Instructions for Authors

Clinical Pediatric Endocrinology is the official Journal of the Japanese Society for Pediatric Endocrinology and is published quarterly. Articles are accepted for publication on the understanding that they contribute to the progress of the field of clinical endocrinology and metabolism from infancy through adolescence and that they have not been or will not be published elsewhere except in an abstract form.

1. Manuscript Categories

This Journal accepts both original clinical investigations (Original Article) and Case Reports of significance in the field of pediatric endocrinology and metabolism. 'Short communications' requiring rapid publication, 'Mutation-in-brief' reporting a novel mutation(s) together with a brief clinical background, and 'Letters to the Editor' pertaining to articles already published in *Clinical Pediatric Endocrinology* will also be accepted. Relatively short reviews on a current topic may appear as 'Reviews' in this Journal.

2. Ethics

Studies on human subjects should comply with the ethical standards of a responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983. A statement is required indicating that the ethical committee of the respective institution or hospital approved any studies involving human experimentation and/or genomic DNA analysis that were undertaken for the purpose of research rather than as diagnostic tools.

Pictures of a study subject(s) by which the subject(s) can be identified may be published only when photographic presentation forms an essential part of the article and the authors provide a statement indicating that written informed consent was obtained from the subject(s) and/or the subject's parent(s).

3. Manuscript Submission

As of December 2014, the entire submission and review process has been transferred to an online system: **http://mc.manuscriptcentral.com/jspe**.

The author manual in Japanese can be downloaded from the top menu of the above site. Inquiries about the submission procedures should be sent to the editorial office of CPE (cpe@ipec-pub.co.jp).

Prior to submission, the following materials should be prepared:

-- Cover letter:
-- Authors' information: all authors should be registered in the system, including their e-mail addresses.
-- Manuscript files to be uploaded: the file formats listed below are acceptable.
  Main text: doc, docx, pdf
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  Figures: doc, docx, tif, eps, jpg, psd, ai, ppt, pptx
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  * The file name should consist of half-width alphanumeric characters only;
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  * The total file size that can be uploaded by authors is 20 Mbytes.
-- Preferred reviewers and non-preferred reviewers.
-- Completed 'Authorship, Copyright Transfer Form' and 'Financial Disclosure Form' to be uploaded as Supplementary files. Original forms can be downloaded from the JSPE website: http://jspe.umin.jp/eng/journal/index.html.

4. Manuscript Preparation

4.1. General format

Manuscripts must be typed with 25-mm margins and 24–26 lines per page on A4 size (210 × 297 mm) paper. All lines of the text should be numbered serially in the left margin, and the entire manuscript should be paginated. Manuscripts should be organized in the following order: title page, abstract and key words, text, acknowledgements, list of references, tables, figures and legends to figures.

A cover letter should be included stating the authors' wish that the manuscript be evaluated for publication in *Clinical Pediatric Endocrinology*. This letter must list the title and all authors of the paper.

Original Articles, *Case Reports* and *Reviews* should not exceed 20, 16 and 20 typed pages, respectively, including references, figures and tables.

Short Communications should not exceed six typed pages, with a total of three or fewer figures and/or tables and ten or fewer references. An abstract is not necessary.

Mutation-in-Brief should not exceed three typed

pages, with a total of one or two figures and/or tables and five or fewer references. An abstract is not necessary. A report of one or two new mutations with brief clinical data should be submitted in this format. Uncharacterized polymorphism will also be accepted under this category.

Letters to the Editor should not include more than 300 words and three references.

4.2. Title page

The title page should carry the category of the manuscript, title, which should be concise but informative, running head (not exceeding 40 letters including spaces), full names of the authors, department(s) and institution(s) to which the work should be attributed, name and address of the author responsible for correspondence, and source(s) of support in the form of grants, equipment or drugs or all of these.

4.3. Abstract

The abstract should be no more than 200 words. Below the abstract, key words (five or fewer) should be listed.

4.4. References

References to the literature are to be cited in numerical order (in parentheses) in the text. There must be only one reference to a number. List all authors, but if the number exceeds six, give six followed by *et al*. The titles of journals should be abbreviated according to the style used in the Index Medicus.

Examples of the reference style that should be used are given below. Further examples will be found in the articles describing the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med 1997; 126: 36–47).

Articles in journals

Suwa S, Tachibana K, Maesaka H, Tanaka T, Yokoya S. Longitudinal standards for height and height velocity for Japanese children from birth to maturity. Clin Pediatr Endocrinol 1992;1:5–13.

Books and Other Monographs

Hibi I, Tanae A. Final height in Turner syndrome with and without gonadal function. In: Rosenfeld RG, Grumbach MM, editors. Turner syndrome. New York and Basel: Marcel Dekker;1980.p.163–81.

Bradly EL. Medical and surgical management. Philadelphia: WB Saunders;1982.p.172–8.

