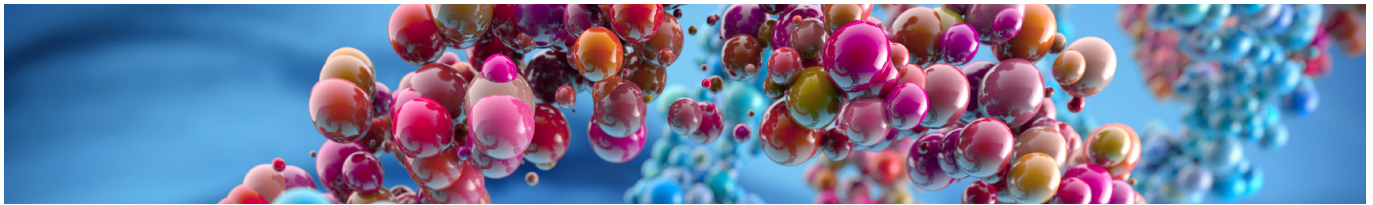


# Touch Medical Media

## Instructions for Authors





## Editorial Policies and Practices

### General Remarks

Touch Medical Media endeavours to publish unbiased, balanced reviews and studies in support of the concerns raised in the Good Publication Practice (GPP) guidelines and its updates. Articles accepted for publication include review articles, original research, case reports, editorials, commentaries, practice pearls and supplements. Touch Medical Media requires all authors to adhere to the ethical standards as outlined by the Committee on Publication Ethics (COPE, [publicationethics.org](http://publicationethics.org)) and International Committee of Medical Journal Editors (ICMJE Recommendations, [www.icmje.org](http://www.icmje.org)). Please refer to the Touch Medical Media [Publication Ethics and Malpractice Statement](#) available on the journal website for further information and guidance.

### Peer Review

Articles undergo a double-blind peer review, conducted by at least two independent experts in the field, to ensure articles are balanced, objective and relevant to the current clinical landscape. The journal offers a rapid publication service, and aims to provide the peer review decision within four weeks of article submission.

### Authorship and Transparency

Touch Medical Media follows the authorship and transparency criteria outlined in the ICMJE recommendations ([www.icmje.org](http://www.icmje.org)). All named authors must meet the ICMJE criteria for authorship, take responsibility for the integrity of the work as a whole, and give approval of the final version before publication. There is no limit to the number of authors on a publication, and more than one corresponding author is permitted. Individuals who contribute to the paper but do not meet the criteria for authorship should be listed in the Acknowledgments section. All authors are asked to disclose personal, commercial, academic and financial interests, along with any funding or financial support relating to the article. Upon submission, and where possible, authors should complete and submit reporting guidelines relevant to their research. These guidelines include:

**CONSORT** for randomized trials

**PRISMA** for systematic reviews and meta-analyses

**CARE** for case reports

**STROBE** for observational studies

For further reporting guidelines authors can refer to the EQUATOR Network ([www.equator-network.org/home](http://www.equator-network.org/home)).

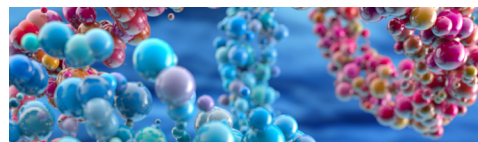
Authors are encouraged to consult and follow the [Sex and Gender Equity in Research \(SAGER\) guidelines](#) when reporting on studies involving human participants.

### Plagiarism

Touch Medical Media has a strict policy against plagiarism. No data, ideas or text taken from other sources should be presented as if they are the author's own. Where text has been directly taken from another source authors should use quotation marks and include the relevant citation. Copyright permissions will also need to be sort. When summarizing or paraphrasing from other sources, the author must appropriately cite the relevant publication. Upon submission articles are screened through iThenticate, a web-based plagiarism detection software. iThenticate checks submissions against millions of published research papers, scholarly literature and web content. The similarity score generated is used to determine the suitability of the article for publication, and whether to move forward to peer review. In some cases, it might result in an articles rejection.

