GUIDELINES FOR AUTHORS

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CHAPTER 1.
How to prepare a paper

Our journals publish several kinds of papers: exhaustive point-to-point style guidelines are provided in the following sub-sections. Papers not following the authors’ formatting and content guidelines provided below will not be taken into account. Only papers adhering to the journal guidelines will be considered for the peer review phase.

Authors are warmly invited to carefully read this Manual as well as papers already published in the current Table of Contents and Archives. Manuscripts must be submitted to the desired journal through the electronic platform (see the procedure explained in Chapter 2), not sent via e-mail to the Editors.

General information:
Manuscripts have to be double-spaced with one-inch margins. Headings must be used to designate the major divisions of the paper. To facilitate the review process, manuscripts should contain page and line numbering.
Manuscripts have to be submitted in .doc (preferred) or .pdf format. Be aware that papers in LaTex cannot be accepted.
An Abstract, different from the Introduction and without References, must be always provided.
If a paper is accepted, Authors are required to provide the final revised version in .doc format, because the Copyediting/Pagination phase cannot be performed on other formats.
Manuscripts must be written in English. For medical journals, American English is preferred (consult the Submission website page of each journal to check if American or British English is required). Authors are suggested to consult the following dictionaries for the correct spelling: Merriam-Webster’s Collegiate Dictionary for American English and Collins English Dictionary for British English.
Authors whose native language is not English are strongly encouraged to have their manuscript checked by a language editing service, or by an English mother-tongue colleague prior to submission. As an option, PAGEPress offers a chargeable revision service. This takes just a few days (contact the Managing Editor of the journal you are submitting to for further info/costs).
At the moment of the submission, authors are invited to indicate at least 2-3 qualified reviewers for their paper (name, e-mail address and complete affiliation/institution).

Main issues:
- Title page
- Abbreviations
- References
- Tables and Figures
- Further editorial standards
- Journal sections
1.1. Title page

The first page must contain:

i) title (lowercase), without acronyms;

ii) first name and family name of each author, separated by commas;

iii) affiliation(s) of each author;

iv) acknowledgments;

v) full name and full postal address of the corresponding author. Phone, fax number and e-mail address for the correspondence should also be included;

vi) three to five key words.

Authors’ names: do not include professional titles or abbreviations of qualifications or positions held.

Title without acronyms

John White,1 Carlo D. Rossi,2 Edward F. Black2

1Department of Animal Science, University of Edinburgh, UK; 2Dipartimento di Morfofisiologia Veterinaria e Produzioni Animali, Università di Bologna, Italy

Acknowledgments: the authors would like to thank …

Correspondence: Carlo Daniele Rossi, DIMORFIPA, Facoltà di Medicina Veterinaria, Università di Bologna, via Tolara di Sopra 50, 40064 Ozzano dell’Emilia (BO), Italy.

Tel. +39.051.111111 - Fax: +39.051.222222.

E-mail: rossi@server.it

Key words: cats, surgery approach, veterinary.
The second page should contain:
i) authors’ contributions, e.g., information about the contributions of each person named as having participated in the study (http://www.icmje.org/#author);
ii) disclosures about potential conflict of interests;
iii) further information.

Contributions: the authors contributed equally.

Or

Contributions: RM, GB, data collecting and analyzing; RM, manuscript writing; GB, manuscript reviewing and references search.

Conflict of interests: the authors declare no potential conflict of interests.

Or

Conflict of interests: RM, GB, employed by Invitrogen (St. Louis, MO, USA) that provided part of the materials used in this study.

Funding: the work was supported by a NIH grant, no. XXXX.

Clinical trials: the study is registered in the ClinicalTrials.gov register, identifier no. XXXXXX.

Conference presentation: part of this paper was presented at the 5th European Conference on Genetic Programming, 2002 Apr 3-5, Kinsdale, Ireland.

Dedication: the article is dedicated to … on the occasion of…..
1.2. Abbreviations

Abbreviations should be limited to a unit of measure followed by digits and to all others included in the SI list (http://www.bipm.fr/enus/3_SI/si.html). All other abbreviations must be defined the first time they are used in the abstract, and again in the body of the manuscript and as footnotes to the tables. Authors are encouraged to limit the number of abbreviations. Authors’ defined abbreviations should be in capital letters without full stops.

Institutions: acronym in original language, caption in English or translated in English [Examples: MIPAAF (Ministry of Agricultural, Food and Forestry Policies); INRA (National Institute for Agricultural Research)].

1.2.1. Abstract

If abbreviations are used in the abstract, the authors are required to write full name+abbreviation in brackets [e.g., vertebrobasilar dolichoectasia (VBD)] the first time they are used, after which only abbreviations can be written (Figure 1).

Green: correct.

Red: wrong, because the abbreviation MRI is not repeated within the Abstract.

