

Author guidelines in medical journals: Essential rules and rationale

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A – research concept and design; B – collection and/or assembly of data; C – data analysis and interpretation;

D – writing the article; E – critical revision of the article; F – final approval of the article

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Abstract

Instructions for authors issues by editorial offices of scientific journals require periodical critical analysis in order to maintain their clarity and understandability. In this editorial, selected aspects of such guidelines published issued by *Advances in Clinical and Experimental Medicine* were reappraised by the editors of this journal – regulations concerning financial disclosure and conflict of interest, as well as acknowledgements, equal contribution of 2 or more authors, tables, figures, and references were discussed. Reasons for chosen rules were provided – those which (based on editors' experience and expertise) may not seem obvious to authors – e.g., why equal contribution is permitted, while co-first authorship is not. Multiple examples of papers fulfilling the analyzed rules in a copybook fashion were provided. In Conclusions, it was briefly discussed whether some of the rules specified in instructions for authors could be enforced only after acceptance for publication (e.g., when numeration of tables and figures is concerned or rules regarding acknowledgements). In this section, it was also explained why other rules listed above should be fulfilled before the peer review commences, for 3 reasons: 1) information about funding sources and conflict of interest is crucial for the ethical integrity of the whole work and cannot be added at a later stage; 2) Satisfactory quality of tables and figures is a prerequisite for peer review; 3) Resolving many issues after acceptance would be cumbersome (e.g., reducing the number of tables or figures) or at least significantly extend the time required for editing.

Key words: editor, scientific journal, instructions for authors, scientific publishing, co-authorship

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Highlights

- Manuscript-submission hurdles: Non-standardized author guidelines across scientific journals create formatting errors, resubmissions, and lost review time.
- Guideline compliance averts desk rejection: Precise adherence to journal instructions speeds editorial decisions and reduces costly delays.
- Ethics & transparency at stake: Missing conflict-of-interest disclosures, funding statements, or correctly formatted tables, figures, and references can derail peer-review acceptance.
- Journal spotlight – *Advances in Clinical and Experimental Medicine*: Offers a concise, step-by-step author checklist that streamlines initial screening and copy-editing.
- Feedback fuels improvement: Continuous input from authors and readers refines guidelines and aligns editorial expectations with best publishing practices.

Introduction

There are no universal standards regarding how a scientific paper should be prepared when submitted to a journal, not even within respective fields of knowledge. Differences include the stipulated spelling (British English or US English; nowadays, many periodicals do not state any particular preference), rules concerning tables and figures (their number form and other characteristics), reference standard (Harvard or different types of Vancouver referencing), or usage of abbreviations and acronyms. Various approaches to disclosing conflict of interest and funding sources and diverse policies on data sharing can also be found. Many editorial offices refer to guidelines from entities like the Committee on Publication Ethics (COPE) or the International Committee of Medical Journal Editors Recommendations (ICMJE). Still, these suggestions are far from being universally endorsed. Therefore, authors planning to submit their manuscript to a specific journal should carefully read instructions for authors available on its website and closely follow their tenets; a substantial number of scientific periodicals accept for further consideration (i.e., for peer review) only materials which are in agreement with rules in force in each journal.

The issue of authors' insufficient compliance with the provided guidance during the initial submission has already been discussed in the literature, albeit not extensively and mainly in opinion pieces. Nathan Efron, editor of *Clinical and Experimental Optometry*, stated in his editorial¹ that in his personal experience, most of the manuscripts submitted to this journal are proof that authors either do not read or disregard the instructions for authors (we refrain from any speculation regarding the reasons for this problem). In turn, Nevzat Karabulut,² editor-in-chief of *Diagnostic and Interventional Radiology*, elaborated on often observed shortcomings in submitted manuscripts, particularly concerning conflict of interest disclosure, scientific integrity, and authorship. An important aspect was pointed out by Jawaid and Jawaid³ – manuscripts that are not adequately prepared are sent for adjustments, which extends the time the authors

have to wait for the editors' decision about publication. Non-adherence to some rules can result in desk rejection because not all errors can be rectified – a good example is the maximal number of authors, which Teixeira Da Silva⁴ discussed; it seems rather improbable that in such a situation, one or more authors would just agree to their removal.

