

JCEM Author Guidelines

Aims and Scope

The Journal of Clinical Endocrinology & Metabolism is the world's leading peer-reviewed journal for the dissemination of original research as it relates to the clinical practice of endocrinology, diabetes, and metabolism. Spanning the full spectrum of translational research from discovery science to experimental medicine and from critical evaluation of new treatments to patient-population-related outcomes, each issue provides up-to-date coverage of novel developments that enhance our understanding of the pathophysiology, diagnosis, and treatment of endocrine and metabolic disorders. *JCEM* also publishes articles that reveal insight into the metabolic-endocrine basis for, or treatment of, other human conditions including cardiovascular disease, cancer, and aging. Over and above new findings submitted from researchers across the globe, regular features of special interest include personal perspectives and commentaries on new developments, results of prismatic clinical trials, mini-reviews, and clinical practice guidelines.

JCEM will not consider:

- Articles that fall outside of the journal's scope of "clinical practice of endocrinology, diabetes, and metabolism"
- Articles that contain exclusively animal or other pre-clinical data with no evidence of clinical translation
- Isolated association studies that fail to demonstrate impactful reach and significance. Association studies should validate or refute experimental data included within the same article.
- Mendelian Randomization studies that lack a clear mechanistic basis or fail to fully comply with the requirements of the STROBE-MR checklist (see [Author Guidelines](#))
- Research based mainly on self-reported patient data

[More about the journal](#)

[Editor-in-Chief, Associate Editors, and Editorial Board](#)

Contact: publications@endocrine.org

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Article Types

The following types of articles, including [preprints from recognized repositories](#), will be considered for publication:

Original Articles

- *Clinical Research Articles* are original, investigative, clinical studies based on previously unpublished data. There are no upper or lower word/figure/table limits. All figures and tables must be original. See [Aims and Scope](#) for a list of types of research not normally considered by *JCEM*.
- *Approach to the Patient* articles use illustrative clinical scenarios as the basis for discussion of the background to the diagnoses and/or the considerations in devising a therapeutic strategy in similar cases. They should reference any pertinent clinical practice guidelines, treatment recommendations, and other literature, particularly any relevant newly published literature. All figures and tables must be original. *Approach to the Patient* articles range from 2,000 to 5,000 words in length and are submitted by invitation from the Editor-in-Chief or a Deputy Editor.

Review Articles

- *Mini-reviews* are short reviews, ranging from 2,000 words to a maximum of 5,000 words, that are intended to reach a broad

spectrum of endocrinologists. Mini-reviews should integrate the latest discoveries with the current literature, providing critical analytical interpretation of the significance of any new information described. Authors should include a brief section describing the search strategies used to obtain information for the review. If the authors choose to use previously published figures or tables, they must follow the guidelines under the [Publication Fees](#) section. Systematic reviews may be submitted as mini-reviews.

- *Meta-analyses* should focus on specific efficacies of diagnostic procedures or treatments. The submitted manuscript must be derived from an in-depth statistical analysis of information discovered by an exhaustive search of already published and relevant peer-reviewed manuscripts. There are no limits on word count, number of figures, or number of references. All figures and tables must be original.

Opinion and Comment

- *Editorials* are opinion articles by the journal's Editor-in-Chief 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 concepts and findings recently introduced into the scientific record that have exceptional interest. 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 Executive Editor.) 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 should address material issues of substance arising from

the publication, for example, concerns over what is claimed, methodological flaws, or areas for debate where an evidence base is lacking. Letters will be published at the discretion of the Editor-in-Chief and publisher. (Note that the journal does not publish letters regarding [Endocrine Society Communications](#). Authors of letters regarding these Communications may email them to the Chief Publications Officer (publications@endocrine.org), outside of the Editorial Manager system, for routing for a Society response.) Authors of accepted letters see page proofs before publication. Only changes to correct inadvertent/introduced grammar and/or spelling inaccuracies are permitted. Publication charges apply – see the Publication Fees section. No figures or tables are allowed. The title format of Letters to the Editor depends on the number of authors of the letter. If the letter is by a single author, format the title as “Letter to the Editor from [author last name]: [Title of Original Article being Discussed].” If the letter is by two authors, format the title as “Letter to the Editor from [first author last name and second author last name]: [Title of Original Article being Discussed].” If the letter is by three or more authors, format the title as “Letter to the Editor from [first author last name et al.]: [Title of Original Article being Discussed].” Should the title not follow this format, it will be returned to the author for correction.

- *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.
- *Reports and Recommendations* present a summary of the proceedings and conclusions of work groups, task forces, and other collaboratives. They will be subject to peer review and must be modifiable in response to criticisms. They are typically no

more than 3,600 words in length. All figures and tables must be original. If interested in submitting, contact the Editorial Office at publications@endocrine.org.