Figure 1

Abstract

Vertebrobasilar dolichoectasia (VBD) is a common phenomenon among people over 50 years old, and the related clinical expressions are varied. One of our VBD patients presented with brainstem infarction initially, received low molecular weight heparin treatment, and developed rupture of the dolichoectasia segment. Another patient with a similar-sized VBD experienced recurrent brainstem infarction three times over 2 years, despite higher bleeding tendency and long-term antiplatelet treatment. The third patient with a smaller-sized VBD had left hemiplegia and received intravenous recombinant tissue plasminogen activator within 3 h, totally recovered with no lesions detected on brain Magnetic Resonance Imaging (MRI). The pathophysiology of VBD is unique, its prevalence and risks of ischemic stroke and intracranial hemorrhage both increase as the degree of arterial dolichoectasia extends, making the strategy of management quite a challenge. The best management of VBD is controlling arterial hypertension and following up with image studies regularly to detect the early extension of VBD degree.
1.2.2. Main text

The same criteria for the use of abbreviations explained above is applied for abbreviations used in the main text.

**IMPORTANT:** do not use abbreviations in titles, subtitles, key words or tables/figures captions.

1.2.3. Tables and Figures

In tables, abbreviations must be explained as footnotes; in figures, they must be explained through the caption, or put at the end of each caption as a list of the abbreviations displayed by the Figure.

For examples (and details about the use of footnotes), see Section 1.4.
1.3. References

All publications cited in the text should be presented in the References section. Authors are responsible for the accuracy of bibliographical references presented in the manuscript and should pay particular attention to journal data (correct spelling of authors’ names, complete title, volume and page numbers: for further details about the journal names’ abbreviations and the exact references style, see Section 1.3.1).

**IMPORTANT:** references have to be revised carefully if the manuscript is subjected to modification or has been shortened during the peer review phase (e.g., if some references are removed/added, the others might need to be renumbered accordingly).

References presented in tables and figures should be numbered according to the sequence of references in the main text at the point in which those tables and figures are themselves referred to.

Be aware that the Copyeditor is entitled to remove references cited only in the References section but not in the main text/tables/figures.

Do not insert references in the Abstract. Do not use uppercase, small caps or italics. Do not insert references as footnotes, but list them in an appropriate References section at the end of the manuscript.

1.3.1. Vancouver style (mainly medical journals)

References should be prepared strictly according to the Vancouver style. References must be numbered consecutively in the order in which they are first cited in the text (not alphabetical order), and they must be identified in the text by Arabic numerals in *superscript*. References in the main text must always be cited after dots and commas.

**IMPORTANT:** if references are placed in tables/figures, the consecutive order of references must also take into consideration where tables/figures are cited in the main text. For an example, see Figure 2:

Exposure of biological systems to ionizing radiation leads to formation of reactive oxygen species (ROS) and reactive nitrogen species. These reactive species damage the various bio-macromolecules, like the DNA, lipids and proteins present in the cell. Furthermore, exposure to high doses of ionizing radiation results in damage to the hematopoietic, gastrointestinal or central nervous systems, depending on radiation dose (Table 1). Since the hematopoietic system has a high level of cell turnover; it has among the most radiosensitive tissues in the body. Gastrointestinal and central nervous syndromes are induced by a higher irradiation dose compared to hematopoietic syndrome. An understanding of the biological effects of irradiation is necessary in order to understand the important role of radio-protective...
Guidelines for Authors

References to personal communications and unpublished data should be incorporated in the text and not placed under the numbered references [Example: (Wright 2011, unpublished data) or (Wright 2011, personal communication)]. Where available, URLs for the references should be provided directly within the MS-Word document.

References in the References section must be prepared as follows:

i) more than three authors, cite 3 authors, et al. If the paper has only 4 authors, cite all authors (a few journals cite 6 authors, et al.; please consult the Submission website page of each journal for confirmation);

ii) title style: sentence case; please use a capital letter only for the first word of the title;

iii) journal titles mentioned in the References list should be abbreviated according to the following websites:
   a. ISI Journal Abbreviations Index (http://library.caltech.edu/reference/abbreviations/);
   b. Biological Journals and Abbreviations (http://home.ncifcrf.gov/research/bja/);

iv) put year after the journal name;

v) never put month and day in the last part of the references;

vi) cite only the volume (not the issue in brackets);

vii) pages have to be abbreviated, e.g., 351-8.

To ensure the correct citation format, please check your references in the PubMed database (http://www.ncbi.nlm.nih.gov/pubmed).

Examples:

**Standard journal article**


**Proceedings**


**Article with organization as author**

Books

Chapter in a book

Thesis
Rossi P. Stima di parametri genetici nella razza Reggiana. Degree Diss., Università di Milano, Italy; 1999.