However, preparing instructions for authors in major medical journals is also far from perfect. Schriger et al.⁵ analyzed the findings of 2 observational studies on the contents of such guidelines and found that only 13% of journals commented on the content and style of data tables and figures, and that instructions, with few exceptions, focused on formatting issues. Their study was published in 2006, but this problem is still far from solved, as pointed out in 2020 by Lang,⁶ who in his editorial provided a subjective but highly informative list of requirements he found in journals' instructions for author, divided into "unsupported" (i.e., baseless in his opinion), "unclear", "unusually specific", and "unusually demanding" ones, and offered several inspiring recommendations for editors. Also, shortcomings of instructions for authors in specific areas are reported – Sims et al.⁷ found that of 27 analyzed emergency medicine journals, 11 (11/27, 40.7%) did not mention a single guideline.

Instructions for authors in our journal – *Advances in Clinical and Experimental Medicine (Adv Clin Exp Med)* – are a result of our editors' professional experience, following the example of the most prestigious medical journals, and implementing guidelines published by COPE and ICMJE. We strive to make them simultaneously in-depth and easily comprehensible – their main goal is to shorten both the initial verification stage (during which newly submitted manuscripts are assessed regarding their adherence to our guidelines) and editing in case they are accepted for publication.

Objectives

This editorial aims to present selected aspects of instructions for authors currently (May 2025) in force in *Adv Clin Exp Med* – the rule discussed below are those to which

model adherence can be presented using the examples of papers already published in this journal, as well as 2 other journals – *Dental and Medical Problems* and *Polimery w Medycynie – Polymers in Medicine* – owned by the same entity (Wrocław Medical University, Wrocław, Poland) and adhering to very similar policies. When applicable, reasons for rules that may not seem obvious were also provided. The objective of the present editorial is also to inspire discussion around our instructions – as Lang⁶ stated, editors should periodically review their guidelines to ensure their expectations are reasonable; such review is impossible without proper feedback from both our authors and readers.

Financial disclosure

This information should describe sources of funding that have supported the work. The statement appears in the “Funding sources” section on the 1st page in a published paper. All financial and material support for the research and work must be identified, including listing of support that might constitute or give the appearance of influencing the findings.

The statement should include:

- specific grant numbers;
- initials of authors who received each award;
- full names of commercial companies that funded the study or authors;
- initials of authors who received salary or other funding from commercial companies.

It should also be stated whether any sponsors or funders (other than the named authors) played any role in:

- study design;
- data collection and analysis;
- decision to publish;
- preparation of the manuscript.

Information about funding sources should be reported while submitting the manuscript in a dedicated section of the submission procedure, not in the Acknowledgments section or in the paper itself.

An example of correct financial information disclosure is an editorial by Di Gregorio and Battaglia,⁸ where 2 grants were presented with appropriate details. In a study by Chachaj et al.,⁹ apart from the name and number of grant, the following disclaimer was included: The funder accepted the study protocol and had no role in the collection, analysis, interpretation, writing of the manuscript, or the decision to submit the manuscript for publication. It is an open question whether such statements should be a required element of financial disclosure in scientific journals.

Conflict of interest

A conflict of interest may have financial or non-financial character – the former in the case of accepting, e.g., lecture fees or providing paid consultation, the latter often when

there are professional or personal (albeit not financial) ties between one or more of the authors and external entities or individuals which may have influenced the course of research and/or publication. A scoping review of non-financial conflicts of interest in health-related journals was published by Wiersma et al.,¹⁰ showing how diverse this issue may be. A review of current practices, biases, and the role of public registries in improving transparency has been provided by Dunn et al.,¹¹ while Fontanarosa and Bauchner¹² discussed specifically the policies adopted in *Journal of American Medical Association (JAMA)*. Separate guidelines were also issued by ICMJE,¹³ World Association of Medical Journals (WAME)^{14,15} and *New England Journal of Medicine (NEJM)*.¹⁶ Editorials presenting a broader view were published by Charlton¹⁷ and Rahman-Shepherd et al.¹⁸; the book *Conflict of Interest in Medical Research, Education, and Practice*¹⁹ remains the most exhaustive source of knowledge on this problem.

In *Adv Clin Exp Med*, all authors must provide disclosures before submission for inclusion in the “Conflict of Interest” statement. A conflict of interest exists when one’s professional judgment about the execution of the research and/or the presentation of the content is, or could reasonably be perceived to be, influenced by other interests.

