

## **Movement Disorders Clinical Practice**

### **Author Guidelines and Editorial policy**

We are pleased to welcome your contributions to Movement Disorders Clinical Practice (MDCP). MDCP will consider articles with a clinical emphasis covering the whole field of movement disorders and also neurosurgery and neuropsychiatry-related issues. The movement disorders fields include Parkinson's disease and parkinsonism, dystonia, chorea and Huntington's disease, ataxia, tremor, myoclonus and startle, tics and Tourette syndrome, restless legs syndrome, stiff person syndromes, gait disorders, and any others fields relevant to the field of movement disorders including paediatric MD. We will also publish papers on cognitive neuropsychology if they are of clinical—as opposed to purely theoretical—interest.

We solicit papers of novel mutations of known genes with new a movement disorder phenotype, or papers that provide new pathophysiological information. Of course, papers on new novel genes and also phenotype–genotype correlative articles are welcome. MDCP will consider papers on quality of life and health economics, if these are of general interest. MDCP will foster educative articles and certain journal articles will be CME accredited. OSKE style educational cases and access to the growing video library and interactive case studies are planned.

MDCP aims to give quick decisions and have a transparent review process. Articles for MDCP should be submitted through the Scholar One website using either the link on the Wiley MDCP homepage or the Movement Disorders Clinical Practice site online at <http://mc.manuscriptcentral.com/mdcp>. Manuscripts submitted online are marked as received on the day of submission, and will be evaluated by the Chief Editors prior to being sent out for review. Papers that are not determined to be of sufficient clinical/scientific interest, focus, or relevance by the editors may be rejected without review. Through your individual Author Center on the Scholar One website, you can view the status of your manuscript as it progresses through the review process. Notification of the final disposition of each manuscript will be sent by E-mail to the corresponding author on the day of decision. MDCP will co-exist and be complementary with the Movement Disorders Journal for the benefit of both our members and the neuroscience community as a whole. MDCP will initially be published on a quarterly basis, only online, accessible through either Wiley Online Library or the MDS website: <http://www.movementdisorders.org/> .

We look forward to receiving and publishing your interesting research.

**Kailash Bhatia, MDCP Eastern Hemisphere Editor-in-Chief**

**Marcelo Merello, MDCP Western Hemisphere Editor-in-Chief**

## **ARTICLE TYPES AND LENGTH REQUIREMENTS**

Given below are the types of articles and the word count guidelines for all MDCP submissions. The word count excludes the title page, abstract, tables, acknowledgements and contributions, and references.

### ***1) Clinical Research Articles***

Clinical Research Articles must present important and substantial new material. Articles should be of direct relevance to clinical practise. Drug trials (including negative drug trials) are considered as well.

Word count: 3,000 words maximum

Abstract: 250 words (structured)

Tables/Illustrations: not to exceed 8 total

References: 40

Videos are encouraged. We allow two videos files no longer than two and a half minutes each. Connected and continually-playing segments are allowed within each video file. In exceptional cases, a longer segment may be considered with prior permission of one of the editors.

### ***2) Case Reports and Case Series***

Topics suitable for presentation for short reports include a single case or a case series which illustrate new phenomena, or original clinical research.

Word count: 800 words (Case Report), 1,500 words (Case Series)

Abstract: No abstract for a Case Report; 150 words, non-structured abstract for Case Series

Tables/Illustrations: up to 1 of each is permissible

References: 10

Videos are strongly encouraged. We allow one video file lasting no longer than two and a half minutes for a case report. For a case series we allow two videos files no longer than two and a half minutes each. Connected and continually-playing segments are allowed within each video file.

### ***3) Reviews***

Reviews will generally be solicited by the editors and are subjected to a review process. Authors wishing to submit a review should seek prior advice of the editors. Evidence-Based Reviews are included in this section. We encourage authors to include, in boxes, bulleted points of the main messages of the review.

Word count: 5,000 words maximum

Abstract: 250 words

Tables/Illustrations: not to exceed 5

References: 40

Videos are encouraged. We allow two videos files lasting no longer than two and a half minutes each. Connected and continually-playing segments are allowed within each video file. In exceptional cases, with prior permission of one of the editors, a longer segment may be considered.

