JCEM Case Reports Author Guidelines

Aims and Scope

JCEM Case Reports is a peer-reviewed, open-access journal that publishes original clinical cases covering the entire spectrum of endocrinology, worldwide. The editors welcome educational cases of special interest to early career endocrinologists and endocrinology care teams, and are particularly interested in cases where learning relating to limited resources for investigation or management choices may have important implications for a wider audience. We welcome the submission of case reports describing rare or unusual endocrine conditions or an unusual presentation or treatment of common endocrine disorders. Case reports can report on one to three patients, must be succinct, and must follow the structure outlined in the journal's case report template.

Please direct any questions to publications@endocrine.org

Article Types

- Original Articles
  - Case Reports
  - Image in Endocrinology
- Opinion and Comment
  - Editorials
  - Commentaries
  - Letters to the Editor
  - Letters to the Editor Responses
- Endocrine Society Communications
  - Policy Perspectives
  - Position Statements
- Use of Peer Review

Patient Consent and Reporting Guidelines

- Informed Patient Consent Policy
- Patient Consent Form
- Experimental Subjects
- Reporting the Sex of Research Subjects
- Extended Data Sets and Supplemental Materials

Publication Fees and Open Access

- Endocrine Society Full Members
- Endocrine Society Early Career Members / In Training Associate Members
- Non-members
- Letters to the Editor

- Developing countries
- Licenses
- Read and Publish Agreement

Post Publication Access Policies and Funder Requirements

Manuscript Templates and Guidelines

- Templates
- Formatting Details for Case Reports
  - Title page
  - Abstract
  - Introduction
  - Case Presentation
  - Diagnostic Assessment
  - Treatment
  - Outcome and Follow-up
  - Discussion
  - Learning Points
  - Acknowledgements
  - Contributors
  - Funding
  - Disclosures
  - Informed Patient Consent for Publication Statement
  - Data Availability Statement
  - References
  - Tables
  - Figures
- Formatting Details for Image in Endocrinology
  - Title page
  - Image Legend
  - Funding
  - Disclosures
  - Informed Patient Consent for Publication Statement
  - Data Availability Statement
  - References
  - Image

Editorial Guidelines and Policies

- Authorship Criteria
- Authorship Obligations
- Submitting Author, First Author, and Corresponding Author

Article Types

The following types of articles will be considered for publication:

Original Articles

Case Reports: Submissions can have no more than four authors. Each article can report on one to three patients. Manuscripts that have been submitted to preprint servers are not allowed. All content, including figures, must be original to the submitted article. Authors should review and complete the case report article template prior to submission. The abstract and text should be no longer than 2,000 words; no more than 10 references are allowed, and no more than six figures are allowed.

Image in Endocrinology: Submissions should visually demonstrate endocrine conditions and capture what the clinician sees in the exam room or on their computed imaging system. The accompanying text file should be a descriptive legend of 200 words or fewer. Images should have no more than four authors. Manuscripts that have been submitted to preprint servers are not allowed. All content must be original to the submission.

Opinion and Comment

Editorials are opinion articles by the journal's Editor-in-Chief, Deputy Editor, or an Associate Editor and will typically address a timely policy matter of very high importance to endocrinologists. Editorials carry no figures or tables and have no more than eight references.

Commentaries are opinion articles invited by the Editor-in-Chief that will examine two to three Case Reports of variations on the same clinical theme, providing context and guidance on how the Case Reports inform the clinician on unique aspects of the clinical presentation, diagnosis, and treatment. They are typically up to 1,000 words in length, should have no more than eight references, and have no figures or tables. Commentaries should not cite unpublished work or data.

Letters to the Editor should discuss only articles published in final format in this journal, and be submitted within six months of the article's final publication. (Concerns about Advance Articles should be brought to the attention of the editorial staff.) Letters must be no more than 500 words in length, have no more than eight references, and must not cite unpublished work or data. Letters will be published at the discretion of the Editor-in-Chief. Authors of accepted letters see page proofs before publication. Only changes to correct inadvertent/introduced grammar and/or spelling inaccuracies are permitted. Regular publication charges apply. No figures or tables are allowed. The title of the letter should follow the format of "Letter to the Editor: [Title of Original Article being Discussed]". Should your title not follow this format, it will be standardized by the publisher.

Letters to the Editor Responses reply to a Letter to Editor at no greater length than the original letter. Authors whose work is discussed in a Letter to the Editor will typically be invited to provide a response. If accepted, authors will see page proofs before publication. Only changes to correct inadvertent/introduced grammar and/or spelling inaccuracies are permitted. No figures or tables are allowed. The title of the letter should follow the format of "Response to Letter to the Editor: [Title of

Original Article being Discussed]". Should your title not follow this format, it will be standardized by the publisher.

Endocrine Society Communications

The following article types are official Endocrine Society communications:

Policy Perspectives are based on established Endocrine Society policy positions and developed by the Advocacy & Public Outreach Core Committee with input from the membership.

Position Statements reflect the Endocrine Society's position or response to an issue. They are developed by an expert writing group under the direction of a Society-appointed Chair with input from Society committees and are approved by the Society's Board of Directors.

Use of Peer Review

All submissions are subject to external peer review as directed by the journal editors, other than (1) Endocrine Society Communications, which are reviewed by the Endocrine Society and selected outside experts, and (2) meeting abstracts, which, when published as a supplement to an Endocrine Society journal, have been reviewed by the meeting organizers.

Patient Consent and Reporting Guidelines

Informed Patient Consent Policy

Patients have a right to privacy, and personally identifying information is not to be revealed in a publication without consent. Consenting to treatment or consenting to participation in research is not the same as consenting to publication.

Authors submitting manuscripts are required to observe the standards for patient privacy and informed consent as set out by the Committee on Publication Ethics (COPE) and the International Committee of Medical Journal Editors (ICMJE).

Identifying information should not be included in written descriptions, photographs, and pedigrees unless the patient (or a proxy – e.g., parent, guardian, or next of kin – if the patient is underage, deceased, or deemed unfit to give legal consent) has given written informed consent for publication.

