

Journal of Transition Medicine – Information for Authors

Scope of the journal

The *Journal of Transition Medicine (JTM)* is a multidisciplinary, open access, peer-reviewed journal, which seeks to publish new research findings in the field of Transition Medicine ranging from the basic biological and behavioral sciences to public health and policy. The journal welcomes English language Original Articles, Reviews and Case Reports from all medical disciplines working with adolescent patients in transition and other disciplines that work with or are committed to improving transitional care. *JTM* also publishes Editorials, Letters to the Editor, Guidelines and Recommendations, Opinion Paper and Congress Abstracts. All contributions submitted for publication are reviewed by at least two renowned experts in the field, selected and invited by the Editor-in-Chiefs. All submissions will be subject to a rapid peer-review process, allowing a first decision to be reached within 30 days of submission. When manuscripts are accepted with revision, the revised manuscript should be returned within approx. 6 weeks. Accepted articles are published approx. 3–4 weeks after acceptance.

Policy of the journal

Conflict of interest: Upon submission, authors are required to declare any possible conflict of interest, funding or employment. A conflict of interest for a given manuscript also exists when a participant in the peer review and publication process – author, reviewer, and editor – has ties to activities that could inappropriately influence his or her judgment, regardless of whether judgment is, in fact, affected. Financial relationships with industry (for example, employment, consultancies, stock ownership, honoraria, expert testimony), either directly or through immediate family, are usually considered the most important conflicts of interest. However, conflicts can occur for other reasons, such as financial support of the study, ties to health insurance, politics or other stakeholders, personal relationships, academic competition, and intellectual passion.

Ethical conduct of research: Authors must describe safeguards to meet standards of ethical conduct of research. Institutional human subject studies should comply with the principles laid down in the Declaration of Helsinki, adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964, and recently amended at the General Assembly in October 2013. The manuscript should contain a statement that the study has been approved by the Ethical Committee of the institution where the study was performed, and that the study subjects, or their legal guardians, gave informed consent for participation in the study.

The relevant information must be given in the **Author Statement** included in your manuscript before the Reference section as follows:

Author Statement

Research funding: Authors state no funding involved. **Conflict of interest:** Authors state no conflict of interest. **Informed consent:** Informed consent has been obtained from all individuals included in this study. **Ethical approval:** The research related to human use complies with all the relevant national regulations, institutional policies and was performed in accordance the tenets of the Helsinki Declaration, and has been approved by the authors' institutional review board or equivalent committee.

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manuscript and the correctness of the content and that upon acceptance for publication the submission will be published under the license: [Creative Commons Attribution-NonCommercial-NoDerivs \(CC BY-NC-ND 4.0\)](#).

Submission of manuscripts

Please submit manuscripts exclusively online at: <http://mc.manuscriptcentral.com/dgjm>

If you need assistance, please do not hesitate to contact the Editorial Office (contact details overleaf).

Article Processing Charges

All articles published in *Journal of Transition Medicine* are fully open access. The Article processing charge is 500 EUR. If you are a member of the German Society for Transition Medicine, or you have been acquired as author by a board member of the journal, you will not be asked to pay for your submission - the German Society for Transition Medicine will cover the processing charges. Therefore you will be asked about your membership in the German Society for Transition Medicine during the submission of your manuscript.

Preparation of the manuscript

General format and length: *JMT* accepts manuscripts in Microsoft Word. Please do not send a PDF. Do not use footnotes in the text, use parentheses instead.

Language: Manuscripts must be provided in English language only. Non-English speakers are encouraged to have their manuscripts checked by a native English speaker before submission. For accepted manuscripts of non-native English speakers, the publisher offers a professional language polishing service. At the proof stage, only minor changes other than corrections of printers' errors are allowed.

Cover letter: Each manuscript should be accompanied by a cover letter addressed to the Editor-in-Chiefs.

Title page: Each submission should be accompanied by a title page containing the title and the short title of the paper, names of all authors followed by their affiliations: department, institution, city, country. Full name, mailing address and e-mail address of the corresponding author.

Abstract and Keywords: The first page of the manuscript should contain the Abstract and the Keywords. The Abstract should be a single paragraph of not more than 500 words (Original Article or Review) or 200 words (Case Report and Opinion Paper) which must be comprehensible to readers before they have read the paper. Below the Abstract, up to six keywords, which are not part of the title, should be given in alphabetical order and separated by semicolons.

Abbreviations: All non-standard abbreviations should be listed alphabetically, (e.g.: DIN, dissolved inorganic nitrogen;) after the keywords. In the text body, abbreviations are spelled out at first mention. Thereafter, only these abbreviations are to be used.

General structure of the text body: Original articles should be organized into Title page, Abstract, Keywords, list of non-standard Abbreviations, Introduction, Materials and methods, Results, Discussion, Acknowledgements, References, Tables and Figure legends. Review articles should include Title page, Abstract, Key words, Outline of the structure of the review (optional), and Body with subsections, and References. Case reports should be subdivided into Title page, Abstract, Keywords, and a single section of main text without headings. Experimental procedures should be described in legends to figures or footnotes to tables. Acknowledgements and References should be presented as in full length papers.