### Copyright and Permissions

Tables, figures or sections of text must be used only with permission of the originator and with clear reference to the original version. All authors are responsible for obtaining the necessary permission from the copyright owners, and must sign an authorship and disclosure form to declare that the necessary permissions have been granted and that the rest of the work is entirely their own. For figures or tables reproduced/adapted where permissions are not required, please include a citation in your article.



## Article Types

### Review Articles

- A comprehensive, up-to-date, balanced review of the literature relating to a topical subject matter relevant to clinical practice, accompanied by critical analysis and reasonable concluding remarks.
- If conducting a literature search, details of the databases searched, inclusive dates, selection criteria and search terms should be included.
- For systematic reviews and meta-analyses contributors should refer to the PRISMA checklist for guidance ([www.prisma-statement.org](http://www.prisma-statement.org)). A completed **PRISMA** checklist should be completed and submitted with the article.
- Lengths generally range from 2,000 to 4,000 words (excluding references), and can contain up to 5 figures and/or tables.

### Original Research

- An article reporting the results of an original study or clinical investigation.
- All data are considered and we publish negative or neutral results as well as positive results.
- Original studies reporting on a randomized trial should present information as specified on the **CONSORT** checklist. A completed **CONSORT** checklist should be completed and submitted with the article.
- Lengths generally range from 2,000 to 4,000 words (excluding references).
- Please include trial registration information (if applicable) and data sharing statement.

### Case Reports

- Case Reports may be submitted as a single case study or as a case report series, which includes two or more cases with collated results and subsequent conclusions.
- The report should include an up-to-date literature review to put the study into context.
- Lengths generally range from 400 to 2,000 words (excluding references).
- A completed **CARE** checklist should be completed and submitted with the article.

### Editorials

- A brief article expressing objective opinions, experiences and/or perspectives on an important clinical area.
- Lengths generally range from 700 to 1,200 words with 10–12 references.
- Editorials should be accompanied by a brief summary (up to 80 words) rather than a full abstract.
- Editorials are still submitted to external peer reviewers for a double-blind peer review and this can take up to four weeks.

### Commentaries

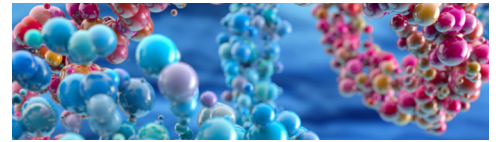
- Commentaries are short, narrowly focused articles that offer analysis and interpretation of a specific topic.
- Lengths generally range from 500 to 1000 words with up to 10 references.
- Typically, commentaries do not contain figures or tables.
- Commentaries should be accompanied by a brief summary (up to 80 words) rather than a full abstract.

### Practice Pearls

- Based on the authors' clinical experience, practice pearls are a description of a tool or strategy relevant to the practical management of clinical situations/challenges.
- Submissions may address any aspect of the given therapy area, including diagnosis, treatment, interpretation, and reporting, as well as non-interpretive areas such as practice management.
- Lengths generally range from 800-1,200 words with up to 15 references.
- Video supplements are encouraged, as are figures and tables.
- Practice pearls should be accompanied by a brief summary (up to 80 words) rather than a full abstract.

### Supplements

- Touch Medical Media publishes supplements, appropriate materials include collections of articles on the same topic, conference abstracts, satellite symposia meeting proceedings, roundtable discussions, guidelines, product monographs and translated articles. All articles are subject to peer review, and must adhere to Touch Medical Media's editorial policies. Proposals for supplements are welcomed, and should be addressed to the journal Managing Editor. When submitting a proposal for a potential supplement please include the following information:



- Journal in which you would like the supplement published.
- Title of supplement and/or meeting on which it is based.
- Date of meeting on which it is based.
- Proposed table of contents with provisional article titles and proposed authors.
- Guest Editor proposals, if appropriate.
- Sponsor information including any relevant deadlines.