#### **4) Editorials and Viewpoints**

Editorials will generally be solicited by the editors and are subjected to a review process. Authors wishing to submit an editorial should seek the advice of the editors in advance. However, Viewpoints related to any aspect of movement disorders may be submitted without solicitation.

Word count: 1,500 words.

No Abstract

Tables/Illustrations: 1 table or 1 figure

References: 25

#### **5) Clinical Vignettes (with Commentary)**

These are interesting cases that are not necessarily original but highlight differential diagnosis, imaging or a treatment aspect (i.e. postural tremor in a patient with absent reflexes). There should be no more than four authors. Clinical vignettes that are mainly based in a video segment may have a commentary by an expert in the area. Additional material, e.g. video clips and sound files, is recommended.

Word count: 500 words

No Abstract

No Tables/Illustrations

References: 5

We allow one video file no longer than two and a half minutes in length. Connected and continually-playing segments are allowed within each video file.

#### **6) Video illustrations of phenomenology of MD**

Videos illustrating phenomenology of movement disorders (i.e. different forms of myoclonus) with an educational multiple choice question. Correct answers for the multiple choice question and explanation to be provided (with references). This may be solicited by the editors or non-solicited. Authors wishing to submit a phenomenology video should seek the advice of the editors in advance. No more than four authors.

Word count: 300 words

No Abstract

We allow one video file lasting not more than two and a half minutes. Connected and continually-playing segments are allowed within each video file.

#### **7) Revealing Images/Investigations**

Revealing Images/Investigations are interesting, previously unpublished photomicrographs, patient photographs, neuroradiologic images, or other pictorial material. For example, novel or unique imaging including MRI, DAT Scans, DTI or other, and also EMG video recording or video of microrecordings from functional surgery. These should be accompanied by a paragraph of explanation. Authors may choose to include one multiple choice question along with a list of possible answers, including an indication and explanation of the correct answer. No more than four authors.

Self-explanatory legend up to 200 words

References: 2

### **8) Interactive Online Grand Rounds**

Multimedia cases – interactive platform which drives the reader from phenomenology through differential diagnostics and final diagnostic with the use of four steps of multiple choice questions followed by comprehensive responses. This feature may be presented simultaneously on the MDS Website as the case of the month.

Word count: 1,500 words

Tables/Illustrations: not to exceed 4

References: 5

We allow one video file lasting not more than two and a half minutes. Connected and continually-playing segments are allowed within each video file.

### **9) Clinicopathological Cases**

These are cases with pathological diagnosis. The article should have an illustrative clinical report and post-mortem or other diagnostic pathology with good illustration. Authors will prepare the case including the pathological findings. Editors will select a discussant to provide educative commentary.

Word count: 1,500 words for the case; 500 words for the discussant

Tables/Illustrations: not to exceed 3

References: 15

We allow one video file lasting not more than two and a half minutes. Connected and continually-playing segments are allowed within each video file.

### **10) How do I?**

The editors will solicit educational video illustrated algorithm about a particular movement disorder topic regarding a clinical approach or investigations/ diagnosis/treatment (for example: *How do I examine a patient with a tremor disorder?*).

This is a multimedia video-based article. We allow two videos files lasting no longer than two and a half minutes each. Connected and continually-playing segments are allowed within each video file.

### **11) Hot topics**

Hot topics are reports of breakthrough findings published elsewhere which deserve a comment in the journal. These may be solicited or unsolicited.

Word count: 500 words

No Abstract

References: 5

### **12) Historical notes**

Interesting old tapes/videos, sound recordings, photographs or seminal historical papers, or previously published commentary by the author.

Word count: 500 words

No abstract

Tables/Illustrations: not to exceed 3

References: 5

We allow two videos files lasting no longer than two and a half minutes each. Connected and continually-playing segments are allowed within each video file. In exceptional cases, with prior permission of one of the editors, a longer segment may be considered.