Endocrine Society Communications

The following article types are official Endocrine Society communications:

- *Clinical Practice Guidelines* are developed by an Endocrine Society appointed task force, are evidence based, and provide graded clinical practice recommendations. These are developed with input from Society committees and members.
- *Clinical Practice Guideline Meta-analyses* are commissioned by the Endocrine Society to provide statistical analyses to support its Clinical Practice Guidelines.
- *Clinical Practice Guideline Systematic Reviews* are commissioned by the Endocrine Society for its Clinical Practice Guidelines. These reviews address a defined clinical question by collecting and summarizing empirical evidence that fits pre-specified eligibility criteria.
- *Clinical Practice Guideline Communications* are derivatives of the Endocrine Society's Clinical Practice Guidelines that supplement or comment on developments in the disease area since the time of publication of a Guideline.
- *Clinical Practice Guideline Updates* are developed to address interim changes in prevention, diagnosis, or management in an existing Endocrine Society Clinical Practice Guideline since the time of publication of a Guideline.
- *Clinical Practice Guideline Alerts* are focused communications in response to new developments that significantly alter recommendations in an existing Endocrine Society Clinical Practice Guideline (e.g., important new drug approval(s), important drug withdrawal(s), important new risks or harms). These address changes that impact the validity of a guideline and affect patient safety.

- *Expert Consensus Reports* are developed by the Endocrine Society to address topics for which clinical guidance is needed, but a formal Clinical Practice Guideline is not appropriate. Expert Consensus Reports cover topics where evidence is limited, yet there are still opportunities to reduce uncertainty and improve quality of care through expert consensus.
- *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.
- *Research Guides* are developed by an expert writing group under the direction of the Research Affairs Core Committee of the Endocrine Society.
- *Scientific Statements* are developed by an expert writing group under the direction of an Endocrine Society appointed Chair with input from the Scientific Statement Subcommittee, the Research Affairs Core Committee, and the membership.

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.

Questions? Please direct any questions to publications@endocrine.org.

Publication Fees and Open Access

Publication Fees

For more information on the benefits of membership in the Endocrine Society, please visit the [Member Benefits page](#) of the Endocrine Society's website.

Page Charges

- Endocrine Society members: \$99 per PDF page
- Non-members: \$119 per PDF page

Color Charges

- Endocrine Society members: \$235 per color figure
- Non-members: \$735 per color figure

Color charges will apply to all submitted color figures. These cannot be replaced with black and white versions after acceptance.

Letter to the Editor Charge

- Endocrine Society members: \$99 per PDF page
- Non-members: \$99 per PDF page

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Post-Publication Access Policies, Funder Requirements, and Self-Archiving

- The National Institutes of Health's (NIH) new public access policy became effective for articles accepted after 1 July 2025. It requires articles to be made freely available immediately in PMC (PubMed Central) on publication. Authors in the Journal can comply with the NIH policy by publishing with an open access license. OUP will deposit open access articles in PMC and make them available immediately on publication. Otherwise, articles funded by the NIH will be submitted to PMC after final issue publication and will be made freely available in 12 months. For more information, visit the [Complying with funder policies on open access page](#).

- Articles funded by the 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, unless published under an open access license.
- 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](#). For specific information on how to comply with the policies of these funders, please see their websites. [Information on depositing a paper in PubMed Central in compliance with a public access policy](#).
- 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; [Creative commons website](#)), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited."
- Self-archiving refers to posting a copy of your work on a publicly accessible website or repository. Under certain circumstances, you may self-archive versions of your work on your own webpages, on institutional webpages, and in other repositories. For information about the Journal's policy, and to learn which version(s) of your paper are acceptable for self-archiving, please see our [Author self-archiving policy](#).
- If your manuscript is accepted for publication, you will be asked at the proof stage to confirm the funding source of your paper and to agree to pay any applicable post-publication access fees.
- 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.

Use of Previously Published Figures and Tables in Mini-reviews

Authors are responsible for obtaining the appropriate permissions to reproduce or adapt previously published figures or tables. Because publishers frequently hold copyright, this often applies to an author's own materials. We strongly encourage authors to submit original figures and tables when possible instead of using previously published materials.

If an author chooses to reproduce or adapt a previously published figure or table in a mini-review, the following procedure applies:

- The author agrees to obtain the permissions prior to submission and is responsible for all expenses related to securing authorization to use the previously published figure or table.
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- The Copyright Clearance Center is often the easiest way for authors to clear [permissions](#) to reproduce or adapt any figures or tables that have been previously published. If you have any questions regarding the specifications required for permissions, please contact publications@endocrine.org
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 - print and electronic rights, preferably for use in any form or medium;
 - the right to use the material for the life of the work; and
 - world-wide English-language rights.