Informed consent requires the patient or proxy be shown the manuscript to be submitted for publication and understand that the final publication may differ in style, grammar, consistency, and length.

Advice on potentially identifying information is given in the table https://trialsjournal.biomedcentral.com/articles/10.1186/1745-6215-11-9/tables/1, from Hrynaszkiewicz et al., which provides a list of direct and indirect patient identifiers aggregated from policy documents and research guidance from major UK and US funding agencies, governmental health departments and statutes, and internationally recognized publication ethics resources for editors of biomedical journals.

Direct Identifiers, as listed in the table, are details that point explicitly to a particular patient and should always be excluded from the manuscript.

Indirect Identifiers, as listed in the table, may not constitute personal data on their own, but when linked with other direct or indirect identifiers, could be used to identify a specific person. A manuscript including **three or more indirect identifiers** must be assessed by an independent researcher or ethics committee to evaluate the risk that individuals might be identifiable. If the risk of identification is considered non-negligible, approval must be sought by the author from a relevant advisory body before publication can proceed. An explicit justification for publication of a manuscript with three or more indirect identifiers must be provided by the author with their submission to the journal, with the name of any oversight bodies consulted.

A statement addressing informed patient consent must be included as part of the manuscript under the heading 'Consent'.

Patient Consent Form

At submission, authors are required to affirm that a consent form has been completed for any case report or clinical image in which an individual, in whole or in part, appears. Use of the Oxford University Press Patient Consent Form is recommended. If another consent form is used, for example the consent form used by the author's institution, it must address the same areas as the OUP Form.

Authors are not to submit the completed consent forms to the journal. Completed forms should be held by the author and treating institution according to locally approved procedures and be made available to the journal editors upon request. The journal editors reserve the right to reject papers if any concerns exist about ethical procedures or informed patient consent.

If the patient or proxy of a deceased patient cannot be traced and consent cannot be obtained, the case report can be considered for publication only if it is anonymized and approved by the treating institution, with the journal editors' agreement, as providing sufficient identity masking.

Experimental Subjects

All studies involving human subjects or human tissue must be in accordance with the principles set out in the Declaration of Helsinki and must have been formally approved by the appropriate institutional review board, ethical review committee, or equivalent.

The study populations — details of age, race, and sex as relevant to the material — must be described in detail. Authors of population-based studies should recognize racial and economic disparities where appropriate.

In all experiments involving human subjects, it should be documented that informed consent was obtained from the participants and that an institutional human research committee had approved the investigations. This should be clearly stated in the Methods section of the manuscript.

Authors are strongly encouraged to use appropriate reporting guidelines when preparing and submitting manuscripts, to maximize transparency and reproducibility. We particularly encourage the use of STROBE for observational studies.

In text, tables and figures subjects must be identified by number or letter rather than by initials or names. Photographs of patients' faces should be included only if scientifically relevant. Authors should obtain written consent from the patient for use of such photographs and the manuscript should state that this has been obtained.

For further details, see the Ethical Guidelines.

Reporting the Sex of Research Subjects

The sex of research subjects must be indicated.

If both males and females were included in the study, the numbers of subjects from each sex should be indicated, and it must be indicated whether sex was considered a factor in the statistical analysis of the data.

Likewise, the sex from which human primary cell cultures or human tissues were obtained must be indicated.

The authors are also encouraged to include the sex of human cell lines.

Extended Data Sets and Supplemental Materials

To protect patient anonymity, *JCEM Case Reports* does not allow the citation of extended data sets or supplemental materials that have been deposited in repositories as supporting documentation for submitted manuscripts.

Publication Fees and Open Access

JCEM Case Reports is a fully open access journal, and all articles are published in the journal under an open access licence immediately upon publication.

The following article processing charges (APCs) listed below apply to all *JCEM Case Reports* submissions. There are no submission fees or color charges.

Endocrine Society Members, see https://www.endocrine.org/membership/join to determine appropriate category. Non-members, please consider the benefits of membership in the Endocrine Society, including price discounts, by visiting the Member Benefits page of the Endocrine Society's website.

Endocrine Society Full Members

$720. Includes Open Access publication with a CC-BY-NC-ND License, or a CC-BY License when required by the authors' funding body. Both license types include PubMed Central full-text deposit. Authors may be asked to prove eligibility for the member discount.

Endocrine Society Early Career Members / In Training Associate Members

$400. Includes Open Access publication with a CC-BY-NC-ND License, or a CC-BY License when required by the authors' funding body. Both license types include PubMed Central full-text deposit. Authors may be asked to prove eligibility for the member discount.

The Endocrine Society uses the following membership definition for these categories: Early Career Members are defined as having 1 to 3 years post-training as a Basic Scientist, Clinical Scientist, or Physician-in-Practice. In Training Associate Members are defined as students, residents, or fellows.

Non-members

$900. Includes Open Access publication with a CC-BY-NC-ND License, or a CC-BY License when required by the authors' funding body. Both license types include PubMed Central full-text deposit.

Letters to the Editor

$99 for both Endocrine Society members and non-members. Includes Open Access publication with a CC-BY-NC-ND License, or a CC-BY License when required by the authors' funding body. Both license types include PubMed Central full-text deposit.

Developing countries

$0. Includes Open Access publication with a CC-BY-NC-ND License and PubMed Central full-text deposit. (Submitting author must be from a developing country; visit our developing countries page for a list of qualifying countries.)

Licenses

Questions about licenses and charges can be sent to jnls.author.support@oup.com, or visit the following page for more information: Details of the open access licenses and open access charges.

Read and Publish Agreements

OUP has a number of Read and Publish agreements with institutions and consortia that provide funding for Open Access publishing. This means authors from participating institutions can publish Open Access, and the institution may pay the charge. Find out if your institution is participating.

Post-Publication Access Policies and Funder Requirements

Articles funded by the National Institutes of Health (NIH), Wellcome Trust, Howard Hughes Medical Institute (HHMI), and Canadian Institutes of Health Research (CIHR) will be submitted to PubMed Central after final issue publication and will be made freely available in 12 months.

