

# Expert Reviews Author Guidelines

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## Audience

The audience for the *Expert Review* series consists of clinicians, R&D scientists, regulatory and marketing professionals in the pharmaceutical industry and decision-makers in healthcare provision. Authors should bear in mind the multidisciplinary status of the readership when writing the article.

*Expert Review* articles have been engineered specifically for the online environment. The structure is designed to draw the reader's attention directly to the information they require.

## Key formatting points

Please ensure your paper concurs with the following article format:

**Title:** concise, not more than 120 characters.

**Author(s) names & affiliations:** including full name, address, phone & fax numbers and e-mail.

**Abstract/Summary:** approximately 120 words. No references should be cited in the abstract.

**Keywords:** approximately 5–10 keywords for the review.

**Body of the article:** article content under relevant headings and subheadings.

**Expert commentary:** the author's expert view on the current status of the field under discussion.

**Five-year view:** a speculative viewpoint on how the field will evolve in 5 years time.

**Key issues:** 8–10 bullet points summarizing the review.

### References:

For full details on formatting see [References](#) section above.

- Should be numerically listed in the reference section in the order that they occur in the text.
- Should appear as a number i.e., [1,2] in the text.
- If websites or patents are included, please use a separate numbering system for them, i.e., start numbering website references at [101] and patents at [201] to allow the reader to distinguish between websites/patents and primary literature references both in the text and in the bibliography.
- Any references that are cited in figures/tables/boxes that do not appear in the text should be listed at the end of the reference list in the order they occur.
- Quote first six authors' names. If there are more than six, then quote first three *et al.*  
The Expert Reviews Endnote style can be downloaded from our website

**Reference annotations:** please highlight 6–8 references that are of particular significance to the subject under review as “\* of interest” or “\*\* of considerable interest” and provide a brief (1–2 line) synopsis.

**Figures/Tables/Boxes:** Summary figures/tables/boxes are very useful, and we encourage their use in reviews/perspectives/special reports. The author should include illustrations and tables to condense and illustrate the information they wish to convey. Commentary that augments an article and could be viewed as ‘stand-alone’ should be included in a separate box. An example would be a summary of a particular trial or trial series, a case study summary or a series of terms explained.

If any of the figures or tables used in the manuscript requires permission from the original publisher, it is the author's responsibility to obtain this. Figures must be in an editable format.

## Article types

### Reviews

Reviews aim to highlight recent significant advances in research, ongoing challenges and unmet needs. Authors should strive for brevity and clarity.

Each article should concentrate on the most recent developments in the field and should aim for concise presentation of relevant information.

**Word limit:** 5000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- Summary
- Keywords
- Expert commentary
- Five-year view
- Key issues
- References
- Reference annotations
- Financial disclosure/Acknowledgements

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### Perspectives

Perspectives have the same basic structure and length as review articles, however they should be more speculative and very forward looking, even visionary. They offer the author the opportunity to present criticism or address controversy. Authors of perspectives are encouraged to be highly opinionated. The intention is very much that these articles should represent a personal perspective.

Referees will be briefed to review these articles for quality and relevance of argument only. They will not necessarily be expected to agree with the authors' sentiments.

**Word limit:** 3000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- Summary
- Keywords
- Expert commentary
- Five-year view
- Key issues
- References
- Reference annotations
- Financial disclosure/Acknowledgements

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### Special reports

Special reports are short review-style articles that summarize a particular niche area, be it a specific technique or therapeutic method.

**Word limit:** 1500–3000 words (excluding Abstract, Key issues, References and Figure/Table legends)  
**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- Summary
- Keywords
- Expert commentary
- Five-year view
- Key issues
- References
- Reference annotations
- Financial disclosure/Acknowledgements

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## Editorials

Editorials are short articles on issues of topical importance. We encourage our editorial writers to express their opinions, giving the author the opportunity to present criticism or address controversy. The intention is very much that the article should offer a personal perspective on a topic of recent interest.

**Word limit:** 1000–1500 words

**Required sections:**

- Photo (headshot) of authors (including all co-authors)
- **NB.** No figures or tables should be included in editorials
- Financial disclosure/Acknowledgements

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## Key paper evaluations

Key paper evaluations review significant, recently published primary research articles carefully selected and assessed by specialists in the field (not a paper from the author's own group). The primary research detailed in the chosen paper is discussed with the aim of keeping readers informed of the most promising discoveries/breakthroughs relevant to the subject of the journal through review and comment from experts.

Key Paper Evaluations are intended to extend and expand on the information presented, putting it in context and explaining why it is of importance.