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 - If material has been adapted, the words “adapted from” should be included along with the author/date citation (e.g., “Adapted from Jones 2008”).
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- The author understands that all issues related to the use of previously published figures and tables as outlined above must be resolved before the revised manuscript can be considered.

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Manuscript Preparation Guidelines and Checklist

Below is a checklist of the basic format requirements. For more information, see [Editorial Policies](#). If you have any questions, contact

the editorial staff at publications@endocrine.org.

Guidelines on General Preparation of Initial Submissions

- Read the [Editorial Policies](#). NOTE: Endocrine Society journals allow submissions from preprints: see [Preprint Repositories and Prior Publication](#).
- Format Neutral Submission: New manuscripts may be submitted format neutral, as a single Word, RTF, or PDF file with continuous line numbering. Technical formatting such as reference layout and order of components is not scrutinized for compliance at this initial stage. If the required information is present (complete title page, all author information, abstract, full text, line numbering, figures and tables, references, etc.) the manuscript will be assessed solely on its scientific merit. Note that metadata extraction will work only for manuscripts uploaded as Word files.
- Submit paper in English through the [Editorial Manager system](#).
- Inclusive and Person-First Language: Please use inclusive and person-first language in manuscripts by describing people as having a condition or disease rather than the condition or disease being their identity. For example, use “people with obesity” or “person with diabetes” rather than “obese people” or “diabetic.” We also recommend consulting the AMA Manual of Style on [Terms for Persons With Diseases, Disorders, or Disabilities](#).
- Use a double-spaced, single-column format with 1-inch margins.
- Use continuous line numbering throughout the manuscript. Manuscripts submitted without line numbers will be returned.
- Paginate the entire document.
- Place all tables and figures after the references and clearly label each.
- Gather needed information prior to starting the submission process in Editorial Manager:
- Full names, institutions, and email addresses for each author.

- Submitting authors are required to provide an ORCID when uploading a manuscript.
- Appropriate funding information for each author.
- Disclosure information for each author.
- Names and email addresses for three recommended reviewers.
- Original manuscript number if manuscript being submitted was previously rejected by the journal to which it is being resubmitted.
- No cover letter is needed. A text block is provided during the submission process for special requests.
- Appropriate figure file specifications as detailed in the [Figure Guidelines](#) have been followed.

Guidelines on General Preparation of Revised Submissions

- At revision, two versions of your manuscript will be required: (1) A marked-up copy to be used for editor and reviewer purposes that indicates all changes made to the text, legends, and tables with either highlighting, colored text, or tracked changes and (2) A clean, un-marked copy that has all color and mark-up removed from text, legends, and tables that will be used by production, should your manuscript be accepted. Both versions of your manuscript should be prepared in and submitted as MS Word files.
- Please note that aside from one copy showing color or markup, the two copies of your manuscript should both include all revisions and be identical. The clean copy should contain all revisions reflected in the marked-up version, but have tracked changes accepted and highlighting/colored text reverted to black and white.
- Use continuous line numbering throughout both the marked manuscript and the clean manuscript document. Manuscripts submitted without line numbers will be returned.

Permission to Reproduce or Adapt Figures/Tables

Adapted and reproduced figures and tables are allowed only in mini-reviews. Note that the permissions staff will assist the author with identifying the appropriate type of permission to obtain. When determining the status of a figure / table, please use [these definitions](#):

ORIGINAL: If you created a figure or table specifically for the work being submitted, this is an original and no permissions are required.

REPRODUCED: If a figure or table appears in a new publication exactly as it appeared in the original publication, then it is reproduced. Permission must be given by the publisher and attribution to the original source must be provided.

ADAPTED: If a figure or table is adapted, it is modified from its original appearance but still closely resembles the original. Permission must be given by the publisher and attribution to the original source must be provided.

If a figure or table uses elements from another source, or multiple sources, authors are responsible for determining if the figure is “Adapted” or “Transformative”.

ADAPTED:

If you create a figure or table that (1) includes someone else’s previously published data or illustrative elements AND (2) their data/illustrative elements are incorporated into your work to illustrate similar facts or conclusions, then your reproduction of their data/illustrative elements is a derivative work (or “adaptation”). Permission must be obtained from the owner and a citation to the original work must be provided in your figure/table legend.

TRANSFORMATIVE:

If your use of someone else’s previously published data or illustrative elements in your own figure or table goes beyond simply adapting their work as described above, then your use may be “transformative.” If you believe the work is transformative, you may not need to obtain permission, but you do need to provide a citation.