There are additional US Government Agencies and private funders that have partnerships with the National Library of Medicine to leverage the PubMed Central infrastructure. A list of these organizations can be found at PMC and Research Funder Policies webpage. For specific information on how to comply with the policies of these funders, please see their websites. For information on depositing a paper in PubMed Central in compliance with a public access policy, see How Papers Get Into PMC webpage.

Please note that some funders (such as the Wellcome Trust and Research Councils UK) may require publication under an Open Access license and subsequent payment of a fee. Open access costs and publication charges are authorized grant expenses for which authors can seek reimbursement from the Wellcome Trust, Research Councils UK, or funders operating under their policies. These articles will contain the following language: "This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC-BY;), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited."

If your manuscript is accepted for publication, you will be asked to confirm the funding source of your submission and to pay the open access Article Processing Charge and any other publication fees that were agreed to during the submission process.

Reimbursement: The Endocrine Society will consider requests for reimbursement of APCs from funder and institutional customers in the event that we do not materially comply with their Open Access requirements. Contact publications@endocrine.org.

Manuscript Templates and Guidelines

Templates

Authors must use the appropriate template to prepare and submit a Case Report article or an Images in Endocrinology article.

Click here for the Case Report template

Click here for the Image in Endocrinology template

Formatting Details for Case Reports

Review these guidelines when preparing your text.

Title Page

Include full title (120 characters and spaces or fewer) that provides a concise, specific, and informative statement of the article's major contents. Avoid questions, declarative titles, and abbreviations. Avoid titles that are a play on words or that are intended to be comical, which are usually culturally specific and will not translate globally.

Maximum of four authors. Include full names and institutions for authors. Do not add degrees or other professional affiliations.

Corresponding author's contact information and ORCID number, and name and address of author to whom reprint requests should be addressed

Disclosure Summary

Provide 2 to 6 key words that link to diagnoses or interventions described in the case report.

Word Count: The abstract and text of the manuscript, excluding title page, references, and legends, should be no more than 2,000 words.

Abstract

The abstract should be concise (fewer than 200 words), presented in a single-paragraph, unstructured format, and provide a summary of the case, important clinical findings, interventions, outcomes, and key learning points. Do not include citations. Write the abstract for a general audience with specialized terminology kept to a minimum.

Introduction

Explain why the case is important and frame it in the context of the existing literature on the disorder.

Case Presentation

Detail the clinical presentation—including signs, symptoms, and relevant medical or family history. Deidentify patient-specific information.

Diagnostic Assessment

Use this paragraph heading only if relevant to the case. Discuss physical examination findings, laboratory testing, imaging studies, and diagnostic challenges.

Treatment

Detail key management decisions. Use generic names for all medications and provide dosages.

Outcome and Follow-up

Provide details on patient outcome, duration of follow-up, and status at last follow-up. Include adverse or unanticipated events.

Discussion

Summarize similar cases in the literature and applicable clinical practice guidelines. Discuss the key features of the case. What were the limitations in evaluation and management?

Learning Points

With bullet points, list 3 to 5 learning points highlighting key messages that the reader should remember.

Acknowledgements

Optional. List collaborators or mentors who are not listed as authors, but who contributed to patient management and/or development of this case report.

Contributors

With the initials of the authors list the authorship roles. For example: “All authors made individual contributions to authorship. JJ, MP: were involved in the diagnosis and management of this patient and manuscript submission. TB: histopathology section and preparation of histology images. FS: responsible for the patient’s surgeries. All authors reviewed and approved the final draft.”

Funding

List any sources of funding pertinent to the manuscript. If there was no funding, state: “No public or commercial funding.”

Disclosures

Actual or perceived conflicts of interest for all authors should be listed here. If none, state: “None declared.”

Informed Patient Consent for Publication Statement

When preparing your manuscript, please insert the applicable phrase in the “Informed Patient Consent for Publication” section of the template:

- Signed informed consent obtained directly from the patient.
- Signed informed consent obtained directly from the patient’s relatives or guardians.
- Signed informed consent could not be obtained from the patient or a proxy but has been approved by the treating institution.

Data Availability Statement

The Endocrine Society requires that authors provide a statement about the availability of data generated or analyzed in the submitted manuscript. This statement will be included in the final version of accepted manuscripts. During the submission process, authors are asked to select a statement that best describes their data availability and to include the selected statement in the manuscript document, just before the reference list. This section of the manuscript should be labelled “Data Availability.”

Options for these statements are below:

- Original data generated and analyzed during this study are included in this published article.
- Some or all datasets generated during and/or analyzed during the current study are not publicly available but are available from the corresponding author on reasonable request.
- Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.
- Restrictions apply to the availability of some or all data generated or analyzed during this study to preserve patient confidentiality or because they were used under license. The corresponding author will on request detail the restrictions and any conditions under which access to some data may be provided.

If you find that the list of statements does not reflect your situation, please select the one that is closest to facilitate submission of the manuscript and then contact the editorial staff at publications@endocrine.org.

References

Cite up to 10 references that are numbered (in parentheses) sequentially in the manuscript. Use the AMA Manual of Style for allowable references.

Preprints, supplemental material, or manuscripts under review cannot be included in the references.

Reference to relevant clinical practice guidelines, including those of the Endocrine Society (https://www.endocrine.org/clinical-practice-guidelines), should be made where appropriate

List references in consecutive numerical order (in parentheses) in the text, figures, and tables and list in the same numerical order at the end of the manuscript. References in tables and figures should be cited in sequence with those in the text. The numbering should shift to the table or figure after the table or figure is first mentioned in the text. All references in the table or figure should be cited in sequence. The numbering of citations should then return to the text and continue for subsequent citations. NOTE: Provided sequence is preserved, it is acceptable for a reference to appear only in a figure or table. EXAMPLE: If Table 1 contains five references and the first citation of the table occurs immediately after Ref. 10 in the text, then the references numbered within the Table 1 must be Refs. 11-15. Within the text, after the first citation for Table 1, reference sequencing resumes with Ref. 16, and so on.