### ***13) Letters***

Letters in response to articles published in MDCP are welcome. Letters containing original research which is not covered by any of the topics mentioned above will also be considered.

Word count: 500 words

Tables/Illustrations: 1 table or 1 figure

References: 5

## **MANUSCRIPT SUBMISSION PROCESS**

MDCP is pleased to offer authors a web-based manuscript submission and peer-review process.

Authors are required to submit online at <http://mc.manuscriptcentral.com/mdcp>. All accompanying supplementary material (e.g., videos, appendices) should also be submitted online.

- Submit your manuscripts online at <http://mc.manuscriptcentral.com/mdcp>.
- Click on the "Check for Existing Account" button at the bottom of the opening page.
- If you do not already have an account, then create one by clicking on the "Create an Account" button. You will then be able to submit your manuscript.
- Click on "Author Center."
- Follow the on-screen instructions carefully.
- Tables and figures should be uploaded as individual files and not part of the manuscript text. (You do not need to mail hard copies of your manuscript).
- At the end of a successful submission, you will see a confirmation screen with your manuscript number, and you will receive a separate e-mail confirming receipt.
- If these two messages do not appear, then go into your Author Center and make sure that you have clicked on the "Submit" button or contact technical support at: <http://mchelp.manuscriptcentral.com/gethelpnow/question.htm>.

### **English Language Editing Services**

Authors who are not perfectly fluent in English should have their manuscript professionally edited before submission. A list of independent suppliers of editing services can be found at: <http://wileyeditingservices.com/en/> All services must be arranged and paid for by the author, and use of one of these services does not guarantee acceptance for publication. In addition, the journal will copyedit accepted papers to ensure uniformity of language and style.

### **Video Submission**

**If an article includes video, the upper right corner of the title page of the manuscript must be marked "Video is part of ms."**

File size limitations and length: Files may be no larger than two and half minutes each unless formal approval is obtained from the editorial office.

Legend: Authors must supply a video legend at the end of the article and should concisely and sequentially describe what is seen in the video so that it can be readily understood by the viewer. Do not repeat explanatory material that is already in text.

**General Information:** When submitting manuscripts online, authors must indicate whether the article has an accompanying video. Video must be submitted with manuscripts online in a digital format.

**Content:** Video content should be edited to illustrate the key findings in a concise and informative manner. The video should be of high quality (both in content and visibility). The video should be edited to ensure maximal efficiency and make the specific point; particularly, it should demonstrate the features described in the text of the manuscript. In addition, the video should be labelled and should directly follow the sequence and content of the video legend.

The use of text and/or special transition effects between the titles, subtitles and video segments is permitted. The video you submit should be the final product that will be published with the article. The Editors reserve the right to request additional video editing by the authors (which may delay publication).

**Patient Consent:** The corresponding author must confirm in the author copyright form (Article V) that he or she has received a signed release form from each patient videotaped authorizing the offline and/or online distribution of this video material. Manuscripts with videos will not be sent out for review until the signed copyright form (Article V) with appropriate documentation is received. The date of submission will be the date all components of the article arrive at the editorial office.

### **Cover Letter**

The cover letter should briefly describe the scientific or clinical importance of the manuscript. It must confirm that all authors have read the manuscript; the paper has not been previously published, and is not under simultaneous consideration by another journal. Also, a statement that no ghost writing by anyone not named on the author list must be included (see Editorial in *Movement Disorders* 2005;20:1536.

<http://onlinelibrary.wiley.com/doi/10.1002/mds.20770/abstract>). Identify the corresponding author and provide a complete mailing address, telephone number, and email address for each author, where possible.

### **Author Copyright Form, and Legal Information**

The author Copyright form includes (1) a statement on authorship responsibility, (2) a statement on financial disclosure (Exhibit A), questions regarding copyright and federal employment, and instructions regarding a statement of acknowledgment (Clause I). The full agreement must be read and signed by each co-author. The corresponding author must sign the acknowledgment statement (5) if the contribution includes, discloses, or incorporates any content (including any video or photograph) which identifies any individual patient(s), the Contributor must obtain written consent per Clause V of the Copyright Transfer Agreement.

