

Instructions for Authors

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Scope

Experimental and Clinical Endocrinology & Diabetes accepts manuscripts in English in the fields of endocrinology and diabetology from clinical and laboratory research. Special attention is given to obesity, bone metabolism and dyslipidemia. The journal publishes original papers, reviews, mini-reviews and commentaries. Abstracts from national and international meetings submitted by the organizers will also be considered for publication upon request. Manuscripts are received with the explicit understanding that they have not been published elsewhere and are not under simultaneous consideration by any other publication.

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Original papers should deal with investigations and results of high scientific value which have not been published previously.

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Examples:

9 Lowry OH, Rosebrough NJ, Farr AL et al. Protein measurement with the Folin-phenol reagent. *J Biol Chem* 1951; 193: 265–275

10 Kerner W, Pfeiffer EF. The artificial pancreas. In: Samols E, ed. *The endocrine pancreas*. New York: Raven Press, 1991: 441–456

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This section focusses on papers covering novel methods and/or substantial improvements on established, proven techniques in endocrinology and diabetes research. The aim is to provide researchers with new, innovative tools that will help them better conduct their research, hence practical relevance is of utmost importance to papers published in this section. Original articles covering recent technical and/or methodological developments or innovations are accepted. Methods must be accurately described and validated and there should ideally be an application to a specific question that the new technique addresses

better than other, older methods. Methods must be described in detail so that other researchers can use this method for their own research.

For formal requirements please refer to the instructions for original articles above.

D. Commentaries

Commentaries are usually invited. They aim at commenting on subjects with a strong impact upon experimental endocrinology and diabetology or they refer to a published article directly.

E. Letters to the Editor

This section has been introduced in order to encourage the authors in a free exchange of ideas. The opinions presented will not necessarily reflect the opinions of the Editors.

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- Artificial Intelligence and Authorship
- Disputes
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- Ethical Approval and Patient Consent
 - Research Involving Human Subjects
 - Clinical Trial Registration
 - Reporting Guidelines

- Research Involving Animal Studies
- Research Involving Cell Lines
- Research Involving Biological Samples and Specimen
- Safety
- Dual-Use Research of Concern
- Competing Interests
- Funding

Data and Supporting Evidence

- Data Availability Policy
- Data Availability Policy Levels
- Data Availability Statements
- Data Repository
- Data Mining

Misconduct

- Our Approach to Reported Misconduct
- Our Malpractice Policies
 - Research Misconduct
 - Publication Misconduct: Data and Image Falsification and Fabrication
 - Publication Misconduct: Paper Mills
 - Publication Misconduct: Plagiarism
 - Publication Misconduct: Text Recycling
 - Publication Misconduct: Redundant Publication

- Journal Policy on Prior Publication
- Publication Misconduct: Undeclared Conflict of Interest
- Other Types of Misconduct and Fraud

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- Corrigenda
- Retractions
- Expression of Concern
- Post-Publication Discussion and Peer Review

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► **Table 1** These Abbreviations do not need to be defined in the text. Units of measure should only be abbreviated when used with numbers. Do not abbreviate types of diabetes. The only acceptable designations are type 1 diabetes and type 2 diabetes. Do not refer to people suffering from diabetes as diabetics.

Abbreviation	Meaning	Abbreviation	Meaning
ACE	angiotensin-converting enzyme	ATP	adenosine 5'-triphosphate
ACTH	adrenocorticotropin	AUC	area under the curve
ACTH	adrenocorticotrophic hormone	BMI	body mass index
ADP	adenosine 5'-diphosphate	bp	base pair
AIDS	acquired immunodeficiency syndrome	BSA	bovine serum albumin
AMP	adenosine 5'-phosphate	cAMP	3',5'-cyclic AMP
ANCOVA	analysis of covariance	cAMP	cyclic adenosine 3',5'-monophosphate
ANOVA	analysis of variance	cDNA	complementary DNA
CoA and acyl-CoA	coenzyme A and its acyl derivatives	IgA, IgD, IgE, IgG, IgM	immunoglobulins A, D, E, G, M
cpm; cps	counts/minute; counts/second	IGF	insulin-like growth factor
CRISPR	clustered regularly interspaced short palindromic repeats	IL	interleukin
cRNA	complementary RNA	IL (eg, IL-1, IL-6)	interleukin
CVD	cardiovascular disease	IM	intramuscular(-ly)
cyclic GMP	cyclic guanosine 3',5'-monophosphate	IP	intraperitoneal(-ly)
DMEM	Dulbecco's modified Eagle's medium	IQ	intelligence quotient
DMSO	dimethylsulphoxide	IQR; Q1–Q3 also acceptable	interquartile range
DNA	deoxyribonucleic acid	IV	intravenous(-ly):
DNase	deoxyribonuclease	LD50	median lethal dose
dpm	disintegrations/minute	LDL	low density lipoprotein
EC50	median effective concentration	LH	luteinizing hormone:
ECG	electrocardiogram	ln	logarithm (base e)
ED50	median effective dose	log10	logarithm (base 10)