Do not cite the following in the reference list:

- Unpublished observations
- Personal communications
- Submitted manuscripts
- Manuscripts in preparation
- Preprints

“In press” manuscripts can be included in the reference list if they meet the following criteria:

- Accepted for publication by a peer-reviewed journal but not yet in final published form
- Can be cited with a DOI (Digital Object Identifier)
- The journal name is provided

Abstracts: If it is necessary to cite an abstract because it contains data not published elsewhere, it must be designated as such in the text and in the reference list.

Examples of references:

- JOURNAL CITATION: Binoux M, Hossenlopp P. Insulin-like growth factor (IGF) and IGF-binding proteins: comparison of human serum and lymph. J Clin Endocrinol Metab. 1988;67(3):509–514.
- ABSTRACT CITATION: MacLaughlin DT, Cigarros F, Donahoe PK. Mechanism of action of Mullerian inhibiting substance. Program of the 70th Annual Meeting of the Endocrine Society, New Orleans, LA, 1988, p 19 (Abstract P1-21).
- BOOK CITATION: Bonneville F, Cattin F, Dietemann J-L. Computed tomography of the pituitary gland. Heidelberg: Springer-Verlag; 1986; 15–16.
- BOOK CHAPTER CITATION: Burrow GN The Thyroid: nodules and neoplasia. In: Felig P, Baxter JD, Broadus AE, Frohman LA, eds. Endocrinology and metabolism. 2nd ed. New York: McGraw-Hill; 1987:473–507.

Tables

In general, tables should not be necessary in a well-written case report. It is optimal to include only necessary laboratory values in the text. If needed, tables should be original and numbered based on order in which they appear in the text. Each table should have a descriptive title that helps the reader interpret the table with minimal reference to the text. Include units of measurement and reference ranges for all laboratory values. Abbreviations used in the table should be listed in a footnote.

Figures

Guide: Up to 6 original figures are allowed. Figures should be numbered based on order in which they appear in the text. Make sure to crop images so that only pertinent content is visible and identifying patient information is removed. Each figure should be accompanied by a figure legend. The legend must

be understandable without reference to the text. If multiple panels are used in a figure, label as “A,” “B,” “C,” etc, in the top left corner of the image. Preferred image format is EPS, TiF, PPT, PDF, and Word. JPEG format is not preferred but will be considered on a case-by-case basis. PNG, BMP, and GIF files should not be submitted. Save figure images as: author last name, figure number, and file format extension (e.g., Smith_fig1.eps)

Formatting Details for Image in Endocrinology

Review these guidelines when using the template to prepare your submission.

Title Page

Title: Image title should be concise, specific, and informative, with a limit of 75 characters and spaces or fewer. Avoid questions, declarative titles, and abbreviations. Avoid titles that are a play on words or that are intended to be comical, which are usually culturally specific and will not translate globally.

Maximum of four authors. Include full names and institutions for authors. Do not add degrees or other professional affiliations.

Corresponding author’s contact information and ORCID number, and name and address of author to whom reprint requests should be addressed

Disclosure Summary

Provide 2 to 6 key words that link to diagnoses or interventions described in the case report.

Word Count: This is not a Case Report. The image should be fully understood based on the legend that has a maximum word count of 200 words.

Image Legend

The image legend should be concise and factual in an unstructured format in 1 paragraph (<200 words). Describe relevant clinical information. Include key features of the patient’s history and relevant physical examination or laboratory test results. Define any label structures or image panels. Conclude with a teaching point that highlights the importance of the image.

Funding

Follow the instructions above for Case Reports.

Disclosures

Follow the instructions above for Case Reports.

Informed Patient Consent for Publication Statement

Follow the instructions above for Case Reports.

References

Cite up to 2 references that are numbered (in parentheses) sequentially in the manuscript. Follow the instructions above for Case Reports.

Figure

One image is allowed but it can have multiple panels. Crop images so that only pertinent content is visible and identifying patient information is removed. If multiple panels are used in a figure, label as "A," "B," "C," etc, in the top left corner of the image. Preferred image format is EPS, TiF, PPT, PDF, and Word. JPEG format is not preferred but will be considered on a case-by-case basis. PNG, BMP, and GIF files should not be submitted. Save figure images as: author last name, figure number, and file format extension (e.g., Smith_fig1.eps)

Editorial Guidelines and Policies

Authorship Criteria

Authors must affirm that the Work submitted for publication is original and has not been published other than as an abstract in any language or format and has not been submitted elsewhere for print or electronic publication consideration. Authors must also affirm that each person listed as authors participated in the Work in a substantive manner, in accordance with ICMJE authorship guidelines, and is prepared to take public responsibility for it. All authors consent to the investigation of any improprieties that may be alleged regarding the Work. Each author further releases and holds harmless the Endocrine Society from any claim or liability that may arise therefrom.

Persons who contributed to the study (e.g., provision of materials or reviewing the manuscript) but do not meet the requirements for authorship, or who die before otherwise meeting the International Committee of Medical Journal Editors (ICMJE) criteria for full authorship, may be listed in the Acknowledgments. The corresponding author is responsible for informing each person listed in the acknowledgment section that they have been included and providing them with a description of their contribution so they know the activity for which they are considered responsible. Each person listed in the acknowledgments must give permission for the use of his or her name. It is the responsibility of the corresponding author to collect and maintain this information.

Medical writers should be described and acknowledged on the byline or in the Acknowledgments section in accord with the degree to which they contributed to the work reported in the manuscript. During the peer-review process, the author designated to upload the manuscript to Editorial Manager responds for all authors when completing the online submission form. At the time of submission, all co-authors will receive authorship verification emails to which they must respond. This confirmation must be received before the decision on a first revision can be sent. It is imperative that all co-authors are listed on the submission form and that the email address of each is correct.

Authorship Obligations

Authors must present a clear, accurate, and complete account of the research performed.

Each manuscript should describe a complete study or a completed phase of an extended study.

When some of the results are to appear in another journal, in publications of congresses, symposia, workshops, etc., details plus a copy of the other paper(s) should be supplied to the editor.

Any preliminary accounts or abstracts of the work that are already published must be referenced in the complete report.