Items included in the disclosure statement should cover: consulting fees or paid advisory boards (for the past 3 years or the known future), equity ownership/stock options (publicly or privately traded firms, excluding mutual funds), lecture fees when speaking at the invitation of a commercial sponsor (for the past 3 years or the known future), employment by the commercial entity that sponsored the study, grant support from industry, patents and/or royalties, expert witness, and other activities performed for a commercial sponsor.

Financial conflicts of interest include, but are not limited to:

- awarded, planned, or pending patents, including individual applications or those belonging to the institution to which the authors are affiliated and from which the authors may benefit;
- ownership of stocks, shares, or stock options, even if not publicly traded;
- paid employment or consultancy;
- received payment for serving as a member of an advisory committee/board for any entity engaged in activity related to the subject matter of this contribution.

Non-financial conflicts of interest that could impact the research reported here include, but are not limited to:

- acting as an expert witness;
- member of a government or other advisory board;
- relationship (paid or unpaid) with organizations and funding bodies, including nongovernmental organizations, research institutions, or charities;
- membership in lobbying or advocacy organizations;
- writing or consulting for a company whose activities might impact the objectivity of this paper;

- personal relationships (e.g., friend, spouse/partner, family member, mentor, adversary) that could affect objectivity;
- personal beliefs (political, religious, ideological, or other) related to a paper's topic that might interfere with an unbiased publication process (at the stage of authorship, peer review, editorial decision-making, or publication).

Conflict of interest is rarely reported – it is debatable whether it only seldom occurs, or the authors are unaware of less obvious situations in which it arises. Zielonka and Jamrozak²⁰ reported such conflict for the 2nd author (research support from AbbVie, Janssen; consulting role for AbbVie, AstraZeneca, Janssen, Beigene), while Chen and Nakagawa²¹ pointed out that the 1st author is also the author of a work extensively cited and appraised in their paper – such sensitivity regarding possible conflict of interest should be singled out for praise. In a paper by Kosowski et al.,²² one of the co-authors – John A. Todd – disclosed that he is an employee (Sr. Vice President & Chief Scientific Officer) and a Singulex, Inc., Alameda, USA stockholder.

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In this section, those who contributed to the work but do not meet our authorship criteria should be listed with a description of the contribution. Individuals or companies that have assisted with the study should be mentioned, including advisors, administrative support, and suppliers who may have donated or given materials used in the study. A similar definition of acknowledgements in scientific papers is included in the instructions for authors of journals from the Springer Nature group.²³

Common misconceptions regarding this section include:

- describing funding sources in it;
- mentioning the funding institutions once more (apart from the disclosure in the Funding sources section), this time to thank them (while there is no need to duplicate this information);
- disclosing conflict of interest in this section.

Paul-Hus and Desrochers²⁴ also pointed out that information about financing relatively frequently appears in Acknowledgements; however, many journals they analyzed did not have a dedicated “Funding sources” (or similar) section, at least when the survey was conducted (2019). They also showed examples of information about conflict of interest (or potential such conflict) appearing there and instances they called “crossovers”, when disclosures regarding funding sources and conflict of interest are mixed with one another and/or with acknowledgements understood as defined above. Such confusion seems a result of both the lack of a specific section for disclosing other information within the published article in several journals and the relaxed enforcement of journals' policies by editors. Paul-Hus and Desrochers²⁴ also discuss the type of acknowledgements implemented in *Adv Clin Exp Med*, naming it “authorial voice” and calling for a more

personal space where the authors can speak for themselves, in their name, on matters they judge worth mentioning. We agree with this view and we are open to authors' proposals, should they deem necessary to express any more personal message to the readers in the Acknowledgements section.

Examples of such usage of this section can be found in an editorial by Kurkinen,²⁵ who stated in Acknowledgements that the views and opinions expressed in the paper are his only and do not reflect those of his employers, as well as thanked 5 other researchers for their “interest, understanding and continued support”. It is worth noting that these thanks pertain all Prof. Kurkinen's research activities, not only the editorial in which they appear and can be therefore viewed as more personal ones – the author wanted to emphasize that those people are essential for him in general (they were addressed again in the same vein in his other editorial²⁶).