Material from World Wide Web (only contents available for free)
or

Regulations

International standards

In press
Manuscripts that have been accepted for publication but have not yet been published can be listed in the literature cited with the designation [In press] following the journal title.
Other
Citations such as personal communication, unpublished data, etc. should be incorporated in the text and NOT placed into the References section.

1.3.2. Other styles
Non-medical journals and a few other journals, such as:
- Italian Journal of Agronomy
- Journal of Agricultural Engineering
- Italian Journal of Animal Science
- Journal of Entomological and Acarological Research
- Journal of Limnology
- Entomologia
- Open Journal of Archaeometry
etc....
follow a different style of citation (author, year).

Further information about the references style are available on the website Submission page of each of the above mentioned journals.

In the text
When a citation has one or two authors, cite the reference throughout using the name(s) and the date [Example: (Rossi, 1986; Rossi and White, 2000)]. When a citation has more than two authors, cite the reference throughout the text with et al. following the last name of the first author [Example: (Rossi et al., 2012)]. When two or more references are included in a grouping within a sentence, they are arranged and separated by a semicolon [Example: (Stuart, 1988; Kumar and Varras, 2001; Brown et al., 2012)]. The first criterion is the year (earlier citations precede later ones); multiple citations for a given year are further arranged alphabetically and multiple citations for the same initial letter are arranged as follows: first the citation with one author, secondly the citation with two authors, then the other (with et al.). When the same author has two references with different dates, cite them in chronological order, separating the dates with a comma [Example: (Stuart, 1988, 1991, 2006)]; when the same author has two references with the same date, arrange the dates as a and b (also in the References list) and separated by a comma [Example: (Stuart, 1988a, 1988b, 2006)].

In the References section
Citations are listed in strict alphabetical order according to first author’s family name. Use capital and lowercase letters for authors’ names. If all authors are identical for two or more citations, chronological order of publication should dictate the order of citations. When more than one paper in a given year is listed by authors whose names are in the same order in each paper, the papers are arranged in alphabetical order of the paper’s title.
1.4. Tables and Figures

The presentation of tables and figures (do not use abbreviations such as ‘Fig.’ or ‘Tab.’) must always follow the same order in which they are presented in the main text. All references to tables and figures should specify the relevant Arabic identification numbers, not only ‘Table’ or ‘Figure’. If references are placed in tables/figures, the consecutive order of references must also take into consideration where tables/figures are cited in the main text (for an example, see Section 1.3, Figure 2). Do not present the same data in tabular and graphic form.

When reference is made to more than one table or more than one figure, please separate the identification numbers with a hyphen and use ‘and’ to present tables or figures that are not consecutive. Please pay particular attention to spacing, e.g.

Figures 1 and 2; Tables 1 and 3
Figures 2-4 and 6
Tables 2, 4 and 6

References referring to figure panels and subpanels should be presented by adding a capital letter in alphabetic order immediately after the identification number, e.g.

Figure 1A
Figure 1B

When reference is made to more than one figure panel or subpanel, please separate the capital letters with a hyphen and use a comma followed by a space to separate capital letters that are not consecutive, e.g.

Figure 2B and C
Figure 3B, D
Figure 3B-D

IMPORTANT: the authors must obtain written permission for the reproduction and adaptation of material which has already been published. A copy of the written permission has to be provided before publication, otherwise the paper cannot be published. It is advisable, therefore, to provide the requested documentation as soon as possible so as to avoid any delay in publication. All material presented from other sources should be identified and should be accompanied by a specific reference in the legend confirming that permission for its use had been obtained (e.g., Adapted/reproduced from Berger et al., 2000 with permission).

1.4.1. Tables

Titles of tables should be descriptive enough to be able to stand alone without, however, extensive repetition of information already presented in the main text. Tables should consist of a minimum three columns and three rows. Each column should have a single column heading.
**Use of capital letters:** use capital letters for the first letter of the first word in table titles, column and row heading.

**Percentages:** if used, percentages should be clearly identified by a percentage sign in headings or footnotes. Do not put them following the number concerned.

**Footnotes:** footnotes should only be used in tables, to explain notes or legends. Place them at the bottom of the table, not in the caption. Footnotes should be presented as follows: i) footnotes containing general information; ii) footnotes containing abbreviations; iii) footnotes with callouts. All the abbreviations used in a table should be explained in its footnote in the order of appearance in the table: i) column headings - left to right; b) row headings - top to bottom; iii) cell data items - left to right from top to bottom.

**IMPORTANT:** tables must be in editable format (which means that their content has to be typed in MS-Word or Excel). Do not insert tables in .pdf, .jpg or .ppt.

**Style of presentation (tables in these examples have been already paginated)**

Abbreviations and arithmetic symbols should be used whenever possible. Any abbreviations and symbols should be defined in the Table footnotes. Symbols should not be used in table titles.

When no data are presented under a column heading, which should present numerical data, the cell should remain empty and a dash should be used (-).