Acknowledgements: Should be placed at the end of the text.

General format and length of the types of articles accepted for submission

	Word count	Word count in abstract	Number of keywords	Number of Tables & Figures	Number of references
Original article	6000	500, structured	3-6	8	35
Review	8000	500, structured/unstructured	3-6	8	75
Case Report	2500	200, structured/unstructured	3-6	5	10
Opinion Paper	3.500	200, unstructured/structured	3-6	2	40
Guideline and Recommendation	6000	500, unstructured	3-6	8	60
Letter to the Editor & Reply	1200	n/a	3-5	2	10
Editorial	1500	n/a	n/a	1	10

Tables: Number tables consecutively using Arabic numerals. Provide a short descriptive title, column headings, and (if necessary) footnotes to make each table self-explanatory. In the footnote, refer to information within the table with superscript lowercase letters, and do not use special characters or numbers. Separate units with a comma and use parentheses or square brackets for additional measures (e.g., %, range, etc). Refer to tables in the text as Table 1, etc. Use Table 1 (boldface), etc. in the title of the table.

Figures: Electronic files containing illustrations should be provided in a generic graphics format (e.g., JPG, TIF, PPP, EPS for halftones; DOC, RTF, XLS, for example, for line drawings). For reproduction, high-resolution images (minimum 600 dpi) are required. All figures will be reduced in size to fit, wherever possible, the width of a single column, i.e., 80 mm, or a double column, i.e., 168 mm, of text. Upper-case letters A, B, C etc. should be used to identify individual parts of multi-part figures. All figures must be cited in the text in numerical order. Reference to figures is to be made as Figure 1 etc. in the text and captions.

Figure legends: Provide a short descriptive title and a legend, either below the figure, in the main text, or on separate pages, to make each figure self-explanatory. Explain all symbols used in a figure. Remember to use the same abbreviations as in the text body.

Font marking/Dimensions and units: Italics are used for Latin (though not for standard abbreviations like et al., i.e., ca., vs.), and certain parts of chemical formulas. SMALL CAPITALS are used for M (molar) or N (normal). The metric system must be used. SI units are required.

References: Adhere strictly to the reference style of the Journal ([Vancouver; recommendations of the "International Committee of Medical Journals Editors"](#)). All references mentioned in the reference list must be mentioned in the text, and vice versa. List and number the references consecutively in the order that they appear in the text, including tables and figures. In the text, identify references by Arabic numerals in parentheses. The reference list at the end of the manuscript should be in alphanumerical order (see samples below). In the body of the text, please quote only the respective reference number in square brackets, e.g., [1], [1, 2, 9–11] etc.

Articles in journals:

[Ref. no.] Patel A, Dowell M, Giles L. Current Concepts of Transition of Care in Cystic Fibrosis. *Pediatr Ann* 2017;46:188-92.

Articles in journals with 6 or more authors:

[Ref. no.] Stalla GK, Athanasoulia AP, Fuehrer D, Frank-Herrmann P, Oppelt PG, Hauffa BP et al. Transition of young women with Turner syndrome to adult medicine: Current recommendations of an expert workshop. *Monatsschr Kinderheilkd* 2013;161:1180-6.

Articles ahead of print:

[Ref. no.] Walton M, Dewey D, Lebel C. Brain white matter structure and language ability in preschool-aged children. *Brain Lang* 2017 Nov 10. doi: 10.1016/j.bandl.2017.10.008. [Epub ahead of print].

Articles in online only journals:

[Ref. no.] Slezák NA, Bloom BR, Jamison DT, Keusch GT, Michaud CM, Moon S et al. The Global Health System: Actors, Norms, and Expectations in Transition. *PLoS Med* 2010;7:e1000183.

Website

Max-Plank-Gesellschaft. [cited 2016 April 4]. Available from: <http://openaccess.mpg.de/Berlin-Declaration>

Books:

[Ref. no.] Findorff J, Mütter S, Moers A, Nolting HD, Burger W. Das Berliner Transitionsprogramm - Sektorübergreifendes Strukturprogramm zur Transition in die Erwachsenenmedizin. 1st ed. Berlin: De Gruyter; 2016.

Chapters in books:

[Ref. no.] Aigner C, Klepetko W. Lung transplantation. In: Petersen C, Ure BM, editors. *Thoracic Surgery in Children and Adolescents*. Berlin: De Gruyter; 2017:117-27.

Institutional publications:

[Ref. no.] Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute 1999.

Manuscripts accepted for publication

The Editor-in-Chiefs will inform the Corresponding Author of the manuscript decision. Accepted manuscripts must be provided in a Word document containing the final text for typesetting. The final, accepted version of the manuscript must adhere to the above guidelines. Please check the final file of the article carefully because spelling mistakes, inconsistencies and errors will be faithfully translated into the typeset version. Major changes to the article after acceptance will not be considered without undergoing additional peer review.

Note for authors of NIH-funded research

De Gruyter Publishers acknowledge that authors of NIH-funded articles retain the right to provide a copy of the final manuscript to NIH upon acceptance for publication or thereafter, for public archiving in PubMed Central 12 months after publication in *Journal of Transition Medicine*.

Please contact the Editorial Office for any further questions you may have:

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