

Author Instructions of *Geromedicine*

1. Editorial Policy

Now that you've chosen *Geromedicine* for your submission, before publishing with us, please familiarize yourself with our [Editorial Policies](#) and the following a few important requirements.

1.1 Aims and Scope

The manuscript's topic must align within the journal's scope. For detailed information, please refer to the [Aims and Scope](#).

1.2 Open Access

Geromedicine is an open access journal where all content is freely accessible to users and their institutions without any charges. Users are permitted to read, download, copy, distribute, print, search, link to the full texts of articles, or use them for any other lawful purpose without needing prior permission from the publisher or author.

1.3 Licensing and Copyright

Geromedicine is published under the [Creative Commons Attribution 4.0 International License](#). Authors retain the copyright of their work and agree to make their original works freely available for use, copying, and redistribution in all formats without needing permission, provided that proper citation is given to the authors and the original source.

1.4 Peer Review

Geromedicine employs a single-blind peer review model, meaning that while reviewers' identities are hidden from authors, the authors' identities are known to the reviewers. All accepted articles undergo a rigorous and thorough review process to assess their novelty, scientific content, academic integrity, and other criteria. Please refer to [Editorial Policies](#) for further details on peer review.

1.5 Article Processing Charges

Geromedicine adopts open access publishing model. When a paper is accepted for publication, authors are required to pay Article Processing Charges (APCs) to cover editorial and production costs. Until January 1, 2030, all APCs will be covered by the publisher Science Exploration. For more details, please refer to [Article Processing Charges](#).

1.6 Archiving Policy

All published contents will be archived on the [Portico](#) platform to ensure long-term digital preservation.

1.7 Repository Policy

Geromedicine allows authors to deposit versions of their work in an institutional or other repository of their choice without embargo.

1.8 AI and AI-assisted Technologies Policy

Generative AI and AI-assisted technologies are influencing and transforming academic research and paper writing. To maintain research integrity, prevent academic misconduct, and ensure the authenticity, accuracy, and transparency of the research process and results, *Geromedicine* makes the statement regarding the use of AI in scientific writing: 1) When submitting a manuscript, authors must clearly describe the use of AI or AI-assisted technologies during the research or manuscript preparation process, including large language models, chatbots (such as ChatGPT), or image generation tools; 2) AI cannot be used to write the entire paper or significant parts of it (such as research methods, results, and interpretation of results). All content that constitutes scientific contribution or intellectual labor should be completed by the authors. If the main content of the paper is completed using AI, the editorial office will treat it as academic misconduct; 3) AI or AI-assisted technologies do not qualify for authorship and should not be listed as authors or co-authors in the manuscript. Similarly, they should not be listed as authors or co-authors in the references.

2 Preparation for Submission

2.1 Cover Letter

Each submission must be accompanied by a cover letter. A cover letter should briefly introduce the study, highlight its significance, and explain why it is suitable for the journal. It should include the manuscript title, a statement confirming the manuscript's originality and that it is not under consideration elsewhere, and any relevant disclosures or conflicts of interest. Additionally, if the manuscript is being submitted to a specific Special Issue, specify its exact name in the cover letter; if the manuscript was presented in part or whole at a conference, provide details of the conference including its name, time, and location. If applicable, it should mention any suggested reviewers or



individuals to exclude. For example:

Dear [Editor's Name],

We are pleased to submit our manuscript titled "[Manuscript Title]" for consideration in [Journal Name] for the Special Issue on "[Special Issue Name]." This study [briefly describe the study and its significance], and we believe it aligns well with the journal's focus on [journal's focus or field].

We confirm that this manuscript is original, not under consideration elsewhere, and there are no conflicts of interest.

Part of this work was presented at the [Conference Name], held from [Conference Date] in [Conference Location].

We suggest [Reviewer Names] as potential reviewers due to their expertise in [relevant field]. We kindly request excluding [Names to Exclude] due to potential conflicts of interest.

Thank you for considering our submission. We look forward to your response.

Sincerely,

[Your Name]

[Your Affiliation]

[Your Contact Information]

2.2 Article types

Geromedicine accepts Research Article, Review, Short Communication, Perspective, Editorial, etc. Please prepare your manuscript according to the writing requirements for each manuscript type listed in the table below.