The ideal article will provide both a critical evaluation and the author's opinion on the quality and novelty of the information disclosed.

**Word limit:** 1500–2500 words

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- Summary
- Keywords
- Summary of methods and results
- Discussion
- Five-year view
- Key issues
- References (**NB.** The paper being evaluated should be listed in the bibliography as reference 1)
- Reference annotations
- Financial disclosure/Acknowledgements

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## Meeting reports

Meeting reports aim to summarize the most important research presented at a recent conference in the subject area of the journal.

It is not usually feasible to attempt comprehensive coverage of the conference, as presentations are frequently too numerous for each to be done justice. The author should focus on those presentations that are most topical, interesting or thought-provoking.

**Word limit:** 1500 words

**Required sections:**

- Conference details (title, date, location)
- Abstract/overview of meeting of approximately 100 words (120 words max)
- Financial disclosure/Acknowledgements

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## Technology reports (*Expert Review of Molecular Diagnostics*)

Technology reports discuss new technologies and techniques in the context of their place in the field of molecular diagnostics.

**Word limit:** 5000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- Summary
- Keywords
- Expert commentary
- Five-year view
- Key issues
- References
- Reference annotations
- Financial disclosure/Acknowledgements

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## Diagnostic profiles (*Expert Review of Molecular Diagnostics*)

Diagnostic profile articles provide an overview of diagnostic products individually as they are approved and become available on the market.

**Word limit:** 5000–7000 words (excluding Abstract, Key issues, References and Figure/Table legends)

**Required sections** (for a more detailed description of these sections see [Article sections](#)):

- Summary
- Keywords
- Introduction – why is there a need for the test? How will it benefit treatment?
- Market profile – overview of the current market underlining the unmet needs of currently available therapies and highlighting which competitor compounds/classes of compounds are in the clinic/late development
- How the test works – technology basis, collection devices, sample types, ease of use, speed...
- Cost-effectiveness – training, waste disposal, equipment required...
- Sensitivity and specificity
- Clinical profile – Phase I, II and III data

- Alternative tests – a standalone box, summarizing competing tests in the field
- Expert commentary
- Five-year view
- Key issues
- References
- Reference annotations
- Financial disclosure/Acknowledgements

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## Drug profiles

Separate author guidelines for the submission of this article type are available.

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## Clinical trial reports

Separate author guidelines for the submission of this article type are available.

## Manuscript preparation

### Spacing & headings

Please use double line spacing throughout the manuscript. No more than four levels of subheading should be used to divide the text and should be clearly designated.

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### Abbreviations

Abbreviations should be defined on their first appearance, and in any table and figure footnotes. It is helpful if a separate list is provided of any abbreviations.

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### Spelling

US-preferred spelling will be used in the finished publication.

## Article sections

### Summary

Not more than 150 words, this should not be an abstract but merely a scene-setting summary outlining the article scope and briefly putting it in context. The role of the summary is to draw in the interested casual browser.

### Keywords

Up to 10 keywords (including therapeutic area, mechanism(s) of action etc.) plus names of drugs and compounds mentioned in the text.

### Expert commentary

The authors' recommendations regarding existing and new clinical strategies and drug products, introducing new therapeutic/diagnostic paradigms and discussing their likely impact on current management of disease.

### Five-year view

Authors are challenged to include a speculative viewpoint on how the field will have evolved 5 years from the point at which the review was written.

### Key issues

An executive summary of the authors' main points (bulleted) is very useful for time-constrained readers requiring a rapidly accessible overview.