The author has an obligation to:
Describe the work in sufficient detail to allow others to repeat the work

Adhere to the journals' policy regarding preparation of digital images

Include all relevant data, including those which may not support the hypothesis being tested

Cite those publications which have a direct bearing on the novelty and interpretation of the results, including original findings and seminal works

Establish the integrity of third party resources, such as data repositories located on external websites and servers, used and cited in the work

Make unique resources (including but not limited to cell lines, software programs, organisms, antibodies, etc.) available to other investigators for academic research purposes

If there are restrictions to the availability of such resources, authors must disclose this to the editors at the time of submission, and include a comment on the restrictions in the Materials and Methods section. The Editors may deny further publication rights in the journal to authors unwilling to abide by these principles.

Provide antibody RRIDs (Research Resource Identifiers) for antibodies and ELISAs, including commercial ELISA kits, used in the research. Provision of RRIDs for other unique research resources is recommended.

Ensure that for those article types allowing the inclusion of figures and tables that are reproduced or adapted from previously published sources, the Endocrine Society receives written consent from a duly-authorized party/representative of the copyright holder as proof of permission to re-use the material.

Ensure no substitution, addition, or deletion of data or text during the proof correction process (after acceptance). Answers to author queries and changes to typographical or printer's errors may be made to proofs. Any other changes will require that the proofs be returned to the editorial office for re-review of the manuscript.

If there are any deletions of the names that appear in the authorship line of the originally submitted manuscript, the corresponding author must send to the Editorial Office a brief letter, signed by all authors, stating that they agree to the removal of the author.

If the originally submitted authorship line is changed after submission by adding names or changing the order, it is the obligation of the corresponding author to notify all co-authors of the change.

For industry-sponsored studies, the author affirms that all co-authors have had full access to primary study data and the ability to perform all relevant analyses.

Submitting Author, First Author, and Corresponding Author

The Submitting Author is the single member of the authorship group who uploads the manuscript files to Editorial Manager and is the main recipient of communication during peer review and production. Submitting authors are required to use an ORCiD when uploading a manuscript. Go to orcid.org to register for an ORCiD identifier.

The First Author is the first named author in the authorship list. A maximum of two co-first authors is allowed and the names should be indicated with an asterisk (*) on the title page of the manuscript text. A footnote should be included indicating that this is a shared role.

The Corresponding Author should be designated on the title page of the manuscript text and in a footnote. A maximum of three co-corresponding authors is allowed.

Obligations of Reviewers

Reviewers are required to provide a confidential, expert, critical, and constructive appraisal of research reports in their fields of knowledge and experience in a fair and unbiased manner.

Reviewers should complete their assignments within the editor's deadline. Should a delay in a review occur, the reviewer has the obligation to notify the editor immediately.

Reviewers should not review a manuscript if: they do not think that they are competent to assess the research described; they believe there is a conflict of interest or personal or professional relationship with the author(s) that might bias their assessment of the manuscript; or there is any other situation that could bias their review.

Employment at the same institution as one of the authors does not automatically represent a conflict. Having previously reviewed the article for another journal does not disqualify a reviewer, although the editor should be informed so the reviewer's perspective can be considered.

Reviewers who need to recuse themselves should notify the editor promptly, preferably with an explanation. If reviewers are uncertain whether they should recuse themselves, they should consult with the editor.

The reviewer should strive to provide accurate and detailed criticisms, and the review should be supported by appropriate references, especially if unfavorable. The reviewer should also note whether the work of others is properly cited. If the reviewer notes any substantial resemblance of the manuscript being reviewed to a published paper or to a manuscript submitted at the same time to another journal, they should promptly report this to the editor.

The reviewer should aim to help the author improve future work. For example, if the author uses outdated or inexact terminology, provide guidance on best practices.

No part of the manuscript under review should be revealed to another individual without the permission of the editor. If a reviewer consults a colleague on a particular point, the name of the collaborator or consultant should be reported to the editor. A reviewer must obtain through the editor written permission from the authors to use or disclose any of the unpublished content of a manuscript under review.

Peer Review Process

Initial Review

An Associate Editor will determine if a submitted manuscript should be Rejected Without Review or sent for single-blind peer review.

If the manuscript is Rejected Without Review, the author is notified immediately.

If the manuscript is sent for peer review, the Associate Editor will select two reviewers who are asked to disclose any potential conflicts of interest.

The Associate Editor makes a decision on the disposition of the manuscript. Decisions can be Accept, Reject, or Revision Needed.

If rejected

If the author decides to resubmit a rejected manuscript within one year of the initial rejection, the Editor-in-Chief must give permission. After one year, it can be resubmitted as a new manuscript, although the author should reference the original manuscript at resubmission.

If returned for revision

If the manuscript is sent back to the author for revision, the author will have two months to prepare a revision. Extension requests must be directed to the Editor-in-Chief and sent to publications@endocrine.org.

If accepted

The manuscript will be sent to production following completion of permissions review (if the article includes art that is reproduced or adapted from a previous publication), and the authors' provision of any necessary permissions to the journal. Within seven working days of the article's being submitted to production, an Advance Article version (non-copyedited) will be posted on the journal site for citation and listing by PubMed. No changes can be made to the Advance Article version.

A copyedited proof will be sent to the author within three weeks. Authors should review the proof and return requested corrections within 24 hours. The final version of the article cannot be published until authors return the proofs. The publisher will formally withdraw the article if the authors have not responded with final approval within three months after the article acceptance date.

Once corrections are returned and queries are addressed and resolved, the final version of the article will be posted on the journal site and will replace the Advance Article listing in PubMed. If the article is eligible for PubMed Central inclusion, it will be deposited at this time.

Tips for promoting accepted and published articles are detailed in the Author Resource Center.

Scientific Misconduct

All work must be free of falsification, fabrication, and plagiarism, as defined by the US Department of Health and Human Services Office of Research Integrity.

Manuscripts submitted to this Endocrine Society journal are screened for plagiarized content against the iThenticate database.

The editors reserve the right to reject manuscripts describing research that does not meet acceptable standards of research behavior as determined by the Belmont Report, the Geneva Convention, the Declaration of Helsinki, and the Endocrine Society Code of Ethics.