### **Group Authorship.**

The journal does not limit the number of authors for an individual manuscript (unless otherwise specified) providing that: a) If there are multiple authors, all authors must meet the full criteria and requirements for authorship; b) If there is group authorship, one or more individuals are designated as authors or members of a writing group who meet full authorship criteria and who take responsibility for the group. Other members of the group are not authors individually, may be listed in the acknowledgment section (Flanagin A, Fontanarosa PB, DeAngelis CD. Authorship for research groups. *JAMA* 2002;288:3166-3168).

### Documentation of Author Roles.

At the end of the manuscript, all authors must be listed, along with their specific roles in the project and manuscript preparation. These should include but not be restricted to:

1. Research project: A. Conception, B. Organization, C. Execution;
2. Statistical Analysis: A. Design, B. Execution, C. Review and Critique;
3. Manuscript Preparation: A. Writing of the first draft, B. Review and Critique;

Data Access and Responsibility. For clinical trials sponsored by pharmaceutical companies, authors must state in their letter of submission that (1) they have had full access to the data, (2) they have the right to publish all the data, and (3) they have had the right to obtain independent statistical analyses of the data. For any report containing original data, at least one author should indicate that he or she “takes responsibility for the integrity of the data and the accuracy of the data analysis” (DeAngelis CD, Fontanarosa PB, Flanagan A. Reporting financial conflicts of interest and relationships between investigators and research sponsors. JAMA 2001;286:89-91).

Patient Consent. When submitting a patient video or photograph in which a patient can be identified, the corresponding author must provide the Movement Disorders Clinical Practice journal with a written confirmation (author copyright form, Article V) that stipulates that authorization signed by the patient has been obtained in compliance with any laws regarding patient authorizations relating to the use or disclosure of protected health information of the jurisdiction(s) to which the patient and the physician are subject including, if applicable, the United States Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

According to HIPAA, the following core elements must be included in the consent form:

1. A specific and meaningful description of the information to be used
2. The name of the Physician and/or Hospital allowed to disclose the information
3. That the video clip and/or photograph will be submitted for publication in a peer-reviewed medical journal
4. That the video clip and/or photograph will eventually be used by the readers of a peer-reviewed medical journal for educational purposes
5. An expiration date that relates to the individual or the purpose of the use or disclosure
6. The individual’s signature and the date the authorization is signed.

In addition, the patient’s consent form should include the following:

- A statement that the Patient has the right to revoke his or her consent in writing
- A statement regarding whether the Physician has the ability to condition medical treatment on the Patient’s giving such consent
- A statement that information, once disclosed, may be subject to further disclosure by the recipient journal, in which case confidentiality would no longer be assured. The consenting party must understand, additionally, that in some cases the video might be re-presented elsewhere because the journal has policies that allow permissions and/or use copyrighted materials with other educational organizations. The consenting party must understand that in such a case the signed author’s consent form may be shared with this third party and the consenting party consents to this sharing of information for educational purposes.

Copyright. The International Parkinson and Movement Disorder Society will hold copyright to all published articles and videos.

The copyright transfer agreement form can be downloaded at the Scholar One site. If you are a government employee, please check the “Government-Owned Work” checkbox.

**Financial Disclosures.** All submissions require two entries that cover financial disclosure of all authors:

§ **Financial disclosure related to research covered in this article:** A statement that documents all funding sources and potential conflicts of interest from each author that relate to the research covered in the article submitted must be included on the title page, regardless of date. This information will be included with the final published article online.

§ **Full financial disclosure for the previous 12 months:** A statement that documents all funding sources, regardless of relationship to the current research in the article, from each author must be attached to the article at the end of the manuscript on the last page. This material will be posted on the journal website.

The copyright form that is signed by each author confirms that both of these entries are documented in the submitted material.

**Expedited Publications (Fast Track):** MDCP will attempt to accommodate authors of manuscripts dealing with extremely topical issues or with findings of great scientific or clinical importance by offering Expedited Review and Publication. Expedited papers will be rapidly reviewed and published in the next issue.

