

## Instructions for Authors

### Editors-in-Chief

Endocrinology  
Prof. Dr. med. Martin Reincke  
Universität München  
Medizinische Klinik und Poliklinik IV  
Ziemssenstr. 1, 80336 München  
martin.reincke@med.uni-muenchen.de

### Diabetes

Prof. Dr. med. Karsten Müssig  
Klinik für Innere Medizin, Niels-Stensen-Kliniken  
Franziskus-Hospital Harderberg,  
Alte Rothenfelder Str. 23  
49124 Georgsmarienhütte  
Karsten.Muessig@niels-stensen-kliniken.de

### Dr. Siegfried Ussar

Helmholtz Zentrum München  
Deutsches Forschungszentrum  
für Gesundheit und Umwelt (GmbH), Ingolstädter  
Landstraße 1, 85764 Neuherberg  
siegfried.ussar@helmholtz-muenchen.de

### Editorial Office

Sabine Klee  
Hamilton Services GmbH  
Landwehrstr. 9, 80806 München  
Tel.: 089/907793614  
eced.editorialoffice@thieme.de

### Scope

*Experimental and Clinical Endocrinology & Diabetes* accepts manuscripts in English in the fields of endocrinology and diabetology from clinical and laboratory research. Special attention is given to obesity, bone metabolism and dyslipidemia. The journal publishes original papers, reviews, mini-reviews and commentaries. Abstracts from national and international meetings submitted by the organizers will also be considered for publication upon request. Manuscripts are received with the explicit understanding that they have not been published elsewhere and are not under simultaneous consideration by any other publication.

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### A. Original Articles

Original papers should deal with investigations and results of high scientific value which have not been published previously.

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### Examples:

- 9 Lowry OH, Rosebrough NJ, Farr AL et al. Protein measurement with the Folin-phenol reagent. *J Biol Chem* 1951; 193: 265–275
- 10 Kerner W, Pfeiffer EF. The artificial pancreas. In: Samols E, ed. *The endocrine pancreas*. New York: Raven Press, 1991: 441–456

**Original papers should not exceed 6 printed pages, including references, tables, figures and legends. One printed page equals approx. 630 words. Small tables/figures (sized 1/4 of a page) reduce the number of words by approx. 150 words per table/figure, large tables/figures (sized 1/2 of a page) reduce the number of words by approx. 300 words per table/figure. Please do not use more than one blank space between words and sentences. A maximum of 4 figures and 3 tables is allowed. Longer manuscripts will be subject to editing and a page charge of € 180 per printed page (including 19% VAT) starting with the seventh printed page.**

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better than other, older methods. Methods must be described in detail so that other researchers can use this method for their own research.

For formal requirements please refer to the instructions for original articles above.

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Commentaries are usually invited. They aim at commenting on subjects with a strong impact upon experimental endocrinology and diabetology or they refer to a published article directly.

#### E. Letters to the Editor

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Abbreviations should only be used when necessary, e.g., for procedures (ANOVA), long chemical names (ATP), or other expressions used throughout your paper. See below for the full list of abbreviations that do not need to be defined.

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- Ethical Approval and Patient Consent
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    - Clinical Trial Registration
    - Reporting Guidelines
  - Research Involving Animal Studies
  - Research Involving Cell Lines
  - Research Involving Biological Samples and Specimen
  - Safety
  - Dual-Use Research of Concern
  - Competing Interests
  - Funding
- Data and Supporting Evidence
- Data Availability Policy
  - Data Availability Policy Levels
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- Misconduct
- Our Approach to Reported Misconduct
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    - Research Misconduct
    - Publication Misconduct: Data and Image Falsification and Fabrication
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  - Corrigenda
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  - Expression of Concern
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- Guidelines Regarding International Sanctions Affecting Submitted Papers
- Business Ethics
- Libel, Defamation and Freedom of Expression
  - Fair Access
  - Censorship
  - Advertising
  - Metrics, Usage and Reporting
- Permissions for a Thesis or Dissertation

► **Table 1** These Abbreviations do not need to be defined in the text. Units of measure should only be abbreviated when used with numbers. Do not abbreviate types of diabetes. The only acceptable designations are type 1 diabetes and type 2 diabetes. Do not refer to people suffering from diabetes as diabetics.