References should be in superscript (Figure 3).

---

**Table 3. Summary of clinical trials using combined intramuscular and intraarterial injection of bone marrow derived stem cells for peripheral arterial disease.**

<table>
<thead>
<tr>
<th>Study</th>
<th>Trial design</th>
<th>Groups (n)</th>
<th>Vascular disease</th>
<th>Cell count (mean)</th>
<th>Follow up (months)</th>
<th>Primary end point</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartusch et al.</td>
<td>RC</td>
<td>BM-SC and IM injection (12)</td>
<td>PAD</td>
<td>12</td>
<td>Pain free walking distance</td>
<td>3.4 fold increase in pain free walking distance (no improvement in controls)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No stem cell therapy (12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Van Tolouheen et al.</td>
<td>RC</td>
<td>BM-SC IM injection only (15)</td>
<td>PAD</td>
<td></td>
<td>Limb salvage</td>
<td>No statistically significant difference in limb salvage between two groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BM-SC and IM injection (12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Franz et al.</td>
<td>NRNC</td>
<td>BM-SC and IM injection (5)</td>
<td>PAD</td>
<td></td>
<td>ABI</td>
<td>Improvement in ABI from 0.92 to 0.66 (no difference between two groups)</td>
<td></td>
</tr>
</tbody>
</table>

*RC, randomized controlled; NRNC, non-randomized controlled; BM-SC, bone marrow; IM, intramuscular; PAD, peripheral arterial disease; ABI, Ankle Brachial Index.*

**Figure 3**
Table footnotes (Figure 4): please use the following symbols, in this order, for callouts:

<table>
<thead>
<tr>
<th>Callout Symbol</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
<tr>
<td>°</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
<tr>
<td>#</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
<tr>
<td>§</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
<tr>
<td>§§</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
<tr>
<td>^^</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
<tr>
<td>$$</td>
<td>More than six callouts: **°°#§§^^$$ ......</td>
</tr>
</tbody>
</table>

More than six callouts: **°°#§§^^$$ ......

Use letters in superscript to identify correspondences between values (Figure 5).

### 1.4.2. Figures

The term ‘Figure’ is used both for graphs and photos; drawings are also acceptable, but they must be presented in their final form for publication (perfect focus, well framed). The Layout Editor is not required to redraw designs. Figures should be submitted as separate files, not inserted in the MS-Word .doc and should not contain trade names or bibliographic references.
**File formats:** the figures must be submitted as .tiff or .jpg files, with the following digital resolution:

i) color (saved as CMYK): minimum 300 dpi;
ii) black and white/grays: minimum 600 dpi;
iii) one column width (8.5 cm) or 2 column widths (17.5 cm).

**Captions:** a different caption for each figure must be provided at the end of the manuscript, not included in the figure file. All symbols and abbreviations used in figures must be defined in the figure caption. Lettering of figures (letters, numbers, symbols, etc.) must be clearly labeled and sized in order to remain legible after the image is reduced for publication (Figures 6 and 7).
Combined figures: if the figure contains two or more panels or subpanels, make sure a description for each panel is provided, in the order in which they are presented. Different panels should be identified by capital letters and a description of each panel should be identified in the figure legend by the related capital letter in brackets. If symbols are used, make sure such symbols are clearly distinguished from the letters used to identify each panel.

Insets: any insets should be described in the figure caption.

Staining: if staining is used, specify each and every staining used in the figure caption.

Image acquisition and manipulation: if the figure has been manipulated, the following data should be provided in the caption: i) model of microscope used; ii) adopted magnification; iii) temperature; iv) imaging medium; v) acquisition software; vi) image processing software if used, e.g.

Figure 3. A) Diffuse large B-cell lymphoma with immunoblastic features. Tumor cells contain abundant, deeply basophilic cytoplasm, with plasmacytoid differentiation; round, oval, or ovoid nuclei show a solitary, prominent, central nucleolus (hematoxylin&eosin stain, Nikon 2532, magnification x400). B) Primary central nervous system lymphoma (case 19). Large tumor cells are located close to small vessels (hematoxylin&eosin stain, Nikon 2532, magnification x400, colors corrected after acquisition with Adobe Photoshop).

IMPORTANT: make sure that the different parts of the image are all well proportioned to each other, e.g., axis scales and labels, internal descriptive text, etc. The Publisher is not responsible for the quality of images not conforming to the requirements mentioned above and reserves the right to not publish images not conforming to such requirements (e.g., resolution too low, lettering not legible, etc.).
1.5. Further editorial standards

1.5.1. Measures and numbers

Units of measurements should be those recommended by the International Committee for the Standardization of Units of Measurements. Please check this document (http://www.bipm.org/en/si/si_brochure) for Uniform Requirements. For numbers less than one use zero to the left of the decimal, e.g., 0.23. Do not use commas for four digit numbers, e.g., 9000 but use commas for numbers with more than four digits, e.g., 90,000.