**Form of Manuscripts.**

Manuscript pages should be numbered in succession, the title page being number one. Please include line-numbering in your manuscript file. The text of the manuscript should be in the following sequence:

- (1) Title page,
- (2) Abstract,
- (3) Introduction,
- (4) Methods,
- (5) Results,
- (6) Discussion,
- (7) Acknowledgment,
- (8) Authors' Roles,
- (9) Financial Disclosures of all authors (for the preceding 12 months),
- (10) References,
- (11) Figure, Table, Video Legends,
- (12) Tables,
- (13) Figures.

(1) Title Page: The opening page of each manuscript should include:

- Article title: Titles should be short, specific, and clear. They should not exceed 100 characters. Do not use abbreviations/acronyms in the title.
- Authors' names and affiliations. Indicate the specific affiliation of each author with footnotes (superscripted, Arabic numerals).
- Name, address, telephone and email address of the corresponding author
- Word count (text and Abstract)
- A short running title not exceeding 45 letters and spaces
- Key words – up to 5
- Financial Disclosure/Conflict of Interest concerning the research related to the manuscript. All information on support and financial issues from all authors relative

to the research covered in the submitted manuscript must be disclosed regardless of date. Other financial information unrelated to the current research covering the past year will be documented at the end of the manuscript (see below).

--Funding sources for study.

(2) Abstract: The abstract should be structured (background, methods, results, and conclusions) unless not appropriate for a specific article. Authors are required to spell out all abbreviations/acronyms in the structured abstract unless this has become accepted in the standard scientific literature (e.g. DNA, MPTP).

(3) Introduction: Give a brief description of the background and relevance of the scientific contribution.

(4) Methods: Describe the methodology of the study. For experimental investigation of human or animal subjects, please state in this section that an appropriate institutional review board approved the project. For those investigators who do not have formal ethics review committees, the principles outlined in the "Declaration of Helsinki" should be followed. For investigations in human subjects, state in this section the manner in which informed consent was obtained from the subjects. A letter of consent must accompany all photographs, patient descriptions, and pedigrees in which a possibility of identification exists. The authors are responsible for ensuring anonymity.

(5) Results: No specific regulations.

(6) Discussion: No specific regulations.

(7) Acknowledgment: No specific regulations. These may be published online at the discretion of the editor.

(8) Author Roles: List all authors along with their specific roles in the project and preparation of the manuscript. These may include but are not restricted to: 1) Research project: A. Conception, B. Organization, C. Execution; 2) Statistical Analysis: A. Design, B. Execution, C. Review and Critique; 3) Manuscript: A. Writing of the first draft, B. Review and Critique.

(9) Full Financial Disclosures of all Authors for the Past Year: Information concerning all sources of financial support and funding for the preceding twelve months, regardless of relationship to current manuscript, must be submitted with the following categories suggested.

List sources or "none".

Stock Ownership in medically-related fields

Intellectual Property Rights

Consultancies

Expert Testimony

Advisory Boards

Employment

Partnerships

Contracts

Honoraria

Royalties

Grants

Other

(10) References: See References section below for the proper formatting of citations and References.

(11) Figure, Table, and Video Legends: Video legends should be concise and reflect the sequence of observations on the video. Tables and Figure legends should be double-spaced and fewer than 40 words.. For photomicrographs, please include the type of specimen, original magnification, and stain type. Include internal scale-markers on photomicrographs when appropriate. Where applicable, indicate the method used to digitally enhance images.

(12) Tables: Tables should be typed neatly, each on a separate page, with a title above and any notes below. Explain all abbreviations. Do not repeat the same information in tables and figures that is present in text. Tables should be uploaded as individual files and not part of the manuscript text. (You do not need to mail hard copies of your manuscript).

(13) Figures and Illustrations: Figures should be uploaded as individual files and not part of the manuscript text. Any illustration or figure from another publication must be acknowledged in the figure legend and the copyright holder's written permission to (re)use any image online in MDCP must be submitted to the editorial office.. In addition, figures to illustrate concepts are welcome, particularly in review articles, and may be enhanced by a professional artist at no cost to author at the discretion of the Editors.