5. Publication after Acceptance

All manuscripts from authors whose mother tongue is not English will be subject to text editing. The results of text editing will be sent from the editorial office by e-mail, and the authors are requested to supply the revised final version of the manuscript.

The page proof will be sent to the corresponding author by e-mail. An order form and price list for reprints will be sent with the page proof.

6. Publication Charge

The Journal charges 5,000 Japanese yen per printed page for more than six printed pages, and a half of the actual expense for color printing. Foreign currency in U.S. dollar equivalent will be accepted.

Thirty reprints will be sent to the authors free of charge.

(revised on December 1, 2014)

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APPENDIX A: Abbreviations and Symbols

(The following and other commonly recognized abbreviations can be used without definition. Otherwise, abbreviations must be defined the first time they are used in each article.)

adenosine 5'-mono-, di- and triphosphates	AMP, ADP, ATP
adrenocorticotropin	ACTH
androgen receptor	AR
arginine vasopressin	AVP
base pair	bp
calcitonin	CT
chorionic gonadotropin	CG
complementary DNA	cDNA
complementary RNA	cRNA
corticotropin-releasing hormone	CRH
3',5'-cyclic AMP	cAMP
dalton(s)	Da
day(s)	d
degrees Celsius	C (*omit degree symbol*)
deoxyribonucleic acid	DNA
Dulbecco's modified Eagle's medium	DMEM
enzyme-linked immunosorbent assay	ELISA
estradiol	E_2
estrogen receptor	ER
ethylenediamine tetra-acetate	EDTA
fetal bovine serum	FBS
fetal calf serum	FCS
follicle-stimulating hormone	FSH
free fatty acids	FFA
glucocorticoid receptor	GR
gonadotropin-releasing hormone	GnRH (LHRH)
growth hormone (somatotropin)	GH
GH-releasing hormone	GHRH
GH-release inhibiting factor (somatostatin)	SRIF (SS)
guanosine 5'-mono-, di-, and triphosphates	GMP, GDP, GTP
GTP-binding protein	G protein
half-time	$t_{1/2}$
N-2-hydroxyethylpiperazine-*N*'-2-ethane sulfonic acid	HEPES
high-performance liquid chromatography	HPLC
hour(s)	h
insulin-like growth factor I (II)	IGF I (IGF II)
interleukin	IL (*e.g.*, IL-1, IL-6)
international unit	IU
intramuscular(-ly)	im
intraperitoneal(-ly)	ip
intravenous(-ly)	iv
luteinizing hormone	LH
liters per mole	M^{-1}
log of the odds	LOD
loss of heterozygosity	LOH
median effective dose	ED_{50}
melanocyte-stimulating hormone	MSH
messenger RNA	mRNA
mineralocorticoid receptor	MR
minute(s)	min
molar (moles per liter)	M (*e.g.*, 0.1 M, not M/10)
molecular weight	mol wt (not used with daltons)

month(s)	mo
normal (concentration)	N (*e.g.*, 0.1 N, not N/10)
not significant	NS
nucleotide	nt
number	no.
open reading frame	ORF
oxytocin	OT
parathyroid hormone	PTH
peroxisomal proliferator-activated receptor	PPAR
phosphate-buffered saline	PBS
phosphatidylinositol 3-kinase	PI_3K
polyacrylamide gel electrophoresis	PAGE
polymerase chain reaction	PCR
probability	p
prolactin	PRL
prostaglandin	PG
protein kinase A (or cAMP-dependent protein kinase)	PKA
protein kinase C	PKC
PTH-related peptide	PTHrP
radioimmunoassay	RIA
reverse transcription polymerase chain reaction	RT-PCR
ribonucleic acid	RNA
second	sec
sex hormone-binding globulin	SHBG
sodium dodecyl sulfate	SDS
standard deviation	SD
standard error	SE
standard error of the mean	SEM
Student's *t* test	*t*-test
subcutaneous(ly)	sc
testosterone	T
5α-dihydrotestosterone	5α-DHT
thyroglobulin	Tg
thyroid hormone receptor	TR
thyrotropin	TSH
thyroxine	T_4
3,5,3'-triiodothyronine	T_3
3,3',5'-triiodothyronine	rT_3
transfer RNA	tRNA
transforming growth factor	TGF
tris(hydroxymethyl)-aminomethane	Tris
TSH-releasing hormone	TRH
tumor necrosis factor	TNF
vasoactive intestinal peptide	VIP
vitamin D receptor	VDR
volume	vol
week(s)	wk
weight	wt
wild-type	WT
year(s)	yr

APPENDIX B: Nomenclature of Steroids

Steroids should be named according to the rules of the IUPAC (Pure and Applied Chem.1972;31:285). The following trivial names for steroids, however, may be used without definition, and some of them can be abbreviated as shown in Appendix A: cholesterol, estrone, 17β-estradiol, estriol, aldosterone, testosterone, androstenedione, progesterone, corticosterone, deoxycorticosterone, cortisone and cortisol.