### Article Submission

Many contributors are identified and invited by the journal's Editorial Team with guidance from the Editorial Board. However, pre-submission enquiries are also welcomed.

To submit via our journal submission portal, Editorial Manager, please complete the authorship and disclosure form and follow the appropriate submission link below. To comply with our editorial policies, the corresponding author must complete the digital authorship and disclosure form on behalf of all authors. Forms must be completed upon submission to the journal.

#### Heart International

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### European Journal of Arrhythmia and Electrophysiology

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### touchREVIEWS in Neurology

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### touchREVIEWS in Endocrinology

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### touchREVIEWS in Ophthalmology

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### touchREVIEWS in Respiratory and Pulmonary Diseases

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### touchREVIEWS in RMD (Rheumatic and Muscular Disorders)

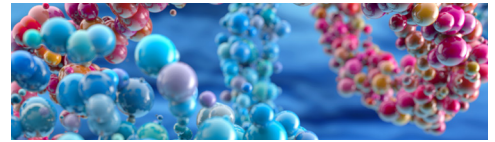
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- [Authorship & Disclosure form](#)

#### touchREVIEWS in Oncology & Haematology

- [Submission portal](#)
- [Authorship & Disclosure form](#)

#### touchREVIEWS in Infectious Diseases

- [Submission portal](#)
- [Authorship & Disclosure form](#)



- For any assistance with the submission please contact the Journal Editor by email:
  - Cardiology** [heather.hall@touchime.org](mailto:heather.hall@touchime.org)/[danielle.crosby@touchime.org](mailto:danielle.crosby@touchime.org)
  - Endocrinology** [shanice.allen@touchime.org](mailto:shanice.allen@touchime.org)
  - Neurology** [marianna.mignani@touchime.org](mailto:marianna.mignani@touchime.org)
  - Oncology and haematology** [sophie.nickelson@touchime.org](mailto:sophie.nickelson@touchime.org)
  - Ophthalmology** [lisa.glass@touchime.org](mailto:lisa.glass@touchime.org)
  - Respiratory and pulmonary diseases** [atiya.henry@touchime.org](mailto:atiya.henry@touchime.org)
  - Rheumatology** [victoria.jones@touchime.org](mailto:victoria.jones@touchime.org)
  - Immunology** [victoria.jones@touchime.org](mailto:victoria.jones@touchime.org)
  - Infectious diseases** [atiya.henry@touchime.org](mailto:atiya.henry@touchime.org)
- Manuscripts should be submitted by the corresponding author(s) of the manuscript, who takes full responsibility for the article during submission. If needed, we can offer to upload a manuscript on behalf of the corresponding author. To do so, we request that the author contacts the relevant Journal Editor listed above.
- If you would like to submit an article, but are not a corresponding author or author on the manuscript, please also contact the relevant the Journal Editor.
- Upon submission, details of all the authors are required including full name, position, institution and email address.
- All authors are also requested to provide a statement of disclosure/conflicts of interest relevant to the article.
- Articles should be supplied in Microsoft Word format, with all pages clearly numbered. Articles may include up to five images/figures/tables (provided in a minimum resolution of 300 dpi). Further details on article preparation are detailed in the 'Article Preparation' section below.
- On submission, all articles are assessed by the Editor to determine their suitability for inclusion and appropriateness for peer review. The Editor, following consultation either with a member of the Editorial Board or the author(s), identifies appropriate reviewers, who are selected on the basis of their specialist knowledge in the relevant area. All articles undergo a strict, double-blind peer review, conducted by at least two independent experts in the field. Following review, articles are either accepted without modification, returned to the author(s) to incorporate the required changes or rejected. The Editor reserves the right to accept or reject any proposed amendments.