Copyright and Disclosure Forms The corresponding author should upload one PDF file that includes copyright and disclosure forms for all authors to the Movement Disorders submission site with the revised version of the paper. These forms also can be emailed to [mdcpeditorialoffice@movementdisorders.org](mailto:mdcpeditorialoffice@movementdisorders.org).

### **Digital Artwork Preparation**

1. Check your software options to see if you can 'save as' or 'export' using one of the robust, industry-standard formats. These are:

- Encapsulated PostScript (EPS)
- Tagged Image File Format (TIFF)
- Portable Network Graphics (PNG)
- Portable Document Format (PDF)

2. As a general rule of thumb, images that contain text and line art (graphs, charts, maps, etc.) will reproduce best if saved as EPS or PDF. If you choose this option, it is important to remember to embed fonts. This ensures that any text reproduces exactly as you intend.

3. Images that contain photographic information are best saved as TIFF or PNG, as this ensures that all data are included in the file. JPEG (Joint Photographic Experts Group) should be avoided if possible, as information is lost during compression; however, it is acceptable for purely photographic subjects if the image was generated as a JPEG from the outset (many digital cameras, for example, output only in JPEG format).

4. If you are not sure which format would be the best option, it is always best to default to EPS or PDF as these are more likely to preserve the high-quality characteristics of the original.

5. Microsoft Office. If you have generated your images in Microsoft Office software (Word, Excel, PowerPoint), or similar, it is often best simply to send us the files in their native file formats.

6. Please ensure all images are a minimum of 600 dpi.

### **References**

Movement Disorders Clinical Practice complies with the reference style given in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." (See *Annals of Internal Medicine* 1982;96:766-771, or *British Medical Journal* 1982;284:1766-1770.) References are

to be cited sequentially in the text by number, and in the list of References they are to be numbered in the order in which they are cited. The reference section should be double-spaced at the end of the text, following the sample formats given below. Provide all authors' names when fewer than seven; when seven or more, list the first three and add 'et al'. Provide article titles and inclusive pages. Accuracy of reference data is the responsibility of the author. For abbreviations of journal names, refer to List of Journals Indexed in Index Medicus (available from the Superintendent of Documents, U.S. Government Printing Office, Washington DC 20402, USA, DHEW Publication No. (NIH) 83-267; ISSN 0093-3821).

### ***Sample References***

#### Journal article

1. Krack P, Benzzouz A, Pollak P, et al. Treatment of tremor in Parkinson's disease by Subthalamic nucleus stimulation. *Mov Disord* 1998; 13: 907-914.

#### Book

2. Fahn S, Jankovic J, editors. *Principles and Practice of Movement Disorders*, Philadelphia, Churchill Livingstone, 2010, pp 96.

#### Chapter in a book

3. Olanow CW. Hyperkinetic Movement Disorders. In: Fauci A, Braunwald E, Kasper D, Hauser S, Longo D, Jameson JL, Loscalzo J. Eds. *Harrison's Textbook of Medicine* 17th edition. 2008; p2560-2565.

### **Accepted Articles: Materials Required for Publication**

After acceptance, please check to be sure that you have submitted your signed copyright transfer and author consent form as well as permissions forms (if applicable).

Authors using images of their patients, whether in artwork or video format, must submit a copy (signed by the corresponding author) of the copyright transfer and author consent form. A sample form is available to authors on Manuscript Central (see Author Copyright Form, and Legal Information section above.)

### **OnlineOpen/Open Access**

OnlineOpen is available to authors of primary research articles who wish to make their article available to non-subscribers on publication, or whose funding agency requires grantees to archive the final version of their article. With OnlineOpen, the author, the author's funding agency, or the author's institution pays a fee to ensure that the article is made available to non-subscribers upon publication via Wiley Online Library, as well as deposited in the funding agency's preferred archive. The current fee for this service is \$3000. For the full list of terms and conditions, see: [http://wileyonlinelibrary.com/onlineopen#OnlineOpen\\_Terms](http://wileyonlinelibrary.com/onlineopen#OnlineOpen_Terms)

Any authors wishing to send their paper to OnlineOpen will be required to complete the payment form available from our website at:  
<https://onlinelibrary.wiley.com/onlineOpenOrder>.

