Information for authors

About the journal

Acta Pharmacologica Sinica (APS), published monthly in English, is the official journal of the Chinese Pharmacological Society and Shanghai Institute of Materia Medica, Chinese Academy of Sciences.

APS is listed in BIOSIS, CA, CSA Medical Biotechnology, CSA Bioengineering, CSA Neuroscience, Current Contents/Life Sciences, Excerpta Medica, FSTA, Global Health, IndexCopernicus, Index Medicus/MEDLINE, Kagaku Gijutsu Bunken Sokuho (Japan), VINITI (Russia), Research Alert, Science Citation Index, SciSearch, Scopus, Tropical Diseases Bulletin, etc.

APS encourages submissions from all areas of pharmacology and the life sciences. Topics of particular interest include, but are not limited to, neuropharmacology, cardiovascular and pulmonary pharmacology, gastrointestinal and hepatic pharmacology, genitourinary, renal and endocrine pharmacology, immunopharmacology and inflammation, molecular and cellular pharmacology, anticancer pharmacology, clinical pharmacology, drug discovery, pharmaceutics and pharmacokinetics.

Article types specifications

The content types accepted by APS are Editorial, Research highlight, Perspective, Review article, Article, Brief Communication, and Correspondence.

Editorial

Editorial articles are written by the editor(s) of APS or by the guest editor(s) of thematic special features based on the contents of the current issue or topical subjects that fall within the scope of APS.

Research highlight

Research highlight section of APS provides a forum in which relevant scientific news as reported in recently published articles can be communicated to its readers.

Perspective

Perspective presents personal, forward-looking, or speculative reviews of a scientific topic. This is a commission-only section.

Review article

Review articles survey recent developments in a topical area of pharmacological research. Review articles have a word limit of 8000 words excluding references. A number of Review articles will be solicited by the editors; however, we also welcome timely, unsolicited Review articles based primarily on authors’ own research work.

Article

Articles on all aspects of pharmacology and related areas, both experimental and clinical, are welcome. Studies should be of high scientific quality and interest to the diverse readership of APS. The chemical structure of new compounds (or a citation to the published structure) must be given. Studies lacking mechanistic insight are not encouraged.

Brief communication

These are studies that fall short of the criteria for articles (e.g. preliminary experiments limited by sample size or duration, or novel hypotheses). Apart from including an abstract, there is no obligation to divide the text into sections.

Correspondence

Correspondence articles present preliminary reports of unusual urgency, significance and interest. They should contain no more than 1000 words of text, one display item (figure or table) and a maximum of 10 references. Correspondence articles do not contain an abstract.

Preparation of manuscripts

Manuscripts should be prepared in accordance with the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals”, as presented at http://www.ICMJE.org.

All papers should be written in concise English but should contain sufficient detail to illustrate how the results were obtained. Manuscripts should be double-spaced with wide margins.

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The uploaded covering letter must state that the material has not been submitted for publication elsewhere while under consideration for APS. Identify the name, full postal address, and e-mail address of the corresponding author.

Article sections

In general, manuscripts should be divided into the following sections: Title page, Abstract, Keywords, Introduction, Material and methods, Results, Discussion, Acknowledgements, Author contribution, References, Tables, Figures, and Supplementary information.

Title page

The title page carries the title, the authors, the authors’ affiliations, and footnotes.

The title must be informative, specific, and brief (<120 characters, including spaces). Words should be chosen carefully for retrieval purposes. All nonfunctional words should be deleted, such as “studies on”, “observations of”, and “roles of”, etc.

Authors should have participated sufficiently in the work to take...
public responsibility for the content. Authorship should be based on all of the following conditions: 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) involvement in drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Any changes in authorship must be approved by all authors. Capitalize the first letter in the surname and the given name, and include a hyphen between the syllables of Chinese names. For example: Jin-an Li, Ji-nan Ou-Yang, Noboru Yanaihara, Theo Anthonie Van Der Hoeven, Kenneth Patrick Du Bois, Paul Vincent Harper Jr, and John Davison Rockefeller III.

The affiliation is the institute or laboratory where the work was done.

Footnotes may include 1) the corresponding author's name and e-mail address, and 2) present address.

**Abstract**
The Abstract should be in non-structured form (<250 words). Concisely describe the content and scope of the writing. Highlight the major points covered. Emphasize the new and important aspects of the study. The abstract should briefly state: the objective (the purpose of the research), design, subjects, interventions, the main outcomes or measures (how the problem was studied), results (the principal findings), and conclusion (what the findings mean). Provide logical connections between them.

