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Focus and Scope

The Journal of Clinical Research in Pediatric Endocrinology publishes original research articles, reviews, short communications, letters, case reports and other special features related to the field of pediatric endocrinology. JCRPE is published by the Turkish Pediatric Endocrinology and Diabetes Society quarterly (March, June, September, December).

Journal of Clinical Research in Pediatric Endocrinology is indexed in EBSCO, SCOPUS, EMBASE, Engineering Village, Reaxys, Index Copernicus, CINAHL, GALE, Turk Medline, Tübitak Ulakbim TR Index, Index Medicus/PubMed, Turkiye Citation Index, PubMed Central (PMC), Science Citation Index-SCI-E and PubMed/MEDLINE.

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Manuscripts must be written in English and must meet the requirements of the journal. Papers that do not meet these requirements will be returned to the author for necessary revision before the review. Manuscripts submitted to JCRPE are evaluated by peer reviewers. Authors of manuscripts requiring modifications have two months to resubmit a revised paper. Manuscripts returned after this deadline will be treated as new submissions. The journal is in compliance with the uniform requirements for manuscripts submitted to biomedical journals published by the International Committee of Medical Journal Editors (NEJM 1997; 336:309-315, updated 2001). Upon submission of the manuscript, authors are to indicate the type of trial/research and provide the checklist of the following guidelines when appropriate: Consort statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel group randomized trials. JAMA 2001; 285 : 1987 - 91), the QUOROM statement for meta-analysis and systemic reviews of randomized controlled trials (Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. Quality of Reporting of Meta-Analyses. Lancet 1999; 354 : 1896 – 900) and the MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational studies in Epidemiology (MOOSE) group. JAMA 2000; 283: 2008 – 12). Keywords are included according to MeSH (Medical Subject Headings) National Library of Medicine.

The Journal of Clinical Research in Pediatric Endocrinology publishes abstracts of accepted manuscripts online in advance of their publication in print. Another initiative is that the journal provides uncorrected full text PDF files via www.jcrpe.org.

Once the manuscript is accepted, it receives a Digital Object Identifier (DOI) number.

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All manuscripts must adhere to the limitations, as described below, for text only; the word count does not include the abstract, references, or figure/table legends. The word count must be noted on the title page, along with the number of figures and tables. Original Articles should be no longer than 5000 words and include no more than six figures and tables and 50 references.

Short Communications are short descriptions of focused studies with important, but very straightforward results. These manuscripts should be no longer than 2000 words, and include no more than two figures and tables and 20 references.

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Clinical Reviews address important topics in the field of pediatric endocrinology. Authors considering the submission of uninvited reviews should contact the editors in advance to determine if the topic that they propose is of current potential interest to the Journal. Reviews will be considered for publication only if they are written by authors who have at least three published manuscripts in the international peer reviewed journals and these studies should be cited in the review. Otherwise only invited reviews will be considered for peer review from qualified experts in the area. These manuscripts should be no longer than 6000 words and include no more than four figures and tables and 120 references.

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Consensus Statements may be submitted by professional societies. All such submission will be subjected to peer review, must be modifiable in response to criticisms, and will be published only if they meet the Journal's usual editorial standards. These manuscripts should typically be no longer than 4000 words and include no more than six figures and tables and 120 references.

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The journal publishes original research and review material. Material previously published in whole or in part shall not be considered for publication. At the time of submission, authors must report that the manuscript has not been published elsewhere. Abstracts or posters displayed at scientific meetings need not be reported.

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- Text should be double spaced with 2.5 cm margins on both sides using 12-point type in Times Roman font.
- All tables and figures must be placed after the text and must be labeled.
- Each section (abstract, text, references, tables, figures) should start on a separate page.
- Manuscripts should be prepared as word document (*.doc) or rich text format (*.rtf).

Title Page

The title page should include the following:

- Full title
- Authors' names and institutions.
- Short title of not more than 40 characters for page headings
- At least three and maximum eight key words. Do not use abbreviations in the key words
- Word count (excluding abstract, figure legends and references)
- Corresponding author's e-mail and post address, telephone and fax numbers
- Name and address of person to whom reprint requests should be addressed
- Any grants or fellowships supporting the writing of the paper
- The ORCID (Open Researcher and Contributor ID) number of the all authors should be provided while sending the manuscript. A free registration can create at <http://orcid.org>.

Structured Abstracts (According to the The Journal of the American Medical Association)

Original Articles should be submitted with structured abstracts of no more than 250 words. All information reported in the abstract must appear in the manuscript. The abstract should not include references. Please use complete sentences for all sections of the abstract. Structured abstract should include background, objective, methods, results and conclusions.

Introduction

The article should begin with a brief introduction stating why the study was undertaken within the context of previous reports.

Experimental Subjects

All clinical investigations described in submitted manuscripts must have been conducted in accordance with the guidelines in the Declaration of Helsinki and has been formally approved by the appropriate institutional review committees. All manuscripts must indicate that such approval was obtained and that informed consent was obtained from subjects in all experiments involving humans. The study populations should be described in detail. Subjects must be identified only by number or letter, not by initials or names. Photographs of patients' faces should be included only if scientifically relevant. Authors must obtain written consent from the patient for use of such photographs.