1.5.2. Nomenclature

Use italics to designate genus, species, botanical varieties and words in Latin (e.g., et al.) or other languages. For genes, loci and alleles nomenclature use italics and refer to the website: http://www.genenames.org/hgnc-guidelines Do not use italics for the P-values (P should be written upper case).

1.5.3. Miscellaneous

Brand and company names and locations for equipment and substances should be included in parentheses within the text (e.g., Invitrogen, St. Louis, MO, USA).

1.5.4. Equations

Equations should be numbered consecutively and cited in the main text as follows: e.g., Eq. 1; Eqs. 1 and 2; Eqs. 4-8.

Do not insert equations or any other mathematical, arithmetical, Greek, etc., symbol as an image in the MS-Word .doc. Type each symbol or use the MS-Word ‘Advanced Symbol’ tool.

If you are not able to do so, please provide high definition image (minimum 600 dpi) for each equation.

1.5.5. Remarks

Do not use: bold, underlining or quotes. If you are quoting any sentence, put it in italics. Footnotes in the main text are to be avoided: ONLY use them in tables.

1.5.6. Lists

If a list is presented in the main text, it should be presented as run-in text sentences numbered with lower case Roman numerals in brackets, separated by a semi-colon, e.g.

i) IVIG (black IgGs) and 7E3 (white IgGs) are taken into the cell by pinocytosis; ii) at physiologic pH, IgG has low affinity for the FcRn receptor; iii) bound IgG molecules are protected from release into the lysosome.
1.5.7. Supplementary files
Authors can also add supplementary files. The files, which can be in any format, might include (i) research instruments; (ii) data sets, which comply with the terms of the study’s research ethics review; (iii) sources that otherwise would be unavailable to readers; (iv) figures and tables that cannot be integrated into the text itself, or other materials that contribute to the work.

Supplementary files (Appendix included) will not be paginated nor copyedited.

1.5.8. Drugs: commercial vs generic names
The use of commercial names of drugs should be avoided. Drugs should be cited using their generic names unless different products are being compared, e.g.

Correct: deferiprone
Not correct: Ferriprox
1.6. Journal sections

Most common journal sections
A brief description of the most common journal sections is provided below. Each journal may present further, more specific sections: for a description consult the Submission website page of each journal.

Original Articles (3500 words max, abstract 180 words max, 30 references max, 3/5 tables and/or figures)
In general, this kind of publication should be divided into an Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions and References. A maximum of 10 authors is permitted and additional authors should be listed in an ad hoc Appendix.

Reviews (4000 words max, abstract 250 words max, minimum 40 references, 3/5 tables and/or figures)
They should be introduced by a general summary of content in the form of an Abstract. Following a short introduction, putting the study into context and defining the aim, reviews will concentrate on the most recent developments in the field. A review should clearly describe the search strategy followed (key words, inclusion, exclusion criteria, search engines, ...). No particular format is required; headings should be used to designate the major divisions of the paper.

Brief Reports (about 2000 words, abstract 150 words max, 20 references max, 3 tables and/or figures)
Short reports of results from original researches. They should be introduced by a general summary of content in the form of an Abstract. They must provide conclusive findings: preliminary observations or incomplete findings cannot be considered for publication.

Case Reports (about 2000 words, abstract 150 words max, 20 references max, 3 tables and/or figures)
Reports describing observations on clinical cases that can be educational, including adverse effects of drugs or outcomes of a specific treatment. They should be divided into: Abstract, Introduction (optional), Case report(s), Discussion, Conclusions and References.

Letters to the Editor (800 words max)
These are written on invitation, short essays that express the authors’ viewpoint, may respond to published manuscripts in our journals, or deliver information or news regarding an issue related to the Journal scope. If the letter relates to a published manuscript, the authors of the original manuscript will be given the opportunity to provide a respond. Authors of Letters to the Editor should provide a short title.
Book Reviews (no abstract, no references needed)
They should be a short critical analysis and evaluation of the quality, meaning, and significance of a short book which addressed at least one of main topics of the Journal (the authors should contact the Editor-in-Chief of the journal for his/her approval before submitting a Book Review).
CHAPTER 2.
How to submit a new paper

**IMPORTANT:** before submitting a new paper:

i) Download the updated Guidelines for Authors available on the Submission website page of each journal;

ii) Read our Editorial Policies and our Competing Interest policies (also summarized in Section 2.3).

Submit your paper!
If you already have a Username/Password, go to Login and follow the 5 steps provided at Paragraph 2.2; otherwise, if you need a Username/Password, go to Registration (see Paragraph 2.1).

