be based on a laboratory, microbiological or other test. This section may also include cases studies that are discussed in stages, where the speakers explain their reasoning according to the case information provided. The studies shall have a maximum length of 3000 words and a maximum of 20 references. Up to 3 tables and 3 figures will be accepted. Each of the authors (at most 4) must justify their contribution to the case.

Pros and Cons. In this section, by request of the editorial team, contrasting views on a controversial topic will be presented by authors who are experts on the topic. The length will be 1500 words, with an unstructured abstract of 150 words and a maximum of 30 references and two signatories.

Correspondence. This section publishes objections and comments on articles recently published in the journal (Letters to the Editor), such as observations and experiences that can be summarised in a brief text, as well as on the hypotheses subjected to the scientific method, reported in brief (scientific letters).Revista Clínica Española. will not accept observational letters consisting of the description of a clinical case. The text must not exceed 500 words or include more than 10 references. One figure or one table may be included. The number of signatories is

limited to 4. The studies shall have a maximum length of 1000 words and a maximum of 15 references. Letters concerning or related to articles previously published in the journal shall have priority for publishing, as well as the right to reply. This type of letter will be shorter, with a maximum of 300 words and 5 references. The letter must not refer to studies or personal experiences that have not been previously published. The letter will be submitted to the author of the original study, who may answer in a similarly sized letter within a month. The letter and the reply will be published jointly.

Medicine in images. This section will publish images that have high teaching or training value. The image must be described and accompanied by arrows or symbols that provide clarification. The image must have descriptive text of no more than 250 words. References must not be included. A maximum of 3 authors will be accepted.

Special articles. This section will contain manuscripts that, due to their unique content, cannot be included in other sections ofRevista Clínica Española. . The articles shall have a maximum length of 1500 words, and up to 3 tables or 3 figures will be accepted. They should not exceed 40 references. The manuscripts should include an unstructured abstract of 150 words, and the maximum number of signing authors is 3.

Other sections. The journal includes other sections (editorials, symposiums, guidelines, consensus), which will be commissioned. The editorials may be signed by 2 authors.

Contact details for submission

All manuscripts must be submitted online through the *Revista Clínica Española* EES Web site at http://ees.elsevier.com/rce

Language

This journal is published in Spanish and in English language.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

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

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All necessary files have been uploaded:

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Further considerations

• Manuscript has been 'spell checked' and 'grammar checked'
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• Relevant declarations of interest have been made
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BEFORE YOU BEGIN

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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans; Uniform Requirements for manuscripts submitted to Biomedical journals. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: 'Conflicts of interest: none'. More information.

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Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Reporting clinical trials

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Please submit the names and institutional e-mail addresses of several potential referees. For more details, visit our Support site. Note that the editor retains the sole right to decide whether or not the suggested reviewers are used.

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This journal operates a double blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Double-blind review

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Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any Acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.
To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - unnumbered sections

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

• **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

• **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

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Structured abstract

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Introduction and Objectives», «Patients or Materials and Methods», «Results» y «Conclusions».

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Highlights are a short collection of bullet points that convey the core findings of the article. Highlights are optional and should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). You can view example Highlights on our information site.

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Immediately after the abstract, provide a maximum of 6 keywords, using British spelling and 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.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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List funding sources in this standard way to facilitate compliance to funder's requirements:

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Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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Reference to a dataset:
[dataset] 5. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. https://doi.org/10.17632/xwj98nb39r.1.
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