## Article Preparation

All articles must include a signed Touch Medical Media author disclosure form, an ICMJE conflict of interest form and, where appropriate, either a CONSORT, PRISMA, CARE or STROBE form, dependent on the type of article.

### Title Page

#### Keywords

Authors are requested to identify and supply a list of 6–8 keywords to support the article. The keywords chosen should be key terms or phrases that will help readers quickly understand what to expect from the article.

#### Title

The title should identify the type of article (where possible), and reflect the key message, aims, objectives and contain the therapy and generic drug or device name (where possible). If the title is more than 12 words a shorter running title of no more than 12 words should be included. Authors are encouraged to include 1–2 of the articles keywords in their title. In addition to helping readers understand what to expect, keywords are used to index your article and can be effective in increasing the discoverability of your research.

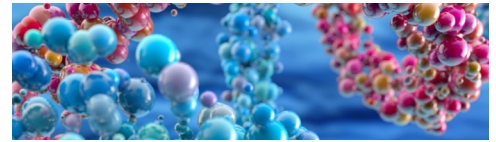
#### Author Details

The full name, position, institution and email address should be included for each author. The corresponding author(s) must also include a postal address. Authors are encouraged to provide a social media handle (Twitter or LinkedIn).

#### Disclosures

Any financial support relating to the paper should be detailed. If no funding was received the following statement should be added: "No funding was received in the publication of this article". Each author must declare and detail any financial or non-financial conflicts of interest relating (or that could be perceived to be related) to the current article in a separate





sentence by name: "Robert Smith has received research grants from Drug Company A. David Jones has been a consultant for Drug Company B". If multiple authors have no conflicts of interest to declare this can be done in one sentence: "Robert Smith and David Jones have no relevant conflicts of interest to declare". Details of medical writers who have contributed to the manuscript but do not meet the requirements for authorship as outlined in the ICMJE recommendations ([www.icmje.org](http://www.icmje.org)) should be listed referencing the type of support they provided: "Editorial assistance was provided by John Smith of Communications Agency A, funded by Company B".

### **Compliance with Ethical Guidance**

For all studies involving human participants, human data and/or human material (such as original contributions and case reports) authors should include a statement to confirm the following:

- The study received approval, or a waiver, from an institutional review board/responsible committee on human experimentation, providing the name of the committee (including any available reference numbers). If this was not applicable, then authors must advise why ethics committee approval was not required providing a statement to this effect containing as much detail as possible.
- That procedures were followed in accordance with the [\*\*Helsinki Declaration of 1975 and subsequent revisions\*\*](#).
- That all subjects/or subjects guardians provided informed consent to participate in the study. Ideally, this should also note if the consent was written or verbal. If the consent was verbal, a note on how this was recorded should be included.
- That participants/guardian provided consent for publication, if any identifying information is included in the manuscript.

Informed consent for publication should be obtained if there is any doubt. For example, masking the eye region in photographs of participants is inadequate protection of anonymity.

If images are being reused from prior publications, the Publisher will assume that the prior publication obtained the relevant information regarding consent. Authors should provide the appropriate attribution for republished images.

### **Data Availability**

All original research articles must contain a relevant data sharing statement such as;

- The datasets generated and/or analysed during the current study are available in the [NAME] repository, [WEB LINK TO DATASETS].
- The datasets generated during and/or analysed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.
- The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.
- All data generated or analysed during this study are included in this published article/as supplementary information files.

### **Abstract**

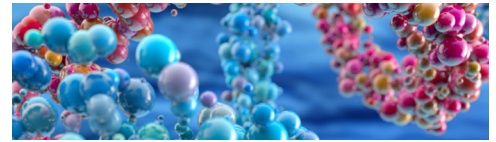
Articles must be accompanied by an abstract of 150–200 words and a list of 5–10 keywords. Editorials, commentaries and practice pearls do not require a full abstract, but should be accompanied by a brief summary of up to 80 words. The abstracts for original studies should be presented in a structured format (Introduction, Methods, Results, Conclusion) and must reflect the content of the article accurately. Authors are encouraged to ensure that the articles keywords are used throughout the abstract text. Ideally 2–3 keywords should be included in the first two sentences to maximize the article's discoverability.