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For clinical trial reports to be considered for publication in the Journal, prospective registration, as endorsed by the International Conference of Medical Journal Editors, is required. We recommend use of <http://www.clinicaltrials.gov>.

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Materials and Methods

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The Results section should briefly present the experimental data in text, tables, and/or figures. Do not compare your observations with that of others in the results section. The Discussion should focus on the interpretation and significance of the findings with concise objective comments that describe their relation to other work in that area.

Acknowledgments (Not Required for Submission)

An acknowledgment is given for contributors who may not be listed as authors, or for grant support of the research.

References

References to the literature should be cited in numerical order (in parentheses) in the text and listed in the same numerical order at the end of the manuscript on a separate page or pages. The author is responsible for the accuracy of references.

Number of References: Case Report max 30 / Original Articles max 50

Examples of the reference style are given below. Further examples will be found in the articles describing the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med.1988; 208:258-265, Br Med J. 1988; 296:401-405). The titles of journals should be abbreviated according to the style used in the Index Medicus.

Journal Articles and Abstracts: List all authors. The citation of unpublished observations, of personal communications is not permitted in the bibliography. The citation of manuscripts in press (i.e., accepted for publication) is permitted in the bibliography; the name of the journal in which they appear must be supplied. Citing an abstract is not recommended.

Books: List all authors or editors.

Sample References

Papers Published in Periodical Journals: Gungor N, Saad R, Janosky J, Arslanian S. Validation of surrogate estimates of insulin sensitivity and insulin secretion in children and adolescents. *J Pediatr* 2004;144:47-55.

Papers Only Published with DOI Numbers: Knops NB, Sneeuw KC, Brand R, Hile ET, de Ouden AL, Wit JM, Verloove-Vanhorick SP. Catch-up growth up to ten years of age in children born very preterm or with very low birth weight. *BMC Pediatrics* 2005 doi: 10.1186/1471-2431-5-26.

Book Chapters: Darendeliler F. Growth Hormone Treatment in Rare Disorders: The KIGS Experience. In: Ranke MB, Price DA, Reiter EO (eds). Growth Hormone Therapy in Pediatrics: 20 Years of KIGS. Basel, Karger, 2007;213-239.

Books: Practical Endocrinology and Diabetes in Children. Raine JE, Donaldson MDC, Gregory JW, Savage MO. London, Blackwell Science, 2001;37-60.

Tables

Tables must be constructed as simply as possible. Each table must have a concise heading and should be submitted on a separate page. Tables must not simply duplicate the text or figures. Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10 to 15 words). Include all tables in a single file following the manuscript.

Figures Legends

Figure legends and titles should be submitted on a separate page. Figure legends and titles should be clear and informative. Tables and figures should work under "windows". Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. Include a title for each figure (a brief phrase, preferably no longer than 10 to 15 words).

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Results should be expressed in metric units.

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The Reviewer is Asked to Focus on the Following Issues:

1. General recommendation about the manuscript

How original is the manuscript?
Is it well presented?
How is the length of the manuscript?

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How important is the manuscript in this field?
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Does it carry priority in publishing?

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Do the authors state the study question in the introduction?
Are the methods clear?
Are ethical guidelines met?
Are statistical analyses appropriate?
Are the results presented clearly?
Does the discussion cover all of the findings?
Are the references appropriate for the manuscript?

4. Remarks to the editor

Accepted in its present form
Accepted after modest revisions
Reconsidered for acceptance after major changes
Rejected

5. Remarks to the author

What would be your recommendations to the author?
Conflict of interest statement for the reviewer (Please state if a conflict of interest is present)
For further instructions about how to review, see Reviewing Manuscripts for Archives of Pediatrics & Adolescent Medicine by Peter Cummings, MD, MPH; Frederick P. Rivara, MD, MPH in Arch Pediatr Adolesc Med. 2002;156:11-13.

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- 185** Clinicopathological Characteristics of Papillary Thyroid Cancer in Children with Emphasis on Pubertal Status and Association with BRAF^{V600E} Mutation
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- 194** Congenital Hyperinsulinism in China: A Review of Chinese Literature Over the Past 15 Years
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- 208** Treatment of Pre-pubertal Patients with Growth Hormone Deficiency: Patterns in Growth Hormone Dosage and Insulin-like Growth Factor-I Z-scores
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- 216** Melanocortin-4 Receptor Gene Mutations in a Group of Turkish Obese Children and Adolescents
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- 253** The Relationship Between Perceived Family Climate and Glycemic Control in Type 1 Diabetes Mellitus Adolescent Patients
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- 278** Congenital Central Hypothyroidism Caused by a Novel Thyroid-Stimulating Hormone-Beta Subunit Gene Mutation in Two Siblings
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- 283** Long-Term Follow-up of a Case with Proprotein Convertase 1/3 Deficiency: Transient Diabetes Mellitus with Intervening Diabetic Ketoacidosis During Growth Hormone Therapy
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- 288** Tolvaptan Treatment in Children with Chronic Hyponatremia due to Inappropriate Antidiuretic Hormone Secretion: A Report of Three Cases
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CONGRESS CALENDAR

ESPE 2017 (10th International Meeting of Pediatric Endocrinology)
14-17 September 2017, Washington, DC, USA

ISPAD 2017 (43rd Annual Conference, International Society for Pediatric and Adolescent
Diabetes) October 18-21, 2017, Innsbruck, Austria