**Keywords**
A list of 5–10 keywords should be given below the Abstract, each separated by a semicolon (;). Use terms recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at [http://www.ncbi.nlm.gov/mesh](http://www.ncbi.nlm.gov/mesh). For example: brain ischemia (not cerebral ischemia), cardiomegaly (not heart hypertrophy), neoplasm (not cancer), immunohistochemistry (not immunocytochemistry).

If a suitable MeSH term is not available, a more general term suitable for indexing may be used. Do not use unqualified and unhelpful terms such as “organic compounds” and “animal experiments.”

**Introduction**
This should give a short, clear account of the background and reasons for undertaking the study. It should not be a review of the literature. The Introduction summarizes the rationale for the study and gives a concise background. Use references to provide the most salient background rather than an exhaustive review. The last sentence should concisely state your purpose for carrying out the study (not methods, results, or conclusion).

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This section should contain sufficient detail so that all experimental procedures can be repeated by others in conjunction with cited references. This section may be divided into subheadings to assist the reader. Names of products and manufacturers should be included only if alternative sources are deemed unsatisfactory, giving both the company name, city, and country. Generic names of drugs should be used. Avoid code designations, for example, calcimycin (not A-23187), enalaprilat (not MK-422). If necessary, the brand, trade or commercial name of a drug can be included in parentheses on first mention. Scientific species nomenclature should be used at all times, providing the genus, species (in italics) and authority for all microorganisms, plants and animals. The first letter of the drug name should be lower-case for INN or generic names (eg, ranitidine and captopril), but capitalized for proprietary names (eg, Zantac and Capoten). Manufacturers (not distributors or senders) and specifications should be given for main drugs, chemicals, and instruments.

Novel experimental procedures should be described in detail, but published procedures should be referred to by literature citation of the original article and published modifications. Use of standard abbreviations and SI units of measurement (according to the Système International d' Unités) is encouraged. Measurements that are not currently converted to SI units in biomedical applications are blood and oxygen pressures, enzyme activity, H+ concentration, temperature, and volume. Abbreviations, if used, should be defined on their first appearance in the text.

Identify the drug administration schedule, for example, dose (base or salt) and route of administration. The routes of administration may be abbreviated: intraperitoneal (ip), intravenous (iv), intracerebroventricular (icv), intragastric gavage (ig), intraperitoneal (ip), intravenous (iv), per os (po), subcutaneous (sc).

Statistical methods should be described when they are used to verify the results. Choose suitable techniques for the statistical treatments; for example, t-test (group or paired comparisons), chi-squared test, Ridit, probit, logit, regression (linear, curvilinear, or stepwise), correlation, analysis of variance (ANOVA), analysis of covariance, etc.

Only homogeneous data can be averaged. Standard deviations are preferred to standard errors. Give the number of observations and subjects (n). Losses in observations, such as drop-outs from the study should be reported.

Values such as ED50, LD50, IC50 should have their 95% confidence limits calculated and compared by weighted probit analysis (Bliss and Finney).

The word “significantly” should be replaced by its synonyms (if it indicates extent) or the P value (if it indicates statistical significance).

Physical quantities are printed in italic type, for example, dp/dt (not dP/dT). A subscript that represents a symbol for a physical quantity is printed in italic type, for example, Xp (p: pressure) and T1/2. A solidus (/) should not be followed by a multiplication sign or a division sign unless parentheses are inserted to avoid any ambiguity. In complicated cases, negative powers or parentheses should be used, for example, mol L−1 s−3, not mol L/s. Multiple prefix (eg, μg) should not be used.

SI units must be used. For example: 25.4 mm (not 1 inch), g/L. When an Arabic number precedes an SI unit, the unit

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Acta Pharmacologica Sinica
The SI unit for radioactivity is becquerel (Bq): 1 Ci = 37 × 10^9 Bq. The disintegrations per minute (dpm), not counts per minute (cpm), should be converted to Bq for presentation.

**Results**

The description of results should not simply reiterate data that appear in tables and figures and, likewise, the same data should not be displayed in both tables and figures. The results section should be concise and follow a logical sequence. If the paper describes a complex series of experiments, it is permissible to explain the protocol/experimental design before presenting the results. Present your results followed by (Table 1 or Figure 2). Do not write “Table 1 shows that”. Do not discuss the results or draw any conclusions in this section. This section may be divided into subheadings to assist the reader. Large datasets or other cumbersome data pertinent to the manuscript may be submitted as supplementary information.

**Discussion**

Do not recapitulate the results, but discuss their significance against the background of existing knowledge, and identify clearly those aspects that are novel. Emphasize any new and important findings and relate your results to other studies. Discuss the shortcomings in your experiments. New hypotheses and recommendations may be proposed when warranted.