### **Main Body of Text**

All articles should be written in plain English and the writing should be clear and direct. All acronyms and abbreviations must be explained in full at first mention. When drugs are mentioned, the international (generic) name should be used. If the proprietary name is required, for example to distinguish between formulations, the chemical composition, manufacturer, city and the country of manufacturer should be stated. Clinical content should provide a basis for information, opinion or debate (editorials, narrative reviews, expert interviews, commentaries, practice pearls) or meet a learning objective or unmet medical/educational need for clinical practice in this therapy area (original research, reviews, case studies).

### **Review Articles**

Review articles should include a balanced overview of the available literature. Relevant headings should be used within the text to make it easier to read and understand. The text can be further subdivided into main sections with subheadings.



The introduction should include aims and learning objectives and inclusion and exclusion criteria. How does this review fill a gap in the medical literature? How was the literature collated for this review? E.g. MeSH search terms, if applicable, including inclusion and exclusion criteria, etc. Depending on how the narrative review is structured, ensure there is a discussion of limitations to accompany each sectional analysis. If limitations are not discussed in individual sections, as above, ensure limitations are explored in a separate 'discussion' section. The conclusion should include a summary of key learning points and 'take home' messages.

### **Systematic Review Articles**

Systematic review articles should include an introduction, rationale and objectives in the context of what is already known, and explain how this meets an unmet educational/medical need. The methods should indicate if a protocol exists, and any MeSH terms, selection criteria, i.e. inclusion and exclusion, methods for obtaining data, any assumptions made. The results should include the number of studies screened based on eligibility criteria described in the methods and provide a flowchart for studies screened, characteristics and presentation of results for each study selected. The discussion should be a summary of main findings, limitations, risk of bias, incomplete reporting, etc. The conclusion should include key learning points resulting from this case report and any 'take home' messages.

### **Original Research Studies**

Original studies should be structured into clear sections, including introduction, methods, results, discussion and conclusion. The introduction should ensure aims, objectives and rationale for the study are clearly presented and included an explanation of how this research meets an unmet clinical need. The methods section should include the Compliance with Ethics statement here (as well as at the beginning of the article); include a description of trial design and endpoints; and ensure eligibility criteria/inclusion and exclusion criteria are included. The results section should ensure endpoints mentioned in the methodology are listed and a description of statistics used for analysis is present. Ensure the discussion includes limitations, and the ensure a conclusions is present.

### **Case Studies**

Case studies should include a description of what is unique about this case is present and what it adds to medical literature. There should be a case presentation (or similar) with a diagnostic assessment, a description of the therapeutic interventions used, patient outcomes is included. The discussion should include limitations of the case presentation as a learning tool, including risk of bias and a review of the literature in relation to the case. The conclusion should include key learning points resulting from this case report and any 'take home' messages.

### **Practice Pearls**

Practice pearls should begin with an introduction (covering the aims/scope of the article and intended audience) and then be structured into sections dedicated to the individual challenge(s). Each challenge should be accompanied by a discussion of the practical solution(s)/strategy(ies) that could be implemented to help solve them.

### **References**

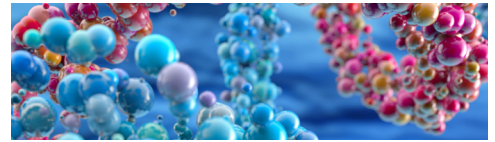
References must be numbered in order of first mention. They must be indicated in the text by a number with the full list at the end of the article in numerical order. References must include current citable literature. Where possible use primary references, but "data on file", "poster", "abstract" or other unpublished references can be used where necessary. When citing preprints, the word "preprint" should follow the citation information and a link to the source supplied. When a preprint article has been subsequently published in a peer-reviewed journal, authors should cite the subsequent published article rather than the preprint article whenever appropriate. References to personal communications should be included within the main text in parenthesis: "(Personal communications, Name of communicator, Location, Year)".