Prior to acceptance, there is no requirement to inform an Editorial Office that you intend to publish your paper OnlineOpen if you do not wish to. All OnlineOpen articles are treated in the same way as any other article. They go through the journal's standard peer-review process and will be accepted or rejected based on their own merit.

### **NIH Public Access Mandate**

For those interested in the Wiley-Blackwell policy on the NIH Public Access Mandate, please visit our policy statement: [http://authorservices.wiley.com/bauthor/NIH\\_policy.asp](http://authorservices.wiley.com/bauthor/NIH_policy.asp)

### **Author Services**

For additional tools, visit <http://authorservices.wiley.com/bauthor/default.asp> -an enhanced suite of online tools for Wiley Online Library journal authors, featuring Article Tracking, E-mail Publication Alerts and Customized Research Tools.

### **Policy Regarding Inappropriate Submissions and Publications**

The editors, members of the editorial board, and publisher's staff at Movement Disorders take their responsibility seriously to assure that the highest ethical publishing standards are maintained by assisting in safeguarding the medical scientific literature against fraudulent publications. Please note manuscript submissions are now submitted for plagiarism detection through CrossCheck. Wiley-Blackwell policy is based on the 'Guidelines on Good Publication Practice' published by the Committee on Publication Ethics (COPE) and can be found at Author Services.

Examples of fraud in scientific research include (but are not limited to):

- 1) The submission of duplicate publications using similar data (i.e., attesting that work submitted is original when, in fact, it was submitted to or accepted by another journal);
- 2) Falsification of data, copyright, or information regarding conflict of interest;
- 3) Submission of work from other sources that was not done by the author and is presented as a new and original (plagiarism);
- 4) Authorship (allowing one's name to appear as an author or adding an author to a manuscript) without substantial input or without having agreed to submission of the manuscript.

The above examples are not meant to be a comprehensive list of fraudulent publication practices. Rather, it should provide adequate basis for careful consideration of avoidable conflicts and editorial scrutiny regarding inappropriate preparation and submission of manuscripts.

Manuscripts that have appeared in publications that are not peer-reviewed, are not registered in Pub Med, or are available only on the internet, will be considered for publication in MDCP as long as the Editor is informed and grants approval prior to submission of the manuscript for review. If there are questions as to any issues regarding inappropriate submission, the Editor should be consulted prior to the submission. If a submitted or published manuscript is discovered or suspected to be inappropriate, the authors will be asked for a written explanation. If the rationale provided by the authors remains unsatisfactory in the judgment of the editors, the manuscript will be rejected or retracted. Retractions become a matter of public record and are registered in Pub Med. The provost (or equivalent) of the authors' academic institutions will be informed of inappropriate submissions or publications, and the authors will not be allowed to subsequently submit their research to MDCP. The leadership of MDCP will also inform the editors and publishers of other journals which have published manuscripts judged to be inappropriately submitted to MDCP.

## **Supplements**

MDCP is willing to consider publishing supplements to regular issues. Supplement proposals may be made at the request of or by:

- The journal editors, an editorial board member or a learned MDS society member who may wish to organise a meeting. Sponsorship may be sought and the proceedings published as a supplement.
- The journal editor, editorial board member or learned society member may wish to commission a supplement on a particular theme or topic. Again, sponsorship may be sought.
- A sponsoring organisation, often a pharmaceutical company or a charitable foundation, that wishes to arrange a meeting, the proceedings of which will be published as a supplement.

In all cases, it is vital that the journal's integrity, independence and academic reputation are not compromised in any way. When contacting the editors regarding a potential supplement, please include as much of the information below as possible.

- 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
- An indication of whether authors have agreed to participate
- Sponsorship information, including any relevant deadlines
- An indication of the expected length of each paper and guest editor proposals, if appropriate