Scientific misconduct and unethical acts include, but are not limited to, plagiarism, fabrication, falsification, redundant or duplicate publication, violation of federal, state or institutional rules, and honorary authorship. The Endocrine Society's journals follow the guidelines promulgated by the Committee on Publication Ethics for ensuring the integrity of published articles.

In the event that an Endocrine Society journal receives allegations of misconduct relating to an article that was published or is being considered for publication, the Editor-in-Chief will follow procedures recommended by the Committee on Publication Ethics (COPE).

Preprints, Abstracts, and Author Self-Archiving

Preprints: *JCEM Case Reports* does not allow the submission of manuscripts that have been submitted to a preprint repository.

Abstracts: At the time of submission, authors must describe all prior publications or postings of the material in any form of media. Abstracts or posters displayed for colleagues at scientific meetings need not be reported. These occurrences will be evaluated by the editorial office. Failure to divulge previous publication is considered scientific misconduct.

Author Self-Archiving: Endocrine Society journals follow OUP policy at the Author Self-Archiving policy page .

Units of Measure and Standard Abbreviations

Use both Système International (SI) and conventional units when reporting laboratory values. For example, "the morning serum cortisol concentration was 552 nmol/L (20 mcg/dL)"

Temperature should be expressed in degrees Celsius (e.g., 28°C) and time of day using the 24-hour clock (e.g., 0800 h, 1500 h).

Molecular weight should not have units (daltons).

All nonstandard abbreviations in the text must be defined immediately after the first use of the abbreviation.

Download an MS Excel spreadsheet of standard abbreviations (XLSX, 15.6 KB).

Download the same document in MS Excel format prior to 2007 (XLS, 45 KB).

Steroid Nomenclature Standards

The 3 major classes of mammalian sex steroids — androgens, estrogens, and progestins (or progestagens or gestagens) — correspond to the well-defined androgen, estrogen, and progesterone receptors. The principal bioactive sex steroid and natural ligand for each class is testosterone, estradiol, and progesterone, respectively. Estrogen(s) and progestin(s) are classes of steroids. Synthetic steroids or extracts can be considered as members of a generic steroid class, but are distinct from the natural cognate ligand. Therefore, the terms androgens, estrogens, and progestins (or progestagens or gestagens) should be used when referring to the class of hormones, whereas when a specific natural or synthetic steroid is being used or assayed the particular compound must be specified.

Apart from accepted trivial names, steroids should be named according to the systematic nomenclature of the IUPAC convention on Nomenclature of Steroids (Moss et al Pure & Applied Chemistry 61:1783–1822, 1989) at first mention in a single footnote defining all letter abbreviations. Subsequently, generic or trivial names or letter abbreviations, but not trade-names, should be used.

The accepted trivial names include cholesterol, estrone, (17)estradiol, estriol, aldosterone, androsterone, etiocholanolone, dehydroepiandrosterone, (5) dihydrotestosterone, testosterone, androstenedione, pregnenolone, progesterone, corticosterone, deoxycorticosterone, cortisone, cortisol. Trivial names may be modified by prefixes indicating substituents (as in 17-hydroxyprogesterone for 17-hydroxy-4-pregnene-3,20-dione), double bonds (as in 7-dehydrocholesterol for 5,7-cholestadien-3-ol) and epimeric configurations of functional groups provided the locus of epimerization is indicated (as in 3-epiandrosterone for 3-hydroxy-5-androstan-17-one).

Nomenclature of Vitamin D Metabolites: Analogous and Structurally Related Compounds

- 3
- 2
- 33
- 22
- 32
- 323
- 333
- 323
- 323
- 222
- 32
- 33
- 22
- 33
- 22

Study Data Guidelines

The following guidelines should be considered when presenting study data:

Use standard terminology for variants, providing rs numbers for all variants reported. Where rs numbers are provided, the details of the assay (primer sequences, PCR conditions, etc.) should be described very concisely. Describe measures taken to ensure genotyping accuracy, e.g., percentage of genotype calls, number of duplicate samples that were genotyped, and percentage concordance.

Provide approved GDB/HUGO approved gene names, in the appropriate cases and italics.

Provide linkage disequilibrium (LD) relationships between typed variants.

Provide information and a discussion of departures from Hardy-Weinberg equilibrium (HWE). The calculation of HWE may help uncover genotyping errors and impact on downstream analytical methods that assume HWE.

Provide raw genotype frequencies in addition to allele frequencies. It is also desirable to provide haplotype frequencies.

Provide the criteria they have used to select tagSNPs.

Denote the boundaries considered when studying SNPs within a gene of interest. Primer sequences, the conditions for PCR, and the depth of sequencing should be provided either in the manuscript or in a public data repository.

Validation of Data and Statistical Analysis

Assay validation: Bioassay and immunoassay (including radioimmunoassay, enzyme immunoassay, and immunometric assay) performance estimates should be accompanied by an appropriate measure of the precision of these estimates.

For both bioassays and immunoassays (whether laboratory-developed or commercially obtained), include data relating to within-assay and between-assay variability. If all relevant comparisons are made within the same assay, the latter may be omitted.

Authors should be aware that the precision of a measurement depends upon its position on the dose-response curve.

In presenting results for new assays, it is necessary to include data on the following:

- within-assay variability;
- between-assay variability;
- minimum-detectable concentration and analytic maximum concentration (without and with dilutions);
- specificity of assay for the intended analyte and potential interfering substances;
- parallelism of standard and unknown and on recovery;
- comparison with an independent method for assay of the compound, if alternative methods exist.

Pulse Analysis: Data from studies of pulsatile hormone secretion should be analyzed using a validated, objective pulse detection algorithm. The algorithm used should require that false-positive rates of pulse detection be defined in relation to the measurement error of the data set being analyzed, and the methods used to determine the measurement error should be described or cited. The author(s) also should describe the methods used:

- to deal with missing or undetectable values;
- to determine peak frequency, interpeak interval, and pulse amplitude; and

- for statistical comparisons of peak parameters.