A review-like treatment is unacceptable. Any discussion that could be written before the study was carried out should be deleted or transposed to the Introduction section. Focus the discussion on your results. Avoid unqualified statements and digressions from the topic. Avoid claiming priority and alluding to work that has not been completed.

The final paragraph should highlight the main conclusion(s), which should be linked with the goal stated in the Introduction. Do not include the obvious statement that further work is necessary or planned. This section may be divided into subheadings to assist the reader. In your conclusion avoid indefinite or ambiguous wording, such as “possible”, “perhaps”, “maybe”, “probably”, and “likely”. If you are not sure of your conclusion, do more experiments.

**Acknowledgements**

These should be brief, and should include sources of financial support, material (e.g., novel compounds, strains, etc) not available commercially, personal assistance, advice from colleagues and gifts. Acknowledgements should be made only to those who have made a significant contribution to the study.

**Author contribution**

Authors must indicate their specific contributions to the published work. Examples of designations include: XXX designed research; XXX performed research; XXX contributed new reagents or analytic tools; XXX analyzed data; XXX wrote the paper. An author may list more than one contribution, and more than one author may have contributed to the same aspect.

**References**

Authors are responsible for the accuracy of the references. In the text of the manuscript, references to the literature should be numbered consecutively and indicated by a superscript. Each reference should be numbered individually and listed at the end of the manuscript. Avoid using conference abstracts as references. “Unpublished data”, “classified periodicals”, and “personal communications” cannot be used as references. Old references should be replaced with updated ones. The titles of journals should be abbreviated according to the style used for MEDLINE (www.ncbi.nlm.nih.gov/nlmcatalog/journals). All authors should be quoted for papers with up to six authors; for papers with six or more authors, the first six authors should be quoted, followed by et al. Examples are given below.

**Articles in journals**


Books and other monographs
8 Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
9 Editor(s)/compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Other published material
17 Newspaper article: Lee G. Hospitalizations tied to ozone pollution: study estimates 50 000 admissions annually. The Washington Post 1996 Jun 21; Sect A: 3 (col 5).

Material "in press"

Electronic material:
The requirements of the figure formats, color encoding, and resolution.

<table>
<thead>
<tr>
<th>Format</th>
<th>Line Art</th>
<th>Monochrome</th>
<th>Color</th>
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<tr>
<td>Color encoding</td>
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<td>Resolution (dpi)</td>
<td>&gt;1000</td>
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be less than 22 cm (including Figure legends).

The Arial lower case font should be used for all figure text, and the size should be 7-10 points, minimum size 6 points). Composite figures should be preassembled, with each figure part (e.g., a, b, c) lettered in 12-point lower case Arial bold font type in the upper left corner.

Supplementary information

Any manuscripts under review or accepted for publication elsewhere should accompany the submission if they are relevant to its scientific assessment. Authors should also provide upon submission any kind of supplementary material that will aid the review process.

Supplementary information is peer-reviewed material directly relevant to the conclusion of an article that cannot be included in the printed version owing to space or format constraints. It is posted on the APS’s website and linked to the article when the article is published and may consist of data files, graphics, movies or extensive tables.

The printed article must be complete and self-explanatory without the supplementary information. Supplementary information enhances a reader’s understanding of the paper but is not essential to that understanding.

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Please supply the supplementary information via the electronic manuscript submission and tracking system, in an acceptable file format (see below).

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- Identify the types of files (file formats) submitted.
- Include the text “Supplementary information is available at the website of Acta Pharmacologica Sinica” at the end of the article and before the references.

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- Graphical image files (.gif)
- HTML files (.html)
• MPEG movie files (.mpg)
• JPEG image files (.jpg)
• Sound files (.wav)
• Plain ASCII text (.txt)
• Acrobat files (.pdf)
• MS Word documents (.doc)
• Postscript files (.ps)
• MS Excel spreadsheet documents (.xls)
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As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes but is not limited to drugs, surgical procedures, devices, behavioural treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

All clinical trials must be registered in a public registry prior to submission. APS follows the trials registration policy of the ICMJE (www.icmje.org) and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrolment.

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• the International Standard Randomized Controlled Trial Number Registry (www.controlled-trials.com);
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• and the European Clinical Trials Database (https://eudract.ema.europa.eu/).

The trial registry number must be included in the manuscript and provided on submission.

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• If the article has already been published online, depending on the severity of the infraction, either an erratum will be published alongside the article or, in severe cases, complete retraction of the article will occur. The reason for the error or retraction must be given.
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