EDTA	ethylene diamine tetra-acetic acid	MODY	maturity onset diabetes of the young
EEG	electroencephalogram	MRI	magnetic resonance imaging
EGTA	ethylene glycol-O-O'-bis (2-amino-ethyl)-N, N, N', N'-tetraacetic acid	mRNA	messenger RNA:
ELISA	enzyme-linked immunosorbent assay	"NAD if oxidation state not indicated NAD+ if oxidized NADH if reduced"	nicotinamide-adenine dinucleotide
FACS	fluorescence activated cell sorter	"NADP if oxidation state not indicated NADP+ if oxidized NADPH if reduced"	nicotinamide-adenine dinucleotide phosphate
FAD	flavin adenine dinucleotide	NF-κB	nuclear factor kappa beta
FADH2	flavin adenine dinucleotide (reduced form)	NMR	nuclear magnetic resonance
FSH	follicle-stimulating hormone	o-	ortho- (use only in chemical formulas)
G protein	GTP-binding protein	OD	optical density
GDP	guanosine 5'-diphosphate	OGTT	oral glucose tolerance test
GH	growth hormone (somatotropin)	OR	odds ratio
GMP	guanosine 5'-phosphate	P	probability
GTP	guanosine 5'-triphosphate	p	probability of an event being due to chance alone
HbA1	haemoglobin A1	PAGE	polyacrylamide gel electrophoresis
HbA1c	haemoglobin A1c	PBS	phosphate-buffered saline
HDL	high density lipoprotein	PCR	polymerase chain reaction
HEPES	N-2-hydroxyethylpiperazine-N'-2-ethane sulfonic acid	pg	picogram
HEPES	4-(2-hydroxyethyl)-1-piperazineethanesulphonic acid	pH	negative logarithm of hydrogen ion concentration
HIV	human immunodeficiency virus	ppm	parts per million
HLA	human leukocyte antigen	RCT	randomised controlled trial
HLA	human leukocyte antigen	rev	revolutions
HOMA	homeostatic model assessment	rev/min (not rpm) (use g if appropriate)	revolutions/minute

► **Table** Continued.

Abbreviation	Meaning	Abbreviation	Meaning
HOMA-B	homeostatic model assessment-beta cell function	Rh	rhesus (of, related to, or being an Rh antibody, blood group, or factor)
HOMA-IR	homeostatic model assessment-insulin resistance	RIA	radioimmunoassay
HPLC	high-performance liquid chromatography	RNA	ribonucleic acid
IC50	median inhibitory concentration	RNase	ribonuclease
IC50	half maximal inhibitory concentration	RR	relative risk
ICD	International Classification of Disease	rRNA	ribosomal RNA
IFN	interferon	RT-PCR	reverse transcription-polymerase chain reaction
Ig	immunoglobulin	s. c.	subcutaneously
SD	standard deviation	UV	ultraviolet
SDS-PAGE	sodium dodecyl sulfate-PAGE	UV-A, UV-B, UV-C	ultraviolet A, ultraviolet B, ultraviolet C
SDS-PAGE	sodium dodecyl sulphate-polyacrylamide gel electrophoresis	VLDL	very low density lipoprotein
SE	standard error	Vmax	maximum velocity
SEM	standard error of the mean	V'O2	oxygen consumption
Sp.	species (singular)	V'O2max	maximal oxygen consumption
T3	3,5,3'-triiodothyronine	V'O2peak	peak oxygen consumption
T4	thyroxine (3,3',5,5' tetraiodothyronine)	W	watt
TGF	transforming growth factor	WHR	waist-to-hip ratio
TNF	tumor necrosis factor	Wnt	wingless/Int-1
TNF-α	tumour necrosis factor-α	λ	wavelength
tRNA	transfer RNA	Σ	sum
TSH	thyrotropin	χ2	chi-square