More conventional acknowledgements were published in the paper by Akdeniz,²⁷ who thanked one person for helping with recruiting participants and another for statistical analysis, in a study by Repczyńska et al.²⁸ (who thanked the families for their participation in the research and for their consent to publish the data), and in the article by Edebal and Doğan,²⁹ who acknowledged their English-language editor. Authors also often acknowledge institutions that made specific research possible, as in Alzamanan et al.³⁰

Equal contribution

The sequence of author names on a publication indicates the allocation of credit and accountability. When not listed alphabetically, it is generally understood that the first author has made the most significant contribution. In many cases, only being the first author (sometimes also the corresponding author) fulfills the requirements for promotion or stipulations of the entity financing the research of a given author. Therefore, authors of some papers expect that 2 (rarely more) of them will be considered co-first or co-corresponding authors. Such practice has already been introduced in several scientific medical journals. Efron in his editorial³¹ summarized arguments for and against this solution and concluded that it will be retained in *Clinical and Experimental Optometry*, although some editors of this journal have reservations. Already in 2013 Conte et al.³² called for recognition of co-first authorship in biomedical and clinical publications. Huang et al.³³ described this phenomenon in the pharmacy and anesthesia journals, while Khoshpouri et al.³⁴ discussed it on an example of radiology journals. This problem was also analyzed in the context of gender equity by Rose-Clarke and Fellmeth³⁵ and Aakhus et al.,³⁶ while Lapidow and Scudder³⁷ offered a librarian's perspective. An important aspect was signaled by Else,³⁸ who pointed out that it is not yet clear whether co-first authors are perceived as equal;

similar doubts and concerns were expressed by Owens et al.³⁹ The more exhaustive research so far on this issue was conducted by Hosseini and Bruton,⁴⁰ who called for clearer policies both in journals allowing co-first authorship and refraining from such practice.

O'Sullivan⁴¹ proposed some questions that the editors of scientific journals should ask themselves regarding the possible consequences of allowing co-first authorship. One result is that the citation will always be how the journal lists the article – many authors confront the situation of co-first authorship, and debate over whose name should be first. In other words: For purely technical reasons, on the 1st page of the paper, only 1 of the authors is the first. Some journals resolve this issue using asterisks by the names of 2 authors and a byline or footnote explaining that they are co-first authors. In our opinion, such practice is confusing because in citations in other publications, there is no option of marking that a given paper has 2 co-first authors. If they were listed in the order they are on the 1st page, without any footnotes (e.g., X, Y, Z et al., and in the text as X et al.). Wiley's editorial staff has also noted this problem.⁴² Therefore, in *Adv Clin Exp Med*, there can be only 1 first author and 1 corresponding author for each manuscript (both functions can also be held by the same person). We do not permit co-first authorship and co-corresponding authors for any reason. However, we offer to mark the names of 2 chosen authors on the first page of the paper with asterisks [*] and to place a disclaimer [X and Y contributed equally to this work] on the same page. Many authors accept such a solution, and examples of its implementation are papers by Najar Nobari et al.⁴³ and Bębenek and Godlewski.⁴⁴

Tables and figures

Many types of scientific findings can be conveyed only using tables and figures; others could also be presented as plain text, but figures and/or tables are much more informative and allow for comprehension at a single glance instead of painstakingly reconstructing the information from long, convoluted passages of text. However, correctly preparing these elements of a scientific article is not always intuitive. *Scientific Writing and Publishing: A Comprehensive Manual for Authors* by Denys Wheatley⁴⁵ includes long chapters only about tables and charts, graphs and other types of graphical data representation. Useful guidelines regarding tables and figures were also offered by Divecha et al.,⁴⁶ Vickers et al.⁴⁷ and Tuncel and Atan.⁴⁸ Advice regarding tables in papers on cardiology can be found in an article by Boers⁴⁹. At the same time, Slutsky,⁵⁰ Liu⁵¹ and Inskip et al.⁵² tackled this issue in the context of medical publications in general. Hmejlak and Hooper⁵³ proved that in medicine using figures stems from the “show and tell”, not “show, don't tell” mentality – an ideal situation in the convergence of images and text. Jansen and Tyler⁵⁴ discussed key points regarding figures on an example

of gastrointestinal research, but their remarks are pertinent in all fields of medicine.