*Example:*

#### Key issues

- Chronic infection is defined as greater than 6 months of hepatitis B surface antigen-positive and detectable hepatitis B virus (HBV) DNA.
- Chronically infected children respond best to all studied therapies when the baseline alanine aminotransferase (ALT) level is elevated at least two-times the upper limit of normal.
- IFN- $\alpha$  monotherapy (6 MU/m<sup>2</sup> three-times a week for 16–24 weeks) is the most effective therapy to date studied in children (~22–30% virologic response) and may be more effective in younger children (2–5 years old) and those with elevated baseline ALT levels. Side effects are significant, and delivery is difficult and painful. Pegylated-IFN- $\alpha$  has not been studied in children with HBV infection, although it is an approved therapy in the USA for adults.
- Lamivudine therapy benefits from ease of delivery and minimal side effects in children with similar effectiveness to IFN- $\alpha$  (23–30% response after 12–24 months of 3 mg/kg/day up to 100 mg). Efficacy was greatest in children with elevated ALT levels at baseline. Hepatitis B surface antigen seroconversion is less than with IFN- $\alpha$ . Virologic mutations (YMDD mutation) leading to drug resistance are frequent and increase with duration of therapy. The duration of therapy that will be needed in an individual patient is unclear.
- Adefovir is the most recently approved medication for children and shows good safety in all age groups but effectiveness primarily in adolescents (23% with minimal HBV DNA load after 48 weeks of 10 mg/day). However, hepatitis B e antigen seroconversion was poor in all age groups, and decreased viral load in children under 12 years was not statistically significant for treatment versus placebo.
- Future research will look at combining therapies, particularly lamivudine priming before IFN- $\alpha$ , as well as other agents such as tenofovir and entecavir.
- Watchful waiting of children is an option as spontaneous seroconversion is relatively common (2–5% per year) and current therapies are only 30% effective at best. The long-term impact of therapy in childhood on rates of cirrhosis and hepatocellular carcinoma remains unknown, and this is the ultimate proof of therapeutic effectiveness for all HBV treatments.

### References

Authors should focus on recent papers and papers older than 5 years should not be included except for an over-riding purpose.

References should be denoted numerically and in sequence in the text, using Arabic numerals placed in square brackets, i.e., [12].

If websites or patents are included, please use a separate numbering system for them, i.e., start numbering website references at [101] and patents at [201] to allow the reader to distinguish between websites/patents and primary literature references both in the text and in the bibliography.

### Format

- Author's names should appear without full stops in their initials
- Quote first six authors' names. If there are more than six, then quote first three *et al*
- Journal name should be in italics and abbreviated to standard format
- Volume number followed by comma, not bold

- Page number range separated by a hyphen with no spaces, followed by the year in brackets, and then a full stop

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## Examples

### Journal example:

Fantl JA, Cardozo L, McClish DK *et al.* Estrogen therapy in the management of urinary incontinence in postmenopausal women: a meta-analysis. *Obstet. Gynecol.* 83(1), 12–18 (1994).

### Book example:

De Groat WC, Booth AM, Yoshimura N. Neurophysiology of micturition and its modification in animal models of human disease. In: *The Autonomic Nervous System (Volume 6)*. Andrews WR (Ed.), Harwood Academic Publishers, London, UK, 227–289 (1993).

### Meeting abstract example:

Smith AB, Jones CD. Recent progress in the pharmacotherapy of diseases of the lower urinary tract. Presented at: *13th International Symposium on Medicinal Chemistry*. Atlanta, GA, USA, 28 November–2 December 1994.

### Patent example:

Merck Frosst Canada, Inc. WO9714691 (1997).  
(Use the following formats for patent numbers issued by the World, US and European patent offices, respectively: WO1234567, US1234567, EP-123456-A).

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## Reference annotations

Papers or of particular interest should be identified using one or two asterisk symbols:

- \* = of interest
- \*\* = of considerable interest

Each of the chosen references should be annotated with a brief sentence explaining why the reference is considered to be of interest/particular interest.

## Figures

Figures should be numbered consecutively according to the order in which they have been first cited in the text. Define in the legend all abbreviations that are used in the figure.

Figures should be provided in separate files to the text. It is unnecessary to incorporate the figures into the body of the manuscript.

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## Color figure charge

Expert Reviews has a charge for the printing of color figures (i.e. each color page) in the print issue of the journal. We have no page charges, unlike some other publishers, and aim to keep our color charge to a minimum.

This charge does not apply to the online (including PDF) version of articles, where all figures appear in color at no charge.

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## Chemical structures

If possible, please submit structures drawn in ISISDraw or Chemdraw format. However, chemical structures can be redrawn in-house. Please use the following conventions:

- Always indicate stereochemistry where necessary – use the wedge and hash bond convention for chiral centers and mark cis/trans bonds as such.
  - Draw small peptides (up to five amino acids) in full; use amino acid abbreviations (Gly, Val, Leu, etc.) for larger peptides.
  - Refer to each structure with a number in the text; submit a separate file (i.e., not pasted throughout the text) containing these numbered structures in the original chemical drawing package that you used.
- 

## Electronic figure files

Please submit any other illustrations/schemes in an editable electronic format such as Illustrator, PowerPoint, Excel or as postscripted/encapsulated postscripted (.ps/.eps) files.

Photos should be provided at a resolution of 600 dpi, or as high as possible.

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## Copyright

If a figure has been published previously (even if you were the author), acknowledge the original source and submit written permission from the copyright holder to reproduce the material where necessary.

As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. Since the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible.