To be transformative, your use should add something uniquely new to the underlying data/illustrative elements or serve a different function, purpose, or character than the original work. One factor to consider is whether the new work will be competitive with or as supplanting the demand for the original. Transformative works are not usually competitive with the original work. If you believe your use is transformative, you need to seek guidance from your appropriate institutional officers to determine the legal status of the figures and tables you include with your submitted manuscript and provide the appropriate language in the figure/table legend.

If you determine your work is “transformative” and does not require permission from the owner, you must certify it as such and include the source in the figure/table legend. For example: From Brown J *Widgets Today*, 2018; 100(6). It is important that specific cases be clearly assessed by the authors and if needed, the institution(s) responsible for the work submitted by the authors. Authors should be prepared to provide the editorial office with documentation showing the original figure or table and describing the transformative nature of the new work.

Units of Measure and Standard Abbreviations

- Use the international system of units (SI) where possible, or other metric units. If non-metric units are mentioned, please give their SI equivalent in parentheses.
- 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 a PDF of standard abbreviations.](#)

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
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Checklist and Guidelines

Title Page

___ The title must be 120 characters and spaces or fewer and provide a concise and informative statement of the article's contents. Avoid titles presented as questions and wordplay or comical titles, as these will usually not be understood globally.

___ Authors' full names and institutions.

___ No more than six keywords.

___ Corresponding author's contact information.

___ Name and address of author to whom reprint requests should be addressed.

___ Any grants or fellowships supporting the writing of the paper.

___ Disclosure summary.

Abstract

___ No longer than 250 words and prepared as a [structured abstract](#).

___ Does not refer directly to the text or references.

___ Describes in complete sentences the purpose, methods, results, and main conclusions.

___ Aimed to a general audience with specialized terminology kept to a minimum.

Introduction

___ An introductory statement that places the work in historical perspective, explaining its intent and significance.

The following two sections are expected in a research article:

Materials and Methods

___ Describes in sufficient detail for other investigators to repeat the work.

___ Make all appropriate resource deposits. See [Resource Deposits](#) for full instructions.

Results

___ Results should briefly present the experimental data in text, tables, or figures.

Discussion

___ Focus Discussion on the interpretation and significance of the findings or information reviewed with concise objective comments that describe their relation to other work in that area.

Acknowledgments

___ Include names of people who contributed to the study but did not meet the requirements for authorship.

Data Availability

___ Options described in the [Data Availability](#) section.

References

___ Use the AMA (American Medical Association) Style Guide for allowable references. List all authors for the initial submission. See

examples of correctly formatted references below.

___ 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.

___ Supplemental data must be submitted to a repository and cited in the manuscript bibliography. For more information see [Extended Data Sets and Supplemental Materials](#).

___ 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.
- REPOSITORY CITATION: Brown C, Jones M, Cohen M. Data from: Medical device-regulation process: review of safety notices and alerts. Dryad Digital Repository 2017. Deposited 2 January 2018. <http://doi.org/10.9561/dryad.585t4>

Legends for Figures and Tables

___ Provide all legends separately after the references.

___ Mini-reviews only: if figure or table is reproduced or adapted from a previously published source, include an acknowledgment line at the end of the legend.

___ Clearly and completely describe the content of the figure or table so it can be understood without reference to the text.

___ Explain any symbols or the significance of any color that is important for understanding the content.

___ Use color descriptors as necessary.

___ Figures and tables must be numbered to appear sequentially. Figure 1 must be followed by Figure 2 and any subsequent figures in numerical order, and Table 1 must be followed by Table 2 and any subsequent tables in numerical order.

Tables

___ Construct tables simply and design them to be clear without reference to the text.

___ Provide a concise heading and footnotes if needed.

___ Generally, submitted tables should not consist of more than four or eight manuscript pages (for portrait or landscape presentation, respectively). This is so that the composed, typeset tables are limited to two journal pages (if in standard, portrait orientation) or four journal pages (if in landscape orientation) with normal font size. If, when composed, tables exceed the specified limits, production and ultimate publication will be delayed until the requirements are met.

___ Tables should be created using the Insert Table feature in Microsoft Word and uploaded as separate files in .doc or .docx format or placed at the end of the manuscript document.

___ Tables cannot include color or graphics.

Figure Guidelines

Image Integrity Guidelines

___ The Endocrine Society uses an image forensic screening process to determine if manipulation has occurred.

___ No specific feature within an image may be enhanced, obscured, moved, removed, or introduced.

___ Adjustments of brightness, contrast, or color balance are acceptable only if they are applied to the whole image and do not obscure, eliminate, or misrepresent any information present in the original.

___ The grouping of images from different parts of the same gel, field or exposure, or from different sources, must be made explicit by the

arrangement of the figure (e.g., dividing lines) and in the text of the figure legend.