**IMPORTANT:** When you see *, this denotes required fields.
2.1. Journal registration

There are two ways to register as a User in our journals. You can:

i) click on Register, on the home page header, under PAGEPress logo (Figure 1);

otherwise

click on ‘Go to registration’ on the Submission website page (Figure 2).
You are directed to the Registration page. Fill in the provided form (Figure 3); before completing the registration, **do not forget to select the role 'Author'**.

![Registration Form](image)

**Figure 3**

We encourage you to also register as a Reader and a Reviewer at the same time. If you decide to register as a Reviewer, please insert some key words to identify your area of interest.
2.2. Start a new submission

Log in:
if you are registered only as Reader or Reviewer, log in and click on ‘Edit my profile’, under the sub-heading ‘My Account’, and select the role ‘Author’ (Figures 4 and 5).

After logging in, click on the role ‘Author’ (Figure 6).
You will be directed to the ‘Active submission’ page: under the sub-heading ‘Start a new submission’, click on ‘Click here’ (Figure 7).

At this point, you simply follow the 5 Steps summarized below:

1) **Step 1. Starting the Submission** (Figure 8);

if you are submitting a paper for a Special issue, or you have written an invited paper, do not forget to add this information in the ‘Comments for the Editor’ field (Figure 9);
ii) Step 2. Uploading the Submission (Figure 10);

Remember that you can upload files of NO MORE THAN 8 MB; figures and any other supplementary file can be uploaded at Step 4;

iii) Step 3. Entering the Submission’s Metadata

Enter the Submission’s metadata; if the paper has more than one author, click on ‘Add author’ and insert their correct metadata (Figure 11);
iv) Step 4. Uploading Supplementary files
At this Step you can upload your figures, supplementary materials, other documents, such as: cover letter, disclosure about potential conflict of interests, etc. (Figure 12).

Do not forget to click on ‘Upload’, before adding a new file

v) Step 5. Confirming the Submission
Check if you have uploaded the correct file and then click on ‘Finish submission’ (Figure 13). After a few minutes, you will receive a confirmation message from the Managing Editor of the Journal about the receipt of your submission.
2.3. Our Editorial and Competing Interest policies

All manuscripts submitted to our journals are critically assessed by external and/or in-house experts in accordance with the principles of peer review (http://www.icmje.org/#peer), which is fundamental to the scientific publication process and the dissemination of sound science. Each paper is first assigned by the Editors to an appropriate Associate Editor who has knowledge of the field discussed in the manuscript. The first step of manuscript selection takes place entirely in-house and has two major objectives: i) to establish the article’s appropriateness for our journals’ readership; ii) to define the manuscript’s priority ranking relative to other manuscripts under consideration, since the number of papers that a journal receives is much greater than it can publish. If a manuscript does not receive a sufficiently high priority score to warrant publication, the Editors will proceed to a quick rejection. The remaining articles are reviewed by at least two different external referees (second step or classical peer review). Manuscripts should be prepared according to the Uniform Requirements established by the International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org/#prepare).

**Authorship:** all persons designated as authors should qualify for authorship according to the ICMJE criteria (http://www.icmje.org/ethical_1author.html). Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should only be based on substantial contributions to i) conception and design, or analysis and interpretation of data; and to ii) drafting the article or revising it critically for important intellectual content; and on iii) final approval of the version to be published. These three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. Authors should provide a brief description of their individual contributions.

**Obligation to Register Clinical Trials** (http://www.icmje.org/#clin_trials): the ICMJE believes that it is important to foster a comprehensive, publicly available database of clinical trials. The ICMJE defines a clinical trial as any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Medical interventions include drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, etc. Our journals require, as a condition of consideration for publication, registration in a public trials registry. Our journals consider a trial for publication only if it has been registered before the enrollment of the first patient. Our journals do not advocate one particular registry, but require authors to register their trial in a registry that meets several criteria. The registry must be accessible to the public at no charge. It must be open to all prospective registrants and managed by a non-profit organization. There must be
a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. An acceptable registry must include a minimum of data elements (http://www.icmje.org/#clin_trials). For example, ClinicalTrials.gov (http://www.clinicaltrials.gov), sponsored by the United States National Library of Medicine, meets these requirements.

Protection of Human Subjects and Animals in Research: when reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national) and with the Helsinki Declaration of 1975 (as revised in 2008). In particular, PAGEPress adopts the WAME policy on Ethics in Research (http://www.wame.org). Documented review and approval from a formally constituted review board (Institutional Review Board - IRB - or Ethics Committee) is required for all studies (prospective or retrospective) involving people, medical records, and human tissues. When reporting experiments on animals, authors will be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.
CHAPTER 3.
How to track the editorial process

As soon as your submission is completed, you receive a confirmation message from the Managing Editor of the Journal. The online journal management system that we are using allows you to track the progress of your manuscript through the editorial process by logging into the Journal website. When you log in and click on your role ‘Author’, you are directed to the ‘Active Submissions’ page. Under the column ‘Status’, you can find:

i) **Awaiting assignment**: an Editor has not yet been assigned to your paper (Figure 1);

![Figure 1](image1)

ii) **In review**: the paper is undergoing peer review and a decision has not yet been reached (Figure 2);

![Figure 2](image2)
iii) **In review: revisions required/resubmit for review:** the first round of the peer review phase is completed and a decision has been recorded. You will soon receive the ‘Editor decision’ message with the reviewers’ comments in an attachment (Figure 3);

iv) **In editing:** your paper has been accepted and is now undergoing the editing phase. You will be contacted by the Managing Editor if further steps/input are required (Figure 4).