Abbreviation	Meaning	Abbreviation	Meaning
ACE	angiotensin-converting enzyme	ATP	adenosine 5'-triphosphate
ACTH	adrenocorticotropin	AUC	area under the curve
ACTH	adrenocorticotrophic hormone	BMI	body mass index
ADP	adenosine 5'-diphosphate	bp	base pair
AIDS	acquired immunodeficiency syndrome	BSA	bovine serum albumin
AMP	adenosine 5'-phosphate	cAMP	3',5'-cyclic AMP
ANCOVA	analysis of covariance	cAMP	cyclic adenosine 3',5'-monophosphate
ANOVA	analysis of variance	cDNA	complementary DNA
CoA and acyl-CoA	coenzyme A and its acyl derivatives	IgA, IgD, IgE, IgG, IgM	immunoglobulins A, D, E, G, M
cpm; cps	counts/minute; counts/second	IGF	insulin-like growth factor
CRISPR	clustered regularly interspaced short palindromic repeats	IL	interleukin
cRNA	complementary RNA	IL (eg, IL-1, IL-6)	interleukin
CVD	cardiovascular disease	IM	intramuscular(-ly)
cyclic GMP	cyclic guanosine 3',5'-monophosphate	IP	intraperitoneal(-ly)
DMEM	Dulbecco's modified Eagle's medium	IQ	intelligence quotient
DMSO	dimethylsulphoxide	IQR; Q1–Q3 also acceptable	interquartile range
DNA	deoxyribonucleic acid	IV	intravenous(-ly):
DNase	deoxyribonuclease	LD50	median lethal dose
dpm	disintegrations/minute	LDL	low density lipoprotein
EC50	median effective concentration	LH	luteinizing hormone:
ECG	electrocardiogram	ln	logarithm (base e)
ED50	median effective dose	log10	logarithm (base 10)

EDTA	ethylene diamine tetra-acetic acid	MODY	maturity onset diabetes of the young
EEG	electroencephalogram	MRI	magnetic resonance imaging
EGTA	ethylene glycol-O'-bis (2-amino-ethyl)-N, N, N', N'-tetraacetic acid	mRNA	messenger RNA:
ELISA	enzyme-linked immunosorbent assay	"NAD if oxidation state not indicated NAD+ if oxidized NADH if reduced"	nicotinamide-adenine dinucleotide
FACS	fluorescence activated cell sorter	"NADP if oxidation state not indicated NADP+ if oxidized NADPH if reduced"	nicotinamide-adenine dinucleotide phosphate
FAD	flavin adenine dinucleotide	NF-κB	nuclear factor kappa beta
FADH2	flavin adenine dinucleotide (reduced form)	NMR	nuclear magnetic resonance
FSH	follicle-stimulating hormone	o-	ortho- (use only in chemical formulas)
G protein	GTP-binding protein	OD	optical density
GDP	guanosine 5'-diphosphate	OGTT	oral glucose tolerance test
GH	growth hormone (somatotropin)	OR	odds ratio
GMP	guanosine 5'-phosphate	P	probability
GTP	guanosine 5'-triphosphate	p	probability of an event being due to chance alone
HbA1	haemoglobin A1	PAGE	polyacrylamide gel electrophoresis
HbA1c	haemoglobin A1c	PBS	phosphate-buffered saline
HDL	high density lipoprotein	PCR	polymerase chain reaction
HEPES	N-2-hydroxyethylpiperazine-N'-2-ethane sulfonic acid	pg	picogram
HEPES	4-(2-hydroxyethyl)-1-piperazineethanesulphonic acid	pH	negative logarithm of hydrogen ion concentration
HIV	human immunodeficiency virus	ppm	parts per million
HLA	human leukocyte antigen	RCT	randomised controlled trial
HLA	human leukocyte antigen	rev	revolutions
HOMA	homeostatic model assessment	rev/min (not rpm) (use g if appropriate)	revolutions/minute

► **Table** Continued.

Abbreviation	Meaning	Abbreviation	Meaning
HOMA-B	homeostatic model assessment-beta cell function	Rh	rhesus (of, related to, or being an Rh antibody, blood group, or factor)
HOMA-IR	homeostatic model assessment-insulin resistance	RIA	radioimmunoassay
HPLC	high-performance liquid chromatography	RNA	ribonucleic acid
IC50	median inhibitory concentration	RNase	ribonuclease
IC50	half maximal inhibitory concentration	RR	relative risk
ICD	International Classification of Disease	rRNA	ribosomal RNA
IFN	interferon	RT-PCR	reverse transcription-polymerase chain reaction
Ig	immunoglobulin	s. c.	subcutaneously
SD	standard deviation	UV	ultraviolet
SDS-PAGE	sodium dodecyl sulfate-PAGE	UV-A, UV-B, UV-C	ultraviolet A, ultraviolet B, ultraviolet C
SDS-PAGE	sodium dodecyl sulphate-polyacrylamide gel electrophoresis	VLDL	very low density lipoprotein
SE	standard error	Vmax	maximum velocity
SEM	standard error of the mean	V̇O2	oxygen consumption
Sp.	species (singular)	V̇O2max	maximal oxygen consumption
T3	3,5,3'-triiodothyronine	V̇O2peak	peak oxygen consumption
T4	thyroxine (3,3',5,5' tetraiodothyronine)	W	watt
TGF	transforming growth factor	WHR	waist-to-hip ratio
TNF	tumor necrosis factor	Wnt	wingless/Int-1
TNF-α	tumour necrosis factor-α	λ	wavelength
tRNA	transfer RNA	Σ	sum
TSH	thyrotropin	χ <sup>2</sup>	chi-square