___ The author agrees to provide the editorial office with the original data used to produce the figure if requested.

General

___ Review the detailed [Digital Art Guidelines](#).

___ If using color, present information so as to minimize difficulty for readers with color vision deficiency, e.g., by using symbols and an optimized color palette. Please consult [Figure Preparation Guidelines for Color Vision Deficiency](#).

___ Titles should be clear and informative. Use minimal wording on figures and confine explanation of figures to their legends.

___ Legends should clearly and completely describe the appropriate content.

___ Color charges will apply to all submitted color figures. These cannot be replaced with black and white versions after acceptance.

___ Figures must be numbered to appear sequentially. Figure 1 must be followed by Figure 2 and any subsequent figures in numerical order.

Specifications

___ Resolution:

- Low-resolution figures are not acceptable for production.
 - Line art (monochrome): 600–1200 DPI
 - Halftone (grayscale only): 300 DPI
 - Combination (halftone with type or lines) or color: 600 DPI

___ File Format:

- Submit one file per figure.
- Preferred format is EPS, TIFF, PPT and JPG. 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).

- Fonts should be embedded in the file.

___ File Name:

- Use the following naming convention for original submission: Author Last Name, figure number, and file format extension (e.g., Smith_fig1.eps).
- Use the following naming convention for revised figures: Author Last Name, manuscript number, figure number, and file format extension (e.g., Smith_jc.2016-1234_fig1.eps).

___ Color Mode:

- Preferred color mode is RGB.
- Color density should be no more than 300%.
- All color art reproduction in print will result in author charges.
- Color figures are not converted to black and white after acceptance.

___ Shading:

- Make differing shades vary by at least 20%, i.e., 25%, 45%, 65%.

___ Graphs:

- Graphs with axis measures containing very large or small numbers should convert to easily readable notations. Example: For an ordinate range of “counts per minute” values from 1,000 to 20,000, the true value may be multiplied by 10^{-3} (scale would read from 1 to 20) and the ordinate axis display “cpm ($\times 10^{-3}$).” Similarly, for a Scatchard plot with values ranging from 0.1 to 2 femtomolar (10^{-15} M), the scale may run from 0.1 to 2 with the abscissa labeled “M($\times 10^{15}$).”
- Three-dimensional bar graphs will not be published if the information they refer to is only two-dimensional.

Figure accessibility and alt text

When submitting your manuscript, we require you to provide alt text (alternative text) descriptions for all images, figures, illustrations, and photographs included in the main article.

Please consider accessibility when designing each figure, so that all images can be easily understood by visually impaired readers. OUP provides [detailed guidance on figure accessibility](#), including contrast, text accessibility and alt text. It is also best practice for the information or data represented in the image to be fully described by the caption and/or surrounding text.

Please include each alt text description in your main manuscript file, directly under the figure legend for the relevant figure, preceded by 'Alt text:.'

[Detailed guidance on how to draft and submit alt text.](#)

Including alt text in your manuscript helps make your work more accessible to all readers. Good alt text ensures that individuals with visual impairments or those using screen readers can understand the content and context of your figures. The aim of alt text is to give concise and informative descriptions of your figures so all readers can understand and benefit from the visuals in your manuscript. Including alt text demonstrates a commitment to accessibility and enhances the overall impact and reach of your work.

Alt text is only accessible via e-reader and will not appear as part of the typeset article.

Supplemental Data

___ Supplemental data are no longer allowed as uploads submitted with a manuscript. Supplemental data must instead be submitted to a repository and the accession number provided in the [References section](#) and cited in the manuscript. For more information see [Extended Data Sets and Supplemental Materials](#).

Ethical Issues and Conduct

Authorship Criteria and Obligations

Authorship Criteria

- 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](#), regardless of any use of AI or machine-learning tools in its preparation, 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.
- At submission we ask authors to confirm whether they or any of their co-authors are named on the following lists related to trade sanctions: the [UK OFSI Consolidated List](#), the [US Specially Designated Nationals or Blocked Persons list](#), and/or the [EU](#)

[Consolidated List](#). This allows us to confirm compliance with OUP's Sanctions Policy.

- Medical writers should be listed in the Acknowledgments section and not included in the authorship line.
- 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.
- 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. Only one additional co-first author is allowed. 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. Include an ORCID for the Corresponding Author on the title page. A maximum of three co-corresponding authors is allowed. Each must have an ORCID.

Institutional / Employer-Affiliated Email Address Requirement for Authors.

- Owing to changes in the publishing environment that have increased the need for publishers to be vigilant about authors' identities, Endocrine Society journals require that all authors

submitting to the journals use an institutional or employer-assigned email address.