**IMPORTANT:** all the information about payments will ONLY be sent to you once the paper has been accepted. Please wait to be contacted by the Managing Editor.
CHAPTER 4.

How to submit the revised version of your paper

Once the editorial decision has been recorded, you will need to upload the revised version of your paper. Please follow the step-by-step procedure reported below:

i) log into the journal using your username and your password (Figure 1);

ii) click on your role as ‘Author’ (Figure 2);

iii) click on the correct title (Figure 3);

iv) click on ‘Review’ on the page displayed (Figure 4);

v) under the heading ‘Editor decision’ (bottom-page), upload the revised paper. Use ‘Browse’ to find the files and ‘Upload’ to upload them (Figure 5);

vi) once the files are uploaded, inform the Managing Editor and the Editor-in-Chief of the Journal via e-mail.

Following this procedure, you can upload **one or more files (max 8 MB each file)**. Make sure to click ‘Upload’ for each single file you would like to upload.

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**IMPORTANT:** please make sure you include a covering letter to explain, point-by-point, how you have modified your paper in answer to each of the reviewers’ comments. Also, in order to facilitate the review process, make all changes in your manuscript easily identifiable, for example by using a different color.

Be aware that papers in LaTeX cannot be accepted.

On acceptance of a paper, authors are required to provide the final revised version in .doc format, because the Copyediting/Pagination phase cannot be performed on other formats.
CHAPTER 5.
How to deal with the editing phase

Be informed that the editing phase is subject to the publication fees settlement and only starts after payment and the required documents have been received. For further information, see Chapter 6.
5.1. Copyediting

After acceptance, your manuscript undergoes technical editing to make sure that it is comprehensible to readers outside the specific field and is copyedited according to our editorial standards.

Your paper might be modified during the editing process and you will be given the opportunity to discuss any changes or queries with the Copyeditor before pagination, **ONLY if substantial changes have been performed through the text.**

The copyediting phase is the last opportunity to make changes and approve the final version of the text before pagination (due to the pagination software restriction).

Please wait for the official ‘Copyediting request’ message with the final version of your paper in attachment.

You will find any Copyeditor’s queries inserted into the copyedited text (marked *e.g.*, in red). Your replies or any further change should also be marked in a different color, in the same document. Make sure to edit/approve the Copyeditor’s file; do not send another new document.

Instructions to access the copyedited file are provided below:

i) log in and click on your role as ‘Author’;

ii) click on your manuscript title (In editing);

iii) you are directed to the ‘Editing’ page of your paper (Figure 1, green line);

iv) under the sub-heading ‘Copyediting’ you will find the copyedited text (Figure 1, step 1, red line);

v) download the file and enter your corrections, if any;

vi) upload your approved file in step 2 (Figure 1, red arrow);

vii) notify the Managing Editor and the Copyeditor (Figure 1, blue arrow).

![Figure 1](image-url)
5.1.1. Professional copyediting

If Authors require this, PAGEPress also offers a chargeable English language and scientific copyediting service. Contact the Managing Editor of each journal for a cost estimation a few days after receiving the acceptance letter. This is an optional extra, chargeable service provided by PAGEPress only upon authors’ request.
5.2. Proofreading

Proofreading of the galleys is restricted to only correcting typing and layout errors. Radical changes to the main text on the paginated paper (galleys) will not be accepted.

Instructions to access the galleys (PDF file) are provided below:

i) log in and click on your role as ‘Author’;
ii) click on your manuscript title (In editing);
iii) you will be directed to the ‘Editing’ page of your paper (Figure 2, green line);
iv) under the sub-heading ‘Layout’ you will find the galleys (Figure 2, blue line and arrow);
v) download the PDF and carefully check it;
vi) insert your corrections by hand or, if you have access to Acrobat, it may be helpful to mark the corrections in the PDF file using PENCIL and NOTE tools;
vii) send your corrected PDF together with a clear list of corrections made to the Managing Editor (Figure 3, pink arrow).

Figure 2
Guidelines for Authors

Remember that only minor typing and format corrections will be accepted. Corrections modifying the graphics already defined or text content are not acceptable, because they require a new peer review process.

Corrections should be sent within a week from the receipt of the galleys, otherwise ex officio corrections may be made and/or publication may be postponed due to other editorial priorities.