Instructions regarding figure preparation have been released by Elsevier,⁵⁵ DovePress,⁵⁶ Wiley,⁵⁷ Nature,⁵⁸ *PLoS Medicine*,⁵⁹ while guidelines about tables by Elsevier,⁵⁵ Taylor & Francis,⁶⁰ *PLoS Medicine*,⁶¹ DovePress,⁵⁶ and *Journal of Clinical Investigation*.⁶²

Advances in Clinical and Experimental Medicine accept for consideration manuscripts with up to 10 tables and 10 figures (2 tables and 2 figures in research letters) – papers with multiple tables and/or figure are challenging to read in PDF format because the tables and figures dominate over the text and the reader must skip several pages filled only with tables/figures to follow the discourse. In HTML format, the tables and figures are published at the end of the paper, and the text contains only links, but in PDF format, such a solution is not feasible. Therefore, if authors of a given manuscript must present more than 10 figures and/or tables, the additional ones should be made available as shared data.

Tables and figures should be placed in separate files, not pasted into the main body of the text. Tables should be submitted in an editable format (not inserted as pictures in *.jpg, *.tif or *.pdf format). There cannot be empty cells in the table – if no information is given, a cell within the table should be filled with a hyphen (–); it signifies that a given cell contains no value intentionally and not by mistake.

References to tables and figures should be placed according to the sequence of citing them in the manuscript. The text should include references to all tables and figures. All tables and figures must be consecutively numbered. Separate tables and figures must have separate numbers (i.e., Table 1, Table 2, Table 3, not Table 3A, Table 3B, etc., or Table 3.1, Table 3.2, etc.) when separate tables or figures are considered.

All abbreviations used in a given table/figure should be explained below it or in the caption, even if a given abbreviation has already been described in the text – the reader should not be forced to search the text to understand abbreviations, mainly that some readers scan the abstract, tables and figures – and only if they seem interesting, read the whole text.

A single figure can have no more than 6 panels (A–F). One panel means one chart – multiple charts cannot form one panel. All elements of each figure must be legible when viewed on an A4 page in a PDF file in full-screen mode, without zooming; overtly complex figures with multiple charts/graphs combined into single panels cannot fulfill this requirement and are therefore unfit for publication in PDF format.

Each figure should have a concise, self-explanatory caption describing accurately what the figure depicts. When applicable, be sure that both the figure captions and the figures contain corresponding labels for multiple panels (A, B, C, etc.). If any magnification is used in the photographs, it should be indicated using scale bars within the figures.

Conveying information using tables can be done in different ways. Vázquez-Rodríguez et al.⁶³ proved that large tables can also be clear and easy to comprehend, while Kiliś-Pstrusińska et al.⁶⁴ employed smaller tables, which allowed for the precise presentation of different aspects of their results. In many reviews and meta-analyses, large tables are unavoidable – as in Martins et al.⁶⁵ or Sokołowska et al.⁶⁶ Finally, there are papers in which tables complement figures, providing additional data, as in Wang et al.⁶⁷ – visual composition of the whole paper is of paramount importance in such cases.

Examples of correct figure preparation are papers by Ding et al.,⁶⁸ Li et al.,⁶⁹ Yan et al.,⁷⁰ and Lin et al.⁷¹ All 4 teams of authors employed diverse types of graphs, charts and microscopic images in a single paper, provided them in good quality and complemented them with appropriate captions.

References

References should be limited only to the most recent positions directly connected to the presented topic; older papers and other materials should be cited only when necessary (e.g., when a definition is mentioned).

The following sources should not appear on the reference list:

- Unavailable and unpublished work, including manuscripts that have been submitted but not yet accepted (e.g., “unpublished work” or “data not shown”). Instead, such data should be deposited in a publicly available database (e.g., as a preprint if it is a complete but yet unpublished manuscript). Articles that are accepted for publication but not yet published should be cited as [in press].
- Retracted papers – they cannot be cited, even as retracted articles. If the retraction occurs between the submission of the manuscript and its acceptance, editors ask authors to remove the retracted papers from the reference list or replace it by other, non-retracted publication.
- Personal communications (these should be supported by a letter from the relevant authors but not included in the reference list).

The references should be consecutively numbered, not prepared in Harvard style and not marked in the text using solely links to the reference list (without numbers) or DOIs pasted into the text. The reference list should be in the order of works cited in the text, not alphabetical. References should be identified by Arabic numerals (without parentheses) in superscript and numbered consecutively in the order in which they are first mentioned in the manuscript. All references from the reference list should be mentioned in the text, consecutively and with no gaps (e.g., Reference 16 cannot appear until reference 15 is mentioned at least once). No references should be included in the abstract or headings/subheadings.