- This requirement ensures greater accountability for scientific quality and authenticity by linking articles to the institutions that provided the resources to perform the reported research. Personally obtained commercial email addresses cannot provide a verifiable connection between the declared name of an author and the recipient. In addition, personal commercial email addresses make it possible for a researcher's name to be used fraudulently.
- The following guidelines will apply to all submissions:
 - All authors must use a recognized institutional or employer-assigned email address. A personal (commercial) email address can be used during the submission process in addition to the institutional or employer-assigned email address but not in place of it.
 - The institutional or employer-assigned email address must be recognizably assigned to the individual author, either with the individual's name, a portion of the name, or initials.
 - Email addresses that use only numbers in place of the name are not allowed.
 - Group email addresses, such as shared departmental email addresses, are not allowed.
 - If an author does not have an institutional or employer-assigned email address, the following procedures apply:
 - Manuscripts with 5 or fewer authors can have only 1 co-author who does not have an institutional or employer-assigned email address, and the AFFIRMATION PROCESS described below must be followed.
 - Manuscripts with more than 5 authors can have only 2 co-authors who do not have institutional or employer-assigned email addresses, and the AFFIRMATION PROCESS described below must be followed.
 - If a manuscript has a single author and that person does not have an institutional or employer-assigned email

address, they should contact publications@endocrine.org to determine the best way to confirm identity.

- **AFFIRMATION PROCESS:** The submitting author, who must have an institutional email address, will provide the editorial office with a written statement, signed by all authors, attesting that the commercial email address used by the co-author without an institutional or employer-assigned email address is the person they present themselves to be and that they meet the journal's authorship criteria.
- Any authors added after initial submission must have an institutional or employer-assigned email address.

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.
- For Clinical Research Articles, the Submitting Author must upload the institutional ethical approvals for the work (with English translations if the original documents are not in English). If no ethical approval was needed, a waiver document or an authors' justification that describes why no institutional ethical approval was needed may be uploaded. These documents will be seen by the Editors and reviewers but will not be published with the manuscript.
- 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 use of artificial intelligence (AI) tools must be disclosed during the submission process and also described in the Methods or Acknowledgments sections of the text.

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
- Deposit large datasets from gene expression microarrays, SNP arrays, and high-throughput sequencing studies in a public repository. Accession numbers must appear in the [Reference section](#) of the manuscript and be cited in the text of the manuscript. Deposition of other large datasets in a public repository is strongly encouraged. Other supporting datasets must be made available to any interested researcher from the date of first publication from the authors directly.
- 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.
- After manuscript submission, no authorship changes (including the authorship list, author order, or author role) should be made unless there is a substantive reason to do so. The Executive Editor and all co-authors must agree on the change(s), and neither the Journal nor the publisher mediates authorship disputes. If there are any changes to the authorship line from 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 change. The manuscript will be held from that point until a decision is made by the Executive Editor whether to allow the change.
- If individuals cannot agree on the authorship of a submitted manuscript, peer review will be put on hold until the dispute is resolved among the individuals and their institution(s). If there is no resolution to the authorship dispute two months after the editorial office learns of the dispute, the manuscript will be withdrawn from consideration by the journal. If an authorship dispute or change arises after a paper is accepted, contact OUP's Author Support team. [COPE provides guidance for authors on resolving authorship disputes.](#)
- 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.

Preprints, Prior Publication, and Author Self-Archiving

Endocrine Society journals follow OUP policy at the [Author Self-Archiving policy page](#) with the following conditions:

- The Endocrine Society journals allow the submission of preprints as the Author's Original Version (AOV). Preprints are manuscripts that have not been submitted to a journal for full peer review and have been deposited to a recognized repository. Authors submitting preprints to the Endocrine Society journals must inform the editorial office at the time of submission that the manuscript is a preprint and guarantee that it does not infringe any subsequent copyright or license agreement. Upon final publication, authors must add a link from the preprint to the final published article.
- Also at the time of submission, authors must describe all prior publications or postings of the material in any form of media that is not a preprint repository. Abstracts or posters displayed for colleagues at scientific meetings need not be reported. These non-preprint occurrences will be evaluated by the editorial office.
- Failure to divulge previous publications is considered [scientific misconduct](#).

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.
- 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](#).