Any further modification requested after the paper is published or requested by another Author, different from the one indicated as Corresponding Author, will not be accepted.

**Review**

Endothelial cells. However, the mechanisms underlying neuroinvasion and neurovirulence are not fully understood. The role of viral factors in dengue neuropathogenesis was demonstrated by mutating three amino acids in E protein, mapping to the structural protein E and non-structural protein NS1 helicase domains. The E protein seems to be involved in the pathogenesis of the disease, through the mediation of host-cell tropism. These mutations produced a neurovirulent virus, and the result was an extensive encephalitis and leptomenigitis in mice.

Encephalitis is the most common manifestation secondary to dengue infection, and usually develops during the acute phase of infection. In a study using mice infected by dengue virus, it was possible to demonstrate that there was a breakdown of the blood-brain barrier leading to cerebral vasogenic edema. A dengue-induced cytokine immune response was responsible for this reaction and it seems to occur in humans. However, it is still not known if the virus passively crosses the blood-brain barrier during the course of systemic infection or whether it actively invades the CNS.

Other neurological diseases that accompany the acute febrile period and are related to viral invasion are meningitis, meningoencephalitis, and cases with neurological complications have changed this view.

**Encephalitis and meningitis**

Encephalitis is the most common neurological manifestation of dengue infection. In frequency has been reported to range from 4.2% to as much as 32%. This difference in frequency depends on the predominant serotype DENV-2 and DENV-3 during epidemics. The clinical criteria for dengue encephalitis are: (1) fever; (2) acute signs of central nervous system involvement, such as altered consciousness or personality, seizures, or focal neurological signs; and (3) presence of anti-dengue immunoglobulin M antibodies or dengue genomic material in the serum and/or cerebrospinal fluid (which should be assessed for should be determined according to time from onset of infection); (4) exclusion of other causes of viral encephalitis and encephalopathy.

**Acute disseminated encephalomyelitis**

Acute disseminated encephalomyelitis (ADEM) is rarely described in association with dengue infection. In one of the reported cases was neuroretinitis optica, an exceptional form of ADEM. The diagnosis of ADEM was based on the onset of neurological symptoms following the hypotensive phase of dengue. As with other viruses, the pathogenesis mechanisms underlying ADEM suggest that the symptoms result from an immune system-mediated process. White matter lesions occur in several areas of the brain, such as the centrum semiovale, the corona radiata, the callososeptal interface, and the thalamus. Thrombotic spinal cord can also be involved, showing demyelinating lesions.

An autopsy was described in only one case

1. Ref. superscript;
2. Ref. superscript;
3. Remove reference.
CHAPTER 6.
How to pay and submit the required documents for publication

6.1. Payments

Be informed that in order to start the Editing phase Authors are required to pay an Article Processing Fee. Further details regarding the amount of the fee are available on the ‘Author fees’ website page of each journal.

**IMPORTANT:** Authors are **not** required to pay on submission. Only in case of acceptance will Managing Editor guide the Authors through the payment procedure.

Our fees cover costs for peer review, copyediting, publication, different format of publication (HTML, PDF), inclusion in the many Open Access databases.

*Important note*
Please note that our fees do not include taxes (VAT):
- Private or public Italian customers (individuals, universities, hospitals, other organizations) must add VAT (IVA) at standard rates;
- European Union private customers must add VAT at standard rates;
- European Union private and public organizations (universities, hospitals, others with regular VAT number) should not add any taxes at standard rates, but MUST indicate their VAT number;
- Outside the European Union, individuals and organizations should not add any taxes at standard rates.

6.2. Discounts


A ‘**Formal Request for discount**’ has to be forwarded to the Managing Editor, after receiving the acceptance letter. The Editorial Committee will then evaluate the merits of each individual case.

Any other informal request (such as comments on submission, or in the covering letter of the revised version) will not be taken into consideration.
6.3 Methods of payment

Authors can pay their fees by Credit Cards; PayPal; bank transfers; checks sent by surface mail. Further details are available from:
http://www.pagepress.org/charges.cfml

6.4. Compulsory documents

Before publication we also need to receive via e-mail or fax your agreement to the ‘License’ and the ‘Disclosure Form’ about potential conflict of interests.

6.4.1. License

The License is ONLY to be filled in and signed by the corresponding author (Figure 1).
6.4.1. Disclosure form (required ONLY for medical journals)

According to the International Committee of Medical Journal Editors, the Disclosure Form MUST be filled in by EACH author of the paper (Figure 2).
If your paper has e.g., 5 authors with 5 different conflict of interests, you have to send 5 forms, one for each author.

Figure 2
If your paper has e.g., 5 authors who have the same conflict of interests/or do not have any conflict of interests, you may send only one form filled in by the corresponding author with a scanned copy of the last page, signed by all your co-authors (Figure 3).

6.4.3. Permissions

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