Reference details should be ordered as:

#### **Journal articles**

Surname Initials. Article title. Journal name. year;volume:page numbers.

Example: Meier B, Grüntzig AR, King SB III, et al. Risk of side branch occlusion during coronary angioplasty. *Am J Cardiol.* 1984;53:10-4.



### Book chapters

Chapter authors, book chapter title. In: book authors, book title, location of publisher: publisher name, publication year; page nos.

Example: H Mansbach, Sumatriptan: Looking Back and Looking Forward. In Humphrey P, Ferari M and Olesen J (eds). *The Triptans: Novel Drugs for Migraine*, New York: Oxford University Press, 2001;183–9.

### Web address

Author name(s) (if available). Article name. Year. Available at: URL (accessed date following EU or US date formats).

### Abstracts/presentations

Author(s). Presentation Title. Presented at: Conference Name, Location, Day, Month, year. Abstr #

### Figures

A maximum of five figures may be used. Figures are welcomed where they add emphasis, clarity and/or interest to articles and should be clearly labelled with relevant captions. They must be referred to in the main text. All symbols and abbreviations used in figures must be defined. Authors are responsible for obtaining permission for all copyright material, including figures and images. Evidence that permissions have been granted must be presented alongside the article during submission.

Illustrations can be accepted as line drawings, mono or coloured or as photographs or slides but must be of a high quality and saved as .tiff or .jpeg files and be at least 300dpi. Informed consent should be obtained if there is any doubt that anonymity can be maintained. (See Compliance with Ethics above.)

### Tables

All tables should be cited in the text, and each numbered consecutively throughout. Tables should have a title and a legend explaining any abbreviations used in that table. Footnotes to tables should be indicated in superscript symbols. Data presented in tables should not then be repeated in the text.

If submitted material has been previously published, acknowledgment to the original source must be made and evidence that permissions have been granted must be presented alongside the article during submissions. Any material received without such evidence will be assumed to be original from the authors.

### Preprints

Touch Medical Media does not consider the posting of preprints of an original manuscript on preprint servers as prior publication. However, we do request that authors inform the relevant Journal Editor during submission if their article has been posted anywhere and provide the URL to the preprint. This applies whether posting occurs prior to submission or during the peer-review process.

Once a paper has been published authors are responsible for amending their preprints to guide readers to the published version. To achieve this, authors should reference the journal publication's title, date of publication, DOI and URL of the published article. Authors are reminded not to post the published article on any preprint servers.

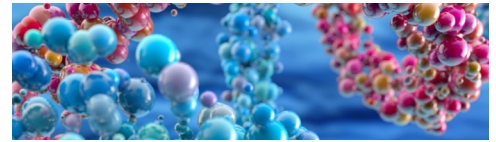
### Artificial Intelligence (AI)-Assisted Tools

Touch Medical Media follows the [ICJME](#) and [WAME](#) recommendations surrounding the use of Artificial Intelligence (AI)-assisted technologies (e.g. chatbots, image creators) in the production of clinical publications. As such, authors who use these technologies in their research and manuscripts should acknowledge the technology used (name, version, model, source) and how it was used (query structure, draft PLS) in the Acknowledgements section of their article.

As AI-assisted technologies, such as Chatbots, cannot take responsibility for the accuracy, integrity or originality of the text or images produced, AI-assisted technologies do not fulfil the criteria for authorship and should not be listed as an author or co-author.

When using AI-assisted tools, authors are reminded that it is the authors responsibility to ensure that there is no plagiarism and that all text and images are appropriately attributed and referenced. Authors are also responsible for the accuracy of what is presented.