Data Analysis: It is the author's responsibility to document that the results are reproducible, using appropriate statistical tests. Data pre-processing steps should be described, and removal or modification of data values must be justified. Full details of statistical tests (including post-hoc tests, if performed) should be provided. Effect sizes and confidence intervals should be reported, and the number of sampled units upon which each reported statistic was based should be stated. Provide exact P values, not a range or a statement about P reaching a threshold value. For representative results, report the number of times the measurements were repeated. Authors should use appropriate nonparametric analysis when the data do not meet the assumptions of parametric statistics.

When data points are fitted with lines (as in Scatchard or Lineweaver-Burk plots), the method used for fitting should be specified.

Genome-wide and Candidate Gene Studies

The fields of genetics and genomics are broad and range from evaluation of single variants in a candidate gene to hypothesis-free discovery science using genotyping and/or sequencing methods. Below are factors that should be considered in manuscripts submitted for review.

Genome-wide Studies: To ensure rigor in association studies that are based on genome-wide genotyping and to permit readers to assess their biological and clinical significance, submitted manuscripts should conform to the following study design criteria.

Sample Size and Multiple Testing: Studies should include sufficient samples to detect an effect. In addition, if multiple hypotheses and multiple analytic procedures are used, the interpretation of results should account for the influence of such multiple testing on biological or clinical significance.

Validation Samples: The most rigorous studies should include both a discovery sample and an independent validation sample, preferably from different populations.

Functional Data: Functional data strengthen association data if the functional assay(s) have demonstrable relevance to the associated phenotype or clinical heterogeneity. In some instances, association studies with a single testing sample set and highly relevant functional data may be acceptable without an independent validation series.

Negative Association Studies: Well-designed, robustly-powered and executed studies that demonstrate significant negative findings will be considered if the gene has been implicated in published prior association studies and there is clear relevance to disease pathogenesis or a phenotype of interest.

Candidate Gene or Biological Pathway Studies: To ensure rigor in focused studies of a single candidate gene (or variant) and hypothetical biological pathway, submitted manuscripts should provide novel and robustly powered findings that advance our knowledge of disease or phenotype etiology and/or clinical management. When a disease or phenotype of interest is due to variants in a previously identified gene, a replication will, to be considered, need to lead to a significant increase in understanding of the phenotype or patient management. Extension of single variant results in a candidate gene to a pathway defined by multiple genes needs to be carefully defined with respect to the resolution of the gene, the analytic approach, and the demonstration of the impact of the pathway.

Single Genetic Marker versus Whole Gene/Genome Studies: Single genetic marker studies are acceptable when the marker has strong prior claims for involvement in the phenotype of interest. However, it is desirable to examine genetic variation at least across and flanking the gene of interest.

Transcriptomic Studies

Genome-wide expression studies, such as microarrays or RNA sequencing, require both technical validation and an independent validation series from similar selected tissue or cell samples. Technical validation entails application of a different technique (e.g., RT-PCR of single genes) to confirm the differential expression of key sequences detected by genome-wide expression. An independent validation series of samples should be utilized to confirm the differential expression noted by genome-wide analysis of the initial testing sample set.

Clinical Trials Registration

For clinical trial reports to be considered for publication, the Endocrine Society requires their prospective registration, as endorsed by the International Committee of Medical Journal Editors (ICMJE).

We recommend use of www.clinicaltrials.gov. For additional information please refer to the statement by the ICMJE at Clinical Trials Registration.

All trials beginning after January 1, 2007, must have been prospectively registered before enrollment of the first subject. All trials begun before that date must be retroactively registered before submission. Please note that the Clinical Trial Registration number should be provided clearly on the title page of the manuscript.

Authors are strongly encouraged to use appropriate reporting guidelines when preparing and submitting manuscripts, to maximize transparency and reproducibility. We particularly encourage the use of CONSORT for randomized clinical trials.

Antibody and ELISA Requirements

Authors using antibodies for immunohistochemistry, immunocytochemistry, western blots, immunoblots, immunoneutralization, or related methodology, including commercial ELISA kits, are required to ascertain whether each antibody or kit they use has a Research Resource Identifier (RRID) by consulting the Antibody Registry via the Resource Identification Portal. Search for your antibody or kit by catalog number in the search box and include the RRID information in parentheses where the resource is first described. Please hyperlink the RRID to the SciCrunch resolver, e.g. “Cyt C release was determined using Cyt C ELISA kit (Catalog # PA5-79119, RRID: AB_2746235).”

If there is no existing RRID for your antibody or kit, authors are required to register with the Antibody Registry and obtain an RRID no later than the revision stage of submission. In the revision, the RRID should be added in parentheses where the resource is first described.

For more information, see the Resource Identification Portal.

New Amino Acid or Nucleotide Sequences and New/Novel Compounds

Manuscripts reporting amino acid or nucleotide sequences of proteins with sequences already known from other tissues or species will be considered only if they provide new biological insight. When a manuscript is accepted that contains novel sequences, such sequences must be deposited in the appropriate database (such as GenBank), and an accession number obtained. This should be provided in the References section of the manuscript and cited in the text.

Manuscripts describing experiments with new compounds must, if they are not registered as RRIDs, provide their chemical structures. For known compounds, the source and/or literature reference to the chemical structure and characterization must be provided.

Genomic, Proteomic, and Bioinformatic Papers

Authors submitting expression or tiling microarray datasets must clearly identify in the Materials and Methods section the platform, describe the filtering criteria used to evaluate the raw data, and provide complete references for the statistical methods used to analyze the data. Filtered gene lists or other pertinent information should be deposited in a suitable repository.

Authors of manuscripts based in whole or in part upon previously unpublished genome-wide RNA expression and genome-wide location analysis datasets (including but not limited to microarray, ChIP-Chip, ChIP-seq, RNA-seq, and future variants on Next Generation Sequencing technology) are required to submit the complete dataset to the Gene Expression Omnibus (GEO), the public gene expression archive of the National Center for Biotechnology Information (NCBI); OR to ArrayExpress, the corresponding database of the European Bioinformatics Institute (EBI). Proteomic papers that report molecular structures, whether based on x-ray crystallography, NMR, or computational modeling, can be accepted only after the structural coordinates have been deposited in the Worldwide Protein Data Bank. Accession numbers should be provided in the reference section of the manuscript.