Manuscript Type	Definition	Abstract	Keywords	Text format
Research Article	A Research Article presents original study findings, providing evidence, analysis, and discussion on a specific topic.	Structured (Aims, Methods, Results, Conclusion); max. 250 words	3-8	Introduction, Methods, Results, Discussion, Conclusion
Review	A Review article summarizes and evaluates existing research on a specific topic, providing a synthesis of current knowledge.	Unstructured; max. 250 words	3-8	Introduction, Main body (subsections), Conclusion

Systematic Review	A Systematic Review comprehensively analyzes and synthesizes existing research on a specific question or topic. Please refer to PRISMA before preparing your manuscript.	Structured (Aims, Methods, Results, Conclusion); max. 250 words	3-8	Introduction, Methods, Results, Discussion, Conclusion
Commentary	A Commentary provides an opinion or discussion on a specific topic, often in response to recent research or events.	Unstructured; max. 250 words	3-8	N/A
Short Communication	A Short Communication is a concise research article that reports significant findings or preliminary results.	Structured (Aims, Methods, Results, Conclusion); max. 250 words	3-8	Introduction, Methods, Results, Discussion, Conclusion

Perspective	A Perspective article provides an author's viewpoint or interpretation on a particular topic or issue.	Unstructured; max. 250 words	3-6	N/A
Opinion	An Opinion article expresses the author's subjective views, interpretations, or arguments on a specific topic or issue.	Unstructured; max. 250 words	3-6	N/A
Editorial	An Editorial presents the opinions or perspectives of the journal's Editors on a particular issue or topic.	N/A	N/A	N/A

2.3 Manuscript Structure

2.3.1 Title

The title of the manuscript should be concise, specific, and relevant. It should clearly state the main result or conclusion of the manuscript, omitting implicit terms and avoiding abbreviations. If gene or protein names are included, use the abbreviated names rather than the full names.

2.3.2 Authors and Affiliations

Authors should be listed with their full names, including initials of middle names if provided. Institutional addresses for all authors must be included. At least one author must be designated as the corresponding author and provide email. Authors are encouraged to provide their [Open Researcher and Contributor ID](#) (ORCID) during submission. Affiliations should be formatted with superscript numbers linked to each author's name, detailing the department, institute/university, city, city zip codes, state (where applicable), and country. For example:

Paul Smith¹

¹Institute of Cancer Research, University of Puebla, Puebla 72570, Mexico.

2.3.3 Abstract

Research article, systematic review, meta-analysis, and short communication require structured abstracts. The abstract should briefly introduce the research area and the specific problem or gap in knowledge, clearly state the study's aims or research questions; describe the study design, experimental methods, data collection procedures, and statistical analyses employed; summarize the main findings with key quantitative data or trends observed; and present the main conclusions drawn from the study, emphasizing its significance and potential implications without overinterpretation. The abstract should be concise, accurately reflect the content of the article, and written in clear, accessible language to facilitate understanding among a diverse audience of readers.

Clinical trial abstracts should include register number at the end of the abstract. Citations should not be included in the abstract.



2.3.4 Keywords

Typically, 3-8 keywords should be provided.

2.3.5 Main Body

Different manuscripts types are organized with distinct sections of content. Please consult the Manuscript Types to ensure the inclusion of appropriate sections in your submissions.

2.3.5.1 Introduction

The Introduction section should succinctly introduce the study's background and rationale, highlight the research question or objective, summarize relevant literature, and outline the study's aims and scope. It sets the context for the study and justifies its importance in the field. Avoid including any data or conclusions from the study being reported.

2.3.5.2 Methods

The Methods section should comprehensively describe the study design, experimental procedures, and data collection methods used. It should specify details such as the study type (e.g., randomized controlled trial, cohort study), participant characteristics (e.g., demographics, inclusion/exclusion criteria), interventions or exposures administered, and outcome measures assessed. Additionally, it should outline how data were collected, including any instruments or tools used, and detail statistical methods employed for data analysis. Clarity and precision in describing methods are crucial for ensuring reproducibility and understanding the study's scientific rigor.

In this section, authors should also include details regarding ethical approval and informed consent if required. This typically involves stating that the study protocol was approved by an appropriate ethics committee or institutional review board (IRB), ensuring compliance with ethical guidelines and regulations. Additionally, it should describe how informed consent was obtained from participants or their legally authorized representatives. Ethical considerations are essential to ensure participant welfare and uphold research integrity.

Authors who used AI technology to conduct the study should describe its use in the methods section in sufficient detail to enable replication of the approach, including the tool used, version, and prompts where applicable.

2.3.5.3 Results

The Results section should present the findings of the study in a clear and organized manner. It begins by summarizing participant demographics and baseline characteristics if applicable. It then proceeds to report key outcomes, measurements, or variables analyzed, using appropriate statistical methods to present numerical data, such as means, standard deviations, and confidence intervals for continuous variables, or frequencies and percentages for categorical variables. Tables, Figures, and graphs are used to visually represent data and highlight significant findings. Do not repeat all the data in the tables or figures in the text; Avoid nontechnical uses of technical terms in statistics, such as “random” (which implies a randomizing device), “normal,” “significant,” “correlations,” and “sample.” The text should interpret the results objectively, without speculation or interpretation, leaving interpretation for the Discussion section.

Supplementary materials and technical details can be included in an appendix or published in the electronic version of the journal to maintain the text's coherence and flow.