Experimental Animals

- A statement confirming that all animal experimentation described in the submitted manuscript was conducted in accord with accepted standards of humane animal care, as outlined in the [Ethical Guidelines](#), should be included in the manuscript. Numbers of animals used in each group and in each experiment should be included.
- All research animals must be acquired and used in compliance with federal, state, and local laws and institutional regulations. In particular, the Society recommends that animals be maintained in accordance with the Guide for the Care and Use of Laboratory Animals [1996 (7th ed.) Washington, DC: National Research Council, National Academies Press]
- Research animals must receive appropriate tranquilizers, analgesics, anesthetics and care to minimize pain and discomfort during preoperative, operative, and postoperative procedures. The choice and use of drugs must be made in accordance with the NRC Guide. Where the use of anesthetics would negate the results of the experiment, the protocol must be clearly justified and approved by the Committee on Animal Care and Use of the local institution and according to accepted veterinary medical practice.
- The health of the animals must be properly monitored. If either the study or the condition of the animals requires that they be killed, it shall be done in a humane manner.
- The manuscript must indicate that the studies were approved by the authors' institutional committee on animal care.

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.
- Reviewers must not upload any part of a manuscript into a generative AI (Artificial Intelligence) or LLM (Large Language Models) tool during the review process as this would violate the commitment to confidentiality. LLM and AI tools compromise the confidential nature of peer-review and cannot provide a substitute for the expert opinion and judgement that we seek from reviewers.

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.
- Manuscripts may also be screened, including with services provided by third parties, to help detect integrity issues such as inappropriate image alteration and papermill activity.
- 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 \(COPE\)](#).

Editorial Guidelines and Policies

Peer Review Process

Initial Review

- An Associate Editor will determine if a submitted manuscript should be Rejected Without Review or sent for single-anonymized 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 the article is declined by the journal, the author may be offered the opportunity to transfer the manuscript to *Journal of the Endocrine Society* for peer review. If a manuscript undergoes peer review before rejection, the reviewers will be given the opportunity to transfer their comments with the manuscript.

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](#).

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.

Reporting the Sex of Research Animals

- Where applicable, the strain and sex of animals used in research studies must be indicated.
- If both males and females were used, the numbers of animals 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 primary cell cultures or tissues were obtained should be indicated.
- The authors are also encouraged to include the sex of cell lines.

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.

Mendelian Randomization Studies

STROBE checklist: Mendelian randomization studies should be accompanied by the completed STROBE checklist available at [the STROBE-MR website](#). The checklist should be uploaded as a “supplemental file for peer review.” Studies that do not comply with all the checklist requirements will not be considered. The checklist will not be transmitted to Production, should the manuscript be accepted.

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. Avoid relying only on a P value to evaluate a result. 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.

Reporting of Steroid Hormone Measurements

Selection

All assays must meet minimal analytical validity standards of accuracy, precision, specificity, sensitivity, reproducibility and stability. For details, see Clinical Chemistry's, Description of Analytical Methods and Results, or the FDA or EMEA bioanalytical method validation guidance documents listed in the [reference section](#).

- *Non-clinical studies (in vitro or animal experiments):* Where experiments include a contemporaneous randomly assigned, matching control group, assay measurements must be sufficiently accurate to justify valid comparison between groups within that experimental setting. For commercial sex steroid assays typically validated for human serum in multiplex platform or kit formats used in non-clinical studies, any change in species and/or matrix must be validated by the assay laboratory to verify acceptable quantitative accuracy, precision and specificity for each analyte.
- *Clinical studies:* Because data from clinical research are likely to be extrapolated quantitatively to populations beyond those in the study, sufficiently stringent assay validation is required to ensure reliable comparison of measurements between different populations and laboratories. Quantitative assay results must be verifiably traceable to a common reference standard (certified reference materials) where available. Information about available reference standards can be obtained from CDC's Clinical Standardization Programs (standardization@cdc.gov, <https://www.cdc.gov/clinical-standardization-programs/php/hormones/index.html>)

- *Examples of issues with assays that could preclude valid results include:*
 - Some human sex steroid assays have proven technological limitations and display unacceptable bias in general or in specific circumstances.
 - Vitamin D immunoassays detect exogenous vitamin D isoforms to different extents, which may impair the accuracy of total vitamin D values.

Reporting Performance

Manuscripts containing results from new or modified methods for the measurement of steroid hormones should include data regarding the validity of the method. Contemporaneous analytical performance data should be reported from assays including the samples in the study, unless otherwise stated and justified.

Assay descriptions should include:

- Calibration for clinical studies:
 - Reference standard used and the rationale for its use
 - Method for extrapolating measurements from the calibration dose-response data: linear or non-linear statistical/curved fitting methods should be described
 - Definition of the assay quantitation range, where accuracy is within 15% and precision <15% (except for lower limit of quantitation, see below)
- Accuracy for all studies:
 - Accuracy, defined as percent recovery of known amounts of analyte added to specimens
 - Linearity of response from serially diluted specimens
 - Bias with respect to a reference method or reference material. In the absence of reference methods or materials, comparison to an established method
- Sensitivity for all studies:

