

INSTRUCTIONS FOR AUTHORS

Submissions

All submissions should be in English. All submissions must be accompanied by a covering letter, in which authors must state any conflict of interest.

The manuscripts should not have been published or submitted for publication elsewhere. An appropriate written statement ought to be made in the covering letter. On behalf of all authors, the corresponding author should state that all authors have read the manuscript and approved of its contents.

Once the manuscript has been accepted for publication, the corresponding author will be asked to fax a signed copy of the Copyright Transfer Agreement and Conflict of Interests.

Declaration of Helsinki

The authors are required to honor the ethical principles for clinical research based on the Declaration of Helsinki. The Ethical Committee's approval of any clinical study submitted to this journal should be clearly stated in the Methods section. All patient personal details must be kept confidential.

Review articles

Comprehensive reviews should not exceed 5000 words including references (not more than 50). An abstract and keywords are required in each review article. A different format or unstructured is permitted.

Original articles

Original articles presenting results of original studies should be of 4000 words or less, including tables, legends to figures and references. An abstract and key words are required.

Preparation of Manuscript

The manuscript should be organized as follows: 1) title page; 2) abstract; 3) key words; 4) introduction; 5) patients and methods; 6) results; 7) discussion; 8) acknowledgments; 9) references; 10) tables; 11) legends to figures; 12) figures. Articles must be typed unjustified using Times New Roman for the text font and Symbol for the Greek and special characters.

Title page

The title page should include the following: 1) the title (maximum 200 characters); 2) full name of the authors (no more than 12); 3) the institutions where the work was performed; 4) a short running title (maximum 50 characters); 5) name, address, telephone/fax number, and an e-mail address of the corresponding author.

Abstract

All abstracts must not have more than 250 words and should be formatted with the following headings: 1) Introduction; 2) Objectives; 3) Patients and Methods; 4) Results (specific data and their statistical significance if possible); 5) Conclusions. Abbreviations should be used only if needed and spelled out at the first appearance. The abstract should emphasize new aspects of the study.

Key words

Provide no more than 5 keywords in alphabetical order following the abstract.

Main body

All manuscripts ought to be prepared using a Word processing package (saved in doc format). All pages should be double-spaced and numbered. Standard abbreviations should be used. Abbreviations should be spelled out when first mentioned in the text. We encourage authors to use the International Systemic of units (SI units) in lowercase lettering (e.g. mmol/l). blood pressures should be given in millimeters of mercury. Statistical tests should be clearly described at the end of the Methods section in a separate pharagraph.

References

They should be identified by Arabic numerals in square brackets and numbered consecutively in the order in which they are first mentioned in the manuscript. Personal communications, unpublished data, or manuscripts submitted for publication should not appear in the reference list; such reports may be inserted in parentheses in the text only. Journal names should be cited according to Index Medicus. If a journal is not listed in index Medicus, its full name should ber given. Te references should be complied at the end of the manuscript using the Vancouver style of citation. For journal articles with more than 3 authors, only the first 3 authors should be listed.

Citation examples

Journal articles: Michelson AD, Cattaneo M, Eikelboom JW, et. al. Aspirin resistance: position paper of the Working Group of aspirin resistance. *J. Thromb Heamost*, 2005; 3: 1309-1311. Book chapters: Fishman WH, Lerner RG, Klein MD, et al. Antiplatelet and and antithrombotic drugs. In: Frishman WH, Sonnenblick EH, Sica DA, eds. *Cardiovascular pharmaceuticals*, McGraw Hill, 2003:259-299.

Legends to figures

Legends should be brief and given on a separate page. However, all abbreviations should be spelled out.

Figures

Figures must be cited in the text in numerical order and referred to as Figure in brackets. All figures should be of high quality and submitted in separate files. Figures should bew saved in tiff format at a resolution of at least pixels for photographs and 1200 pixels for black and white line drawings. Color figures can be uploaded as online supplementary data at no charge. Figures may be reduced and cropped at the discretion of the Editor.

Tables

Tables, each on a separate page, should be typed with minimum redundant space. Each table should be assigned an Arabic numeral and a brief heading. Each abbreviation should be spelled out in footnotes, not in the heading. Statistical measures of variation used in each table such as standard deviation should also be identified in footnotes.

