

### ABOUT THE JOURNAL

*BMJ Open Diabetes Research & Care (DRC)* is an open access journal dedicated to publishing high quality medical research from all disciplines and therapeutic areas of diabetes research, management and treatment. A continuous publication model facilitates rapid publication of basic and clinical research regarding type 1 and type 2 diabetes, and associated complications.

The online-only format allows for continuous updates and serves as an invaluable resource to the multidisciplinary community of endocrinology, public health/prevention and internal medicine. A rapid review process will also ensure that timely, up-to-date research is available internationally.

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Submissions should be made through the journal's [online submission system](#). Articles should not be under review or under consideration by any other journal when submitted to *DRC*. This includes other journals published by BMJ.

Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the journal, its editors, or the publisher.

*DRC* is a member journal of the [Committee on Publication Ethics \(COPE\)](#) and recommends following the [EQUATOR Network's](#) international initiative that promotes transparent, accurate reporting of research studies.

### GENERAL ARTICLE FORMAT

Please review the required article length, illustrations, table limits and references.

#### ARTICLE TYPES

##### Original Research

Original Research should contribute to the diabetes literature and patient care. Papers should include the following:

- **Structured abstract:** up to 300 words
- **Significance of the study**
- **Main Body:** 4,000 words excluding words in tables, table legends, figure legends, title page, acknowledgments, and references

(Introduction, Research design and methods, Results and Conclusions)

- **References:** up to 50
- **Tables/Figures:** up to 5

The abstract should include four sections:

- *Objective* (the purpose or hypothesis of study)
- *Research Design and Methods* (the basic design, setting, animal model, cell line or number of participants and selection criteria, treatment or intervention, and methods of assessment)
- *Results* (significant data found)
- *Conclusions* (the validity, limitations, and clinical applicability of the study and its results)

The abstract should be followed by 3 sentences which outline the significance of the study:

- What is already known about this subject?
- What are the new findings?
- How might these results change the focus of research or clinical practice?

#### Review

*DRC* publishes review articles that are comprehensive, scientifically accurate summaries of topics in clinical or basic science dealing with areas of current clinical relevance, with promising experimental therapies, or with emerging scientific concepts.

Review Articles should describe either basic and/or clinical investigations, discuss the physiological and clinical significance of the work, and place it in the context of previously published information.

Review articles are usually commissioned but the journal will consider unsolicited submissions.

Papers should include the following:

- **Unstructured abstract** (up to 250 words)
- **Word limit:** 5000 words (excludes title page, abstract, acknowledgments, references, table and figure legends)
- **References:** up to 65 references
- **Tables/Figures:** up to 4

#### Supplements

*BMJ Open Diabetes Research & Care* will consider publishing supplements. Supplement proposals

should be submitted to the Editorial Office.

### MANUSCRIPT PREPARATION

#### COVER LETTER

Your cover letter should inform the Editor of any special considerations regarding your submission, including but not limited to:

- Details of related papers by the same author(s) already published or under consideration for publication
- Details of previous reviews of the submitted article
- IRB board approval statement if applicable

Copies of related papers, previous Editors' and reviewers' comments, and responses to those comments can be submitted using the File Designation "Supplementary file for Editors only". Editors encourage authors to submit previous communications to expedite the review process.

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The title page must contain the following information:

- Title of the article
- Full name, highest academic degrees and affiliations, mailing address, e-mail and telephone number of the corresponding author
- Full name, department, institution, city, country, email address of all co-authors
- Up to five keywords relevant to your manuscript
- Word count, excluding title page, abstract, references, figures and tables
- Unique clinical trial number and the name of the registry if applicable
- List of meetings at which the paper was presented, if any

Authors who normally write their names in non-Latin characters may include their names in their native writing system in parentheses immediately following a transliterated version. For example, Jingbing Xue (薛晶冰). Any non-Latin languages that can be represented in Unicode characters will be accepted.

### MANUSCRIPT FORMAT

The manuscript must be submitted as a Word document. A PDF will not be accepted.

The manuscript should be presented in the following order:

- Title page
- Abstract (Note: references should not be included in abstracts). Structured Abstracts should be limited to 300 words and include the following subheads: Objective, Research Design and Methods, Results, Conclusions
- Three to five keywords.
- Significance of the study
- Main text separated under appropriate headings and subheadings using the following hierarchy: **BOLD CAPS**, **bold lower case**, plain text, *italics*
- Tables should be in Word format and placed in the main text where the table is first cited. Tables must be cited in the main text in numerical order.

Appendices should be uploaded using the File Designation “Supplementary File” and cited in the main text. Please remove any hidden text headers or footers from your file before submission.

### STYLE

Abbreviations and symbols must be standard. SI units should be used throughout, except for blood pressure values, which should be reported in mm Hg and temperatures which should be expressed in degrees Celsius. Drugs should be described using the approved generic name. Where a proprietary (brand) name is used, it should begin with a capital letter. Acronyms should be used sparingly and fully explained when first used.