- Lower limit of detection: lowest concentration generating a signal distinguishable from that generated by the zero calibrator or blank matrix [signal-to-noise ratio ≥ 5]
- Lower limit of quantitation (accuracy within 20% and precision $<20\%$) in blank matrix
- Precision for all studies:
 - Assays coefficient of variation should be defined on data available over the time when the study was conducted
- Stability and pre-analytical processing effects on measurement for all studies:
 - Stability of quality controls and specimens used to determine imprecision
 - A description of specimen handling (e.g., blood tube type) and storage procedures (e.g., freeze-thaw-cycles, duration and manner of sample storage)
- Specificity for all studies:
 - Testing for matrix effects and information on the procedures undertaken to detect interference by potentially cross-reacting substances

References

1. [Clinical Chemistry](#)
2. [FDA](#)
3. [EMA](#)

For more details and insight from the Society, see the editorial on these instructions for the [reporting of steroid hormone measurements](#). This editorial was published simultaneously in *The Journal of Clinical Endocrinology & Metabolism*, *Endocrinology*, *Molecular Endocrinology*, and *Endocrine Reviews*. These instructions apply to all Endocrine Society journals.

Cell Line Authentication

Endocrine Society editorial policy requires that all cell lines used and described in submitted manuscripts be authenticated.

Authentication can occur using several possible techniques. The use of short tandem repeat profiling (STR) is an internationally recognized method of genetic profiling of cell lines.

The Endocrine Society's editorial policy will concur with the ATCC® Standards Development Organization and ATCC® SDO workgroup suggestion to perform STR in the following circumstances:

- when a cell line is received from an outside source (repository, other investigator)
- for new established cultures
- if many different cell lines are employed within a given laboratory

The identity of cell lines used in studies to be submitted for publication in the Endocrine Society journals should be confirmed and that confirmation indicated as part of the manuscript submission process. Alternative or supplemental authentication can be performed by DNA genetic analysis and/or fingerprinting, copy number variant or molecular karyotype/chromosomal analysis.

Phenotypic markers, such as thyroglobulin in differentiated thyroid cancer cell lines, may help characterize the source of cell lines. Authors should submit the date (month, year) when the authenticity was last confirmed. Use of RRIDs to identify cell lines is recommended: see *Resource Deposits*, below.

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.

Data Repositories and Data Registration

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.

Resource Deposits

Where applicable, materials and methods should be described and referenced in sufficient detail for other investigators to repeat the work. Research Resource Identifiers (RRIDs) label key biological resources including antibodies, cell lines, organisms, and also software tools and databases. Provision of an RRID at the first mention of a unique resource (typically in the Materials and Methods section of a research article) is encouraged because community repositories such as Cellosaurus, antibodyregistry, and the model organism stock centers stand behind these identifiers and keep track of publications using these resources. In the case of antibodies and commercial ELISAs, provision of RRIDs is a requirement.

- The RRID should be provided in parentheses after the first mention of the unique resource in the article, usually in the Materials and Methods section. The RRID should be hyperlinked to its Uniform Resource Locator as provided by the resolver at SciCrunch.org. For example, a manuscript might include:

“Cyt C release was determined using Cyt C ELISA kit (Catalog # PA5-79119, [RRID: AB 2746235](#)).” Note that “RRID: AB 2746235” is hyperlinked to

https://scicrunch.org/resolver/RRID:%20AB_2746235

The following are examples of the correct format for provision of RRIDs:

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Tool: [RRID:SCR_007358](https://scicrunch.org/rrid/SCR_007358)

- If no RRID already exists for the resource, authors are asked to provide all needed details and register their resource at <https://scicrunch.org/create/resourcesuggestion> to obtain an RRID and include it in their manuscript.
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- Authors are encouraged to make material used in research leading to a published study widely accessible, for example via a suitable repository.
- Data generated during a study, along with associated metadata, should be provided in the article or, for large datasets, in a public, community-endorsed database. Exceptions are allowed only if the need for patient confidentiality prevents this or the data were used under license. The accession number or other unique identifier should be provided in the References section of the manuscript and cited in the text.
- Deposition of 'omics data is mandated by National Institutes of Health (NIH) [Genomic Data Sharing Policy](#), which includes a list of NIH-recommended data repositories for such data. Similar requirements for other funding agencies should be followed as required. Examples of data repositories are provided under [Extended Data Sets and Supplemental Materials](#), below.

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](#).

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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:

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- 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.
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Extended Data Sets and Supplemental Materials

- At acceptance, supplemental materials and datasets must be deposited to a community-recognized data repository (or to a generalist repository if no community resource is available).
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- Any mention of supplemental material in the text must be followed by a reference number that names the repository. This reference will act as a place holder for the final repository accession number should the manuscript be accepted. The reference for the repository should be numbered based on where the supplemental material is first referenced in the text.
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