Expert Reviews is a signatory to the STM Permissions Guidelines produced by the International Association of Scientific, Medical and Technical Publishers (<http://www.stm-assoc.org/>). Permission is, or in the case of an express permission requirement should be, granted free of charge by signatory organizations, with respect to a particular journal article or book being prepared for publication, to:

- Use up to three figures (including tables) from a journal article or book chapter, but: not more than five figures from a whole book or journal issue/edition; and not more than six figures from an annual journal volume;
- Use single text extracts of less than 400 words from a journal article or book chapter, but; not more than a total of 800 words from a whole book or journal issue/edition.

Permission to go beyond such limits may be sought although in such instances the permission grant may require permission fees. **Important** – although permission may be granted without charge,

authors must ensure that appropriate permission has nevertheless been obtained. Co-signatories of the permissions agreement can be found on the following website: <http://www.stm-assoc.org/stm-permission-guidelines/>.

Please send us photocopies of letters or forms granting you permission for the use of copyrighted material so that we can see that any special requirements with regard to wording and placement of credits are fulfilled. Keep the originals for your files. If payment is required for use of the figure, this should be covered by the author.

## Tables/Boxes

Tables/Boxes should be numbered consecutively according to the order in which they have been first cited in the text. Define in the legend all abbreviations that are used in the table/box.

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### Electronic files

Tables/Boxes should be provided in separate files to the text, preferably in either Word or Excel format. It is unnecessary to incorporate the tables/boxes into the body of the manuscript.

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### Copyright

If a table or box has been published previously (even if you were the author), acknowledge the original source and submit written permission from the copyright holder to reproduce the material where necessary.

As the author of your manuscript, you are responsible for obtaining permissions to use material owned by others. Since the permission-seeking process can be remarkably time-consuming, it is wise to begin writing for permission as soon as possible.

Please send us photocopies of letters or forms granting you permission for the use of copyrighted material so that we can see that any special requirements with regard to wording and placement of credits are fulfilled. Keep the originals for your files. If payment is required for use of the table/box, this should be covered by the author.

The **STM Permissions Guidelines** also apply to tables. Please see above for information.

## Submission

Please ensure that manuscripts are submitted on or before the agreed deadline. If a manuscript requires authorization by your organization before submission, please remember to take this into account when working towards these deadlines.

If possible, please submit manuscripts in MS Word v. 6–8 format. However, we can convert most word-processing packages. Submission should be made by e-mail in the first instance.

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## Peer review

Once the manuscript has been received in-house, it will be peer-reviewed (this usually takes up to 2–3 weeks). Please provide a list of suitable peer reviewers with your initial submission.

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## Revision

After peer review is complete, a further 2 weeks is allowed for any revisions (suggested by the referees/Editor) to be made.

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## In-house production

After the revised manuscript has been accepted for publication, it will undergo production in-house. This will involve type-setting, copy-editing, proof-reading and re-drawing of any graphics. Authors will receive proofs of the article to approve before going to print, and will be asked to sign a copyright transfer form (except in cases where this is not possible, i.e., government employees in some countries).

## Journal policies

Expert Reviews titles endorse the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, issued by the International Committee for Medical Journal Editors, and *Code of Conduct for Editors of Biomedical Journals*, produced by the Committee on Publication Ethics. This information is also available at [www.expert-reviews.com](http://www.expert-reviews.com).

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## Manuscript submission & processing

Expert Reviews titles publish solicited and unsolicited reviews. Receipt of all manuscripts will be acknowledged within 1 week and authors will be notified as to whether the article is to progress to external review. Initial screening of articles by internal editorial staff will assess the topicality and importance of the subject, the clarity of presentation, and relevance to the audience of the journal in question.

If you are interested in submitting an article, or have any queries regarding article submission, please contact the Managing Commissioning Editor for the journal (contact information can be found on our website at: [www.expert-reviews.com](http://www.expert-reviews.com)). For new article proposals, the Managing Commissioning Editor will require a brief article outline and working title in the first instance. We also have an active commissioning program whereby the Commissioning Editor, under the advice of the Editorial Advisory Panel, solicits articles directly for publication.

## External peer review

Through a rigorous peer review process, Expert Reviews titles aim to ensure that reviews are unbiased, scientifically accurate and clinically relevant. All articles are peer reviewed by three or more members of the International Advisory Board or other specialists selected on the basis of experience and expertise. Review is performed on a double-blind basis – the identities of peer reviewers and authors are kept confidential. Peer reviewers must disclose potential conflicts of interests that may affect their ability to provide an unbiased appraisal (see Conflict of Interest Policy below). Peer

reviewers complete a referee report form, to provide general comments to the editor and both general and specific comments to the author(s).