This also includes references in tables – they should fit into the consecutive numeration of the references

in a place where a given table is first mentioned. Citations in the tables should be numbered and included in the reference list. The references in the tables should be in the order they appear on the reference list. References in tables should fit into the consecutive numeration of the references in a place where a given table is first mentioned. Any distortions regarding the order of references in the tables can be detrimental to the comprehensibility of the paper. Sometimes the authors provide a separate reference list for a table or tables, but a manuscript can have only one reference list.

All positions on the reference list should follow the American Medical Association (AMA) citation style, according to the 10th edition of the *AMA Manual of Style*.⁷² Abbreviations for journal names should be provided according to Index Medicus. If a journal is not listed in Index Medicus, its full title should be given. The abbreviation et al. should be applied when there are more than 6 authors, but only the first 3 authors should be listed in such situations (e.g., Hu X, Chang J, Mao M, et al.).

DOIs should be provided for all positions on the Reference list for whom a DOI has been assigned. If a cited position lacks the DOI, PMID should be provided. If there is also no PMID, a direct URL to the published paper (not to a database) should be provided. These data are required when the reference list is entered into reference managing software; many authors can provide an EndNote, Mendeley or JSON file, but this is not a norm – not all authors use reference managers and we cannot expect all of them to do it.

Among papers whose references fulfilled all the above list, 3 are especially good examples: 2 editorials by Daly et al.,⁷³ and Kurkinen and Daly,⁷⁴ in which several sources without DOIs and PMIDs were correctly cited, and another editorial by Staicu,⁷⁵ who appropriately references books and other documents not available online. Jain et al.⁷⁶ in a study published in *Polimery w Medycynie – Polymers in Medicine* (a journal adhering to similar rules) correctly cited several nonstandard reference positions – among them a handful of patents from different countries. Examples of correct references in tables can be found in Frackiewicz et al.,⁷⁷ Shao et al.⁷⁸ and Song et al.,⁷⁹ as well as in Yacoub et al.⁸⁰ and Nucci et al.⁸¹ A paper by Misiak and Kurpas⁸² about preprint policy of *Adv Clin Exp Med* is also worth mentioning due to 8 preprints released using various preprint servers, cited in this article according to AMA rules.

Conclusions

Instructions for authors in a scientific journal should never be regarded as having a definite form – always some issues could be clarified, others presented more concisely, while yet another complemented with examples. Comparing instructions currently in force in *Adv Clin Exp Med* with similar guidelines prepared by editorial offices

of other medical periodicals is definitely outside the scope of this paper; however, our editors follow changes in such documents provided by leading scientific journals to seek inspiration. Equally important is the feedback we receive from both authors and section editors with whom the authors communicate – the main issue is usually whether certain aspects of a manuscript could be addressed not during the initial verification (i.e., before the peer review) but only following the acceptance for publication, during linguistic editing. Among the problems discussed above, this is the case only when numeration of tables and figures is concerned (provided that there are less than 10 tables and less than 10 figures, the way they are numbered can be corrected later) and regarding acknowledgements (information provided there – albeit important from authors' point of view) is usually not paramount for manuscript assessment). Other rules listed above should be fulfilled before the peer review commences, for 3 reasons. First, information about funding sources and conflict of interest is crucial for the ethical integrity of the whole work and cannot be added at a later stage. Second, satisfactory quality of tables and figures is a prerequisite for in-depth peer review – the reviewers must be able to assess their contents. Lastly, several issues theoretically could be resolved after the acceptance. Still, it would be cumbersome (e.g., reducing the number of tables or figures) or at least significantly prolong the editing. First, the authors would be asked to complement the reference list with DOIs or change the reference system from Harvard style to the one used in *Adv Clin Exp Med*, and only then could the linguistic correction start. Therefore, we aim to make our instructions for authors more concise and comprehensible, but not relaxed. If we are to sustain the results of development our journal experienced in recent years (as summarized in an editorial by Misiak and Kurpas⁸³), we must simultaneously be open for authors' needs and streamline the editorial process without compromising either the scientific integrity or linguistic accuracy and correctness of papers published in *Adv Clin Exp Med*.

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