Author Services and Information

Language-Editing and Original Figure Preparation, and Related Services

The Endocrine Society and Oxford University Press have partnered with select providers of language editing and other support services to authors for manuscript preparation. Please note that use of these services is optional, is fee-based, and does not guarantee that your manuscript will be accepted. As an author you are under no obligation to take up this offer. Edited manuscripts will still undergo peer review by the journal.

The Endocrine Society has partnered with American Journal Experts (AJE) to help authors communicate their research. AJE is an independent vendor and handles all aspects of this service, including author payment. To access AJE's services, visit one of the following sites:

Endocrine Society members (includes discount)

Non-members

In addition, Oxford University Press partners with Enago, a leading provider of author services. Authors submitting to OUP journals are entitled to a discount of 30% for editing services at Enago, via

the Specialist English Editing Services for Oxford University Press Authors page. Enago is an independent service provider, who will handle all aspects of this service, including author payment.

Embargo Policy

The embargo policy is an agreement between reporters and the Endocrine Society. All press activity and/or interactions with the media prior to the publication of an article in the Endocrine Society journals either in print or online will be coordinated by the Endocrine Society. Authors or institutions wishing to embargo their articles for a press release should contact the Endocrine Society media team at media@endocrine.org. Authors who wish to embargo an article for reasons that are not related to a press release can hold it for only one month beyond the date that the article would publish without the embargo.

Author Name Changes on Published Articles

JCEM Case Reports supports authors who wish to update their name and/or pronouns in their publication record, and unlike other article changes, will not require a correction notice with the update. If you would like to learn more about the name change process in *JCEM Case Reports*, please visit this page for more information.

Editorial Office Archiving Procedures

The editorial office will retain all manuscripts and related documentation (correspondence, reviews, etc.) for 12 months following the date of publication or rejection.

Affirmation of Originality and Authorship

Authors must affirm that the Work submitted for publication is original and has not been published other than as an abstract or preprint in any language or format and has not been submitted elsewhere for print or electronic publication consideration.

Authors must also affirm that each person listed as authors participated in the Work in a substantive manner, in accordance with ICMJE authorship guidelines, and is prepared to take public responsibility for it. All authors consent to the investigation of any improprieties that may be alleged regarding the Work. Each author further releases and holds harmless the Endocrine Society from any claim or liability that may arise therefrom.

Conflict of Interest Disclosure

Authors must provide disclosure information when submitting their manuscript. The intent of this disclosure is to identify any relationships current or during the past 2 years with companies that make or supply products or services related to the subject matter of the paper and other financial and non-financial interests. With full disclosure, the editors and readers can make informed decisions about submitted and printed papers in the journals.

Nothing in the disclosure statement shall be regarded as creating a presumption of impropriety in the existence of financial interests or other relationships. The purpose is to inform reviewers and readers of the existence of financial relationships pertinent to the article in the interest of the full transparency of the peer review and publication processes.

If the paper is accepted for publication, all disclosures will be included with the published Work. Read the full Endocrine Society Disclosure policy.

Relevant interests to be reported include the following, if they occurred within the last 2 years and if they are relevant to the topic of the Work: employment; consultancy within the past two years; ownership interests — including stock options — in a start-up company, the stock of which is not publicly traded; ownership interest (including stock options but excluding indirect investments through mutual funds and the like) in a publicly traded company; research funding; honoraria directly received from an entity; paid expert testimony within the past two years; any other financial relationship (e.g., receiving royalties); membership on another entity's Board of Directors or its advisory committees (whether for profit or not for profit); service as a paid spokesperson or on a speaker's bureau for any entity involved with this research.

Please note:
The corresponding author must ensure that all authors respond to the author verification email that is sent to all co-authors upon submission. Although an incomplete response will not delay processing of the initial submission, decisions on revisions and final acceptance will not be made until all authors have confirmed. The corresponding author must summarize any author disclosures in a paragraph that will appear in the published article, indicating if there are any disclosures. Please include this Disclosure Summary on the title page of the submitted manuscript.

Briefly collate all information regarding conflicts directly related to the material being published from the individual author summaries.

Use the format: Author's initials, then category, then company name.

Relevant categories include "has nothing to declare," "is employed by," "was previously employed by," "consults for," "has previously consulted for," "has served as an expert witness for," "received lecture fees from," "has equity interests in," "received grant support (dates) from," "is an inventor on (country)(patent number)," "receives royalties from." Authors may also add other pertinent categories.

Examples:

- Disclosure Statement: AZ, BY, and CX have nothing to declare. DW was previously employed by Hormone Pharma and has equity interests in Secretory Devices, Inc. EV is a consultant for Endo Experts, LLC. FW received lecture fees from Gland Enterprises. GT is an inventor on U.S. Patent 000-111-2222.
- Disclosure Statement: The authors have nothing to disclose.

Exclusive License to Publish

After a manuscript is accepted and sent to production, authors will be required to grant an exclusive license to the Endocrine Society to publish their Work. This license allows the Endocrine Society and its agent, Oxford University Press, to:

- Publish the Work in the Journal, and to distribute it and/or to communicate it to the public, in whole or in part, either within the Journal, on its own, or with other related material throughout the world, in printed, electronic or any other format or medium whether now known or hereafter devised

- Make translations and abstracts of the Work and to distribute them to the public
- Authorize or grant licences to third parties to do any of the above
- Deposit copies of the Work in online archives and indexing services

(The agreement allows for exceptions for authors who, as employees of government institutions, are not in a position to grant an exclusive license.)

The exclusive license also allows the Endocrine Society and Oxford University Press to act on authors' behalf to defend the copyright in the Work if anyone should infringe upon it, and to register the copyright of the Work in the US and other countries, as necessary.

In the case of a multi-authored article, the corresponding author will be required to confirm that they are authorized by their co-authors to enter the agreement on their behalf.

Details of the publication rights policies, including authors' retained rights, that the Endocrine Society and OUP follow can be found at Publication rights.