Where an author believes that an editor has made an error in declining a paper, they may submit an appeal. The appeal letter should clearly state the reasons why the author(s) considers the decision to be incorrect and provide detailed, specific responses to any comments relating to the rejection of the review. Further advice from members of the journal's Editorial Advisory Panel external experts will be sought regarding eligibility for re-review.

### Revision

Most manuscripts require some degree of revision prior to acceptance. Authors should provide two copies of the revised manuscript – one of which should be highlighted to show where changes have been made. Detailed responses to reviewers' comments, in a covering letter/email, are also required. Review manuscripts may be accepted at this point or may be subject to further peer review. The final decision on acceptability for publication lies with the journal editor.

### Post-acceptance

Accepted review manuscripts are edited by the in-house Expert Reviews editorial team. Authors will receive proofs of their article for approval and sign off and will be asked to sign a transfer of copyright agreement, except in circumstances where the author is ineligible to do so (e.g. government employees in some countries).

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## Author disclosure & conflict of interest policy

Authors must state explicitly whether potential conflicts do or do not exist (e.g. personal or financial relationships that could influence their actions) and any such potential conflict of interest (including sources of funding) should be summarized in a separate section of the published review. Authors must disclose whether they have received writing assistance and identify the sources of funding for such assistance. Authors declaring no conflict of interest are required to publish a statement to that effect within the article.

Authors must certify that all affiliations with or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in their manuscript have been disclosed. Please note that examples of financial involvement include: employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending and royalties. This list is not exclusive of other forms of financial involvement. Details of relevant conflicts of interests (or the lack of) must be declared in the 'Disclosure' section of the manuscript for all listed authors.

External peer reviewers must disclose any conflicts of interest that could bias their opinions of the manuscript, and they should disqualify themselves from reviewing specific manuscripts if they believe it appropriate. Should any such conflict of interest be declared, the journal editor will judge whether the reviewer's comments should be recognized or will interpret the reviewer's comments in the context of any such declaration.

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## Ethical conduct of research

Whilst Expert Reviews titles are not intended as a forum for original research, should any eventuality arise involving publication of original data relating to human or animal experimental investigations, appropriate institutional review board approval is required and should be described within the article. For those investigators who do not have formal ethics review committees, the principles outlined in

the Declaration of Helsinki should be followed. For investigations involving human subjects, authors should explain how informed consent was obtained from the participants involved.

### Patients' rights to privacy

Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be included unless the information is essential for scientific purposes and the patient (or parent or legal guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published. When informed consent has been obtained it should be indicated in the manuscript.

In attempting to maintain patient anonymity, identifying details should be omitted where they are not essential. However, patient data should never be amended or falsified. Informed consent should be obtained whenever there is any doubt that anonymity can be assured.

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### Use of personal communications & unpublished data

Where an individual is identified within a review as a source of information in a personal communication or as a source for unpublished data, authors should include a signed statement of permission from the individual(s) concerned and specify the date of communication.

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### Errata/corrigenda

Mistakes by either editor or author should be identified wherever possible and an erratum or corrigendum published at the earliest opportunity. We will attempt to contact the author of the original article to confirm any error, and publish an appropriate erratum or corrigendum at the earliest opportunity.

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Authors must acknowledge the origin of all text, figures, tables or other information that has been adapted or reproduced from other publications. Authors must provide a copy of the original source documents and should submit permission from the authors of the original work and the original publishers for unlimited use in all markets and media (that includes both electronic and print use in any language).

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## **Duplicate publication/submission & plagiarism**

All manuscripts submitted to Expert Reviews titles are considered for publication on the understanding that they have not been published previously elsewhere or are under consideration for publication elsewhere. The journal may, however, consider republication of a paper previously published in a language other than English, subject to prominent disclosure of the original source and with any necessary permission. Authors will be asked to certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere, except as described in an attachment, and copies of closely related manuscripts are provided. The use of published or unpublished ideas, words or other intellectual property derived from other sources without attribution or permission, and representation of such as those of the author(s) is regarded as scientific misconduct and will be addressed as such.

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## **Misconduct**

If misconduct by authors or reviewers is suspected, either pre- or post-publication, action will be taken. An explanation will be sought from the party or parties considered to be involved. If the response is unsatisfactory, then an appropriate authority will be asked to investigate fully. Expert Reviews will make all reasonable attempts to obtain a resolution in any such eventuality and correct the record or archive as necessary.

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