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Authors are encouraged to supply color illustrations; **no** additional charges apply. Colour figures should be in RGB format and supplied at a minimum of 300 dpi. For Figures in vector-based format, all fonts should be converted to outlines and saved as EPS (Encapsulated PostScript) to ensure that they are reproduced correctly.

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Figures should be submitted in TIFF or EPS format. JPEG files are acceptable in some cases. A minimum resolution of 300 dpi is required, except for line art, which should be 1200 dpi. Histograms should be presented in a simple, two-dimensional format, with no background grid.

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Tables should be self-explanatory, and the data they contain must not be duplicated in the text or figures. Any tables that are longer/larger than 2 pages will not be typeset and will be published only as a supplementary file.

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You may submit multimedia files to enhance your article. Video files are preferred in .WMF or .AVI format, but can also be supplied as .FLV, .Mov, and .MP4. When submitting files, please ensure you upload them using the File

Designation “Supplementary File – Video”.

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References must be numbered sequentially as they appear in the text. References cited in figures or tables (or in their legends and footnotes) should be numbered according to the place in the text where that table or figure is first cited. Reference numbers in the text should be inserted immediately after punctuation (with no word spacing).

Where more than one reference is cited, these should be separated by a comma, for example, [1, 4, 39]. For sequences of consecutive numbers, provide the first and last number of the sequence separated by a hyphen, for example, [22-25]. References provided in this format are translated during the production process to superscript type and act as hyperlinks from the text to the quoted references in electronic forms of the article.

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Please list all authors. If a reference contains more than three contributors, name only the first three authors and then use et al. If a reference cites a consortium or multi-center trials group, list up to three authors followed by et al. and the official name of the study group.

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### Example References:

#### **Journal article**

Shackford SR, Kahl JE, Calvo RY, et al. Gunshot wounds and blast injuries to the face are associated with significant

morbidity and mortality: results of an 11-year multi-institutional study of 720 patients. *J Trauma Acute Care Surg* 2014;**76**:347-52

Hargestam M, Lindkvist M, Jacobsson M, et al. Trauma teams and time to early management during in situ trauma team training. *BMJ Open* 2016;**6**:e009911

### Chapter in book

<sup>14</sup> Nagin D. General deterrence: a review of the empirical evidence. In: Blumstein A, Cohen J, Nagin D, eds. *Deterrence and Incapacitation: Estimating the Effects of Criminal Sanctions on Crime Rates*. Washington, DC: National Academy of Sciences 1978:95–139.

### Book

<sup>15</sup> Howland J. *Preventing Automobile Injury: New Findings From Evaluative Research*. Dover, MA: Auburn House Publishing Company 1988:163–96.

### Abstract/Supplement

<sup>16</sup> Roxburgh J, Cooke RA, Deverall P, et al. Haemodynamic function of the carbomedics bileaflet prosthesis [abstract]. *Br Heart J* 1995;**73**(Suppl 2):P37.

### Electronic citations

Websites are referenced with their URL and access date, and as much other information as is available. Access date is important as websites can be updated and URLs change. The "date accessed" can be later than the acceptance date of the paper, and it can be just the month accessed.

### Electronic journal articles

SS. Factors in the emergency of infectious diseases. *Emerg Infect Dis* 1995 Jan-Mar;**1**(1). [www.cdc.gov/ncidod/EID/vol1no1/morse.htm](http://www.cdc.gov/ncidod/EID/vol1no1/morse.htm) (accessed 5 Jun 1998).

### Electronic letters

Bloggs J. Title of letter. Journal name Online [eLetter] Date of publication. url eg: Krishnamoorthy KM, Dash PK. Novel approach to transseptal puncture. *Heart Online [eLetter]* 18 September 2001. <http://heart.bmj.com/cgi/eletters/86/5/e11#EL1>

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Additional figures and tables, methodology, raw data, etc., may be published online as supplementary material. If your paper exceeds the word count you should consider if any parts of the article could be published as supplementary material. Please note that these files will not be copyedited or typeset and will be published as supplied. Therefore, PDF files are preferred. All supplementary files should be uploaded using the File Designation "Supplementary File". Please ensure that any supplementary files are cited within the main text of the article.

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Statistical analyses must explain the methods used.

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Authors are encouraged to use the relevant research reporting guidelines for the study type provided by the [EQUATOR Network](#). This will ensure that you provide enough information for editors, peer reviewers and readers to understand how the research was performed and to judge whether the findings are likely to be reliable. The key reporting guidelines are:

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- **Quality improvement studies:** [SQUIRE](#) guidelines
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- **References:** Have all of the references been cited in the text?
- **Supplementary files and appendices:** Have you supplied these



in an acceptable format? Have they been cited in the main text?

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Information required for all authors:

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- Contributorship statement

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- Names of any collaborators
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- Details of ethical approval
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All clinical trials submitted to *DRC* must be registered with an ICMJE approved clinical trial registry (such as [clinicaltrials.gov](#)) or any of the primary registries that participate in the World Health Organization International Clinical Trial Registry Platform. Authors must include the unique clinical trial number,

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