## Enhanced Publication Extenders Plain Language Summaries (PLS)

Touch Medical Media supports the inclusion of plain language summaries (PLS) alongside all article types.

Designed to communicate key findings to a broader audience of non-specialists/non-medical experts (including patients, healthcare professionals from other disciplines, the general public, policy makers and funding bodies) a PLS can:

- Increase awareness and understanding of research
- Combat the misunderstanding of complex data
- Help attract further research support
- Facilitate shared decision-making between patients and their multi-disciplinary healthcare teams

A PLS should be a brief (less than 250 words), text-only synopsis of the article written in a single paragraph. It should be a true reflection of the article.

The language used should be easy to understand avoiding technical terms, jargon and detailed statistics. The use of abbreviations should be avoided. If a technical term or abbreviation is required, it should be defined at first use.

When writing, authors can consider addressing:

- The rationale for the study
- What the researchers did and found
- What were the limitations of the study
- What do the findings mean

Authors should use the active voice in their writing and be mindful that the information used is factual, avoiding opinion. It is crucial to prioritise person-centred language by referring to individuals before their conditions or characteristics and when reporting. Authors are reminded to deliver their findings sensitively, some results may be considered upsetting to readers. Prior to submission, we recommend that authors ask someone unfamiliar with the area to read the PLS to ensure that they understand the reasoning behind the study, the conclusions and the impact of the findings.

Ideally, the PLS should be submitted and peer reviewed at the same time as the manuscript. The PLS will then appear in the HTML and PDF versions of the published paper after the abstract and before the introduction. A PLS can be submitted, and peer reviewed, after publication but a minor amendment will need to be made to the published article.

For further information on how to write a PLS, the National Institute for Health Research has published this resource (<https://www.nihr.ac.uk/documents/plain-english-summaries/27363>).

For any queries regarding a PLS, please contact: [Gina.Furnival@touchime.org](mailto:Gina.Furnival@touchime.org)

## Digital Features

Touch Medical Media publishes additional digital features in all article types. Digital features provide a concise and clear summary of the manuscript to enhance reader accessibility, understanding and reach.

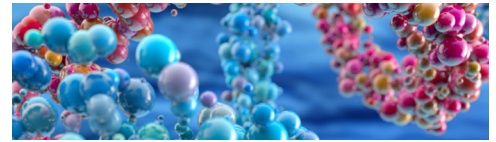
We recommend authors submit digital features with the manuscript submission to allow simultaneous peer review. Digital features can include, but are not limited to the following features:

- Video abstracts
- Slide decks
- Infographics
- Podcasts
- Videos

For any queries regarding digital features, please contact Gina Furnival, [gina.furnival@touchime.org](mailto:gina.furnival@touchime.org)

## Production

Article proofs are prepared within 2 weeks of acceptance. To streamline the production process, the content management system, Kriyadocs, is used to organize the production process, typeset and share the manuscript



proofs with authors. The article is copyedited and proofread to house style and checked for grammatical errors by in-house editors. Authors are asked to review and clearly annotate the page proofs with any corrections. Proofreading is the responsibility of the author. Only minor changes may be made at the proofing stage; major changes will not be accepted.

### **Access and Sharing**

All articles are free-to-access for all members of the neurology community and are digitally preserved in Portico.org. Authors may share their published article with colleagues and peers through social media but are reminded to follow any social media guidelines set by their employers. Touch Medical Media may extend the reach of articles by sharing non-sponsored published content on its dedicated social media channels. If authors wish to opt out of this, please contact the Journal Editor.

### **Errors and Omissions**

Touch Medical Media will take every care possible to try to ensure that all content is reproduced correctly; however, due to human or mechanical error we cannot guarantee the accuracy, adequacy or completeness of any information and cannot be held responsible for any errors or omissions, or for the results obtained from the use thereof.

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