Acknowledgements

All sources of founding and contributions should be listed after the main text in front of references. They may include e.g. the number of research project supporting the work, and thanks to persons whose considerable contribution to the paper preparation was however not sufficient enough to rank them as authors.

Conflict of interest

All authors must make a formal statement indicating any potential conflict of interest. The statement should be provided at the bottom of the title page. If there are no cofflicts of interest, please write: "Conflict of interest: none declared".

Proofs

Proofs will be e-mailed to the corresponding author as PDF files. Editorial Office has the right to correct linguistic errors prior to sending proofs to the author. Proofs should be checked thoroughly for any possible errors and returned via e-mail or fax to the Editorial Office within 3 working days. Subsequent additional corrections will not be possible.

Address for submission

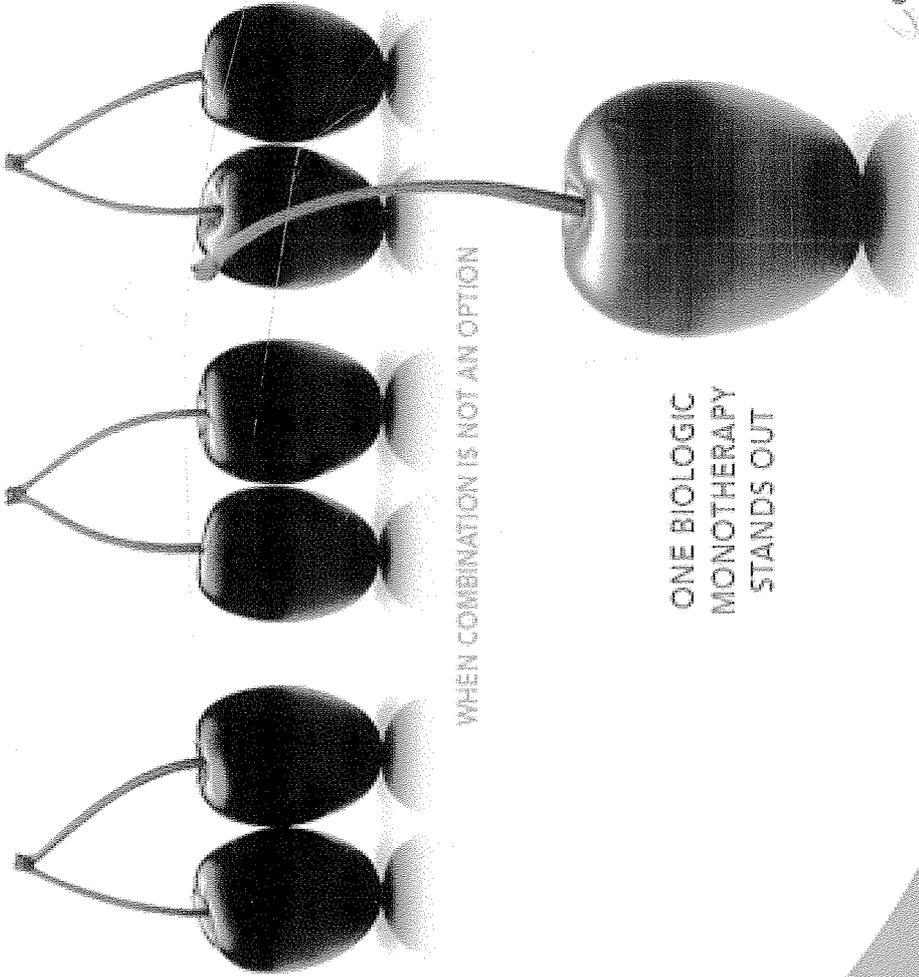
Manuscripts for the special issue should be sent to: Redaksia_FM@unitir.edu.al

- Effective biologic monotherapy is important when combination with MTX is not an option in rheumatoid arthritis (RA)

- ADOPT: The first head-to-head trial designed to show superiority of ACTEMRA over a TNFi in biologic monotherapy

- ACTEMRA shows superior disease control to adalimumab in first-line biologic monotherapy

- ACTEMRA has a safety profile that is well characterised and stable over time



WHEN COMBINATION IS NOT AN OPTION

ONE BIOLOGIC
MONOTHERAPY
STANDS OUT

ACTEMRA
tocilizumab