2.3.5.4 Discussion

The Discussion section should interpret the results in the context of existing literature, addressing the study's implications and limitations. It begins by summarizing key findings and comparing them with previous research, discussing similarities, differences, or contradictions. The section then explores potential mechanisms or explanations for observed outcomes, considering study strengths and weaknesses, such as biases or limitations in methodology. Do not repeat in detail data or other information given in other parts of the manuscript, such as in the Introduction or the Results section.

2.3.5.5 Conclusion

This section concludes by emphasizing the study's contribution to the field, suggesting future research directions, and offering practical implications for clinical practice or public health policy.

Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted, but label them clearly.

2.3.6 Declaration

2.3.6.1 Acknowledgments

The Acknowledgments section typically acknowledges individuals or institutions that contributed to the study but do not meet authorship criteria. This may include research assistants, technical support, or colleagues who provided valuable feedback. It should also mention any permissions obtained for the use of copyrighted material. The tone is usually formal and appreciative, briefly noting each contributor's role or support in the research process.

Additionally, if any part of the manuscript's content has previously appeared online, such as in a thesis or preprint, it should be mentioned here and properly referenced in the reference list.

If there are no acknowledgments to make, this section should be omitted.

2.3.6.2 Author's Contribution

Each author should have contributed significantly to the conception, design, acquisition, analysis, or interpretation of data, or the creation of new software used in the work, or substantively revised the manuscript. Contributions should be indicated using Surname and Initials of Forename.

For example:

Pal U, Li M: Data analysis and interpretation.

Tian P, Bella F: Article conception and design.

If an article is single-authored, please state "The author contributed solely to the article." in this

section.

2.3.6.3 Conflicts of Interest

The Conflicts of Interest section should disclose any financial or personal relationships that could potentially bias the study's findings or influence the authors' interpretation. Authors should explicitly state whether they have received funding, honoraria, or fees from organizations that may benefit from the research outcomes, or if they hold any patents or have financial interests related to the study topic. If no conflicts of interest exist, authors should explicitly state "The authors declare no conflicts of interest." Transparency in disclosing potential conflicts ensures trustworthiness and integrity in biomedical research publications. Some authors may be restricted by confidentiality agreements; in such cases, authors should declare "All authors declare that they are bound by confidentiality agreements preventing disclosure of conflicts of interest in this work."

2.3.6.4 Ethical Approval

Research involving human subjects, human materials, human data, and animals must adhere to the principles outlined in the [Declaration of Helsinki](#) and state that the study protocol was reviewed and approved by an appropriate ethics committee or institutional review board (IRB), including the name of the board and the approval number if applicable.

If this issue is not applicable to the manuscript, please indicate "Not applicable".

2.3.6.5 Consent to Participate

This section should mention that consent to participate was obtained from all participants or their legal representatives, ensuring that participants were fully informed about the study's purpose, procedures, risks, and benefits before consenting to participate.

If this issue is not applicable to the manuscript, please indicate "Not applicable".

2.3.6.6 Consent for Publication

Written informed consent for the publication of any identifying information (individual details, images, or videos) or personal data included in the manuscript, should be obtained from all participants, or their legal guardians. In cases where the individual has passed away, consent must be obtained from their next of kin. This section ensures that participants are aware of how their data will be used and agree to its publication. If this issue is not applicable to the manuscript, please indicate "Not applicable".

2.3.6.7 Funding Information

In this section, authors should acknowledge all financial support received for the study. This includes grants, fellowships, and any other funding sources. It should specify the names of the funding agencies, the grant numbers, and any relevant project titles. If no funding was received, this should be stated "None" in this section.

2.3.6.8 Copyright

Authors retain the copyright to their work under the [Creative Commons Attribution 4.0](#) International License, allowing readers to copy, distribute, and use the research with proper attribution and without any fees. Each article will display the declaration "© The Author(s) Year." Authors are required to sign a License to Publish agreement prior to formal publication.

2.3.7 References

Authors are required to adhere to the following guidelines to ensure uniformity in citations.

- The reference list should reflect the current state of knowledge in the field, avoiding bias, and should not contain an excessively high proportion of citations to the same authors or sources.
- Citations of non-academic and non-peer-reviewed sources should be avoided or minimized.
- The number of references should be appropriate for the article type.
- Authors should refrain from citing sources that do not pertain to the article's scope or the journal's focus.
- Authors must verify the accuracy of all references, ensure that all links are functional, and



adhere to the specified reference styles detailed below.

- In the main text, reference numbers should be placed in square brackets and in superscript.
- All references must be numbered in the order they are first cited in the text.
- Reference lists should only include published or accepted articles.
- A DOI should be provided to each reference (if applicable).
- For article formats that permit the inclusion of unpublished data, submitted manuscripts, or personal communications, such references should be acknowledged in the main text. When supplementary information is available, it will be presented as footnotes.
- All citations of published works within the text, figures and tables should be included in the reference list.
- For works that have been accepted but not yet published, use "Acceptance" instead of volume, issue, and page numbers.
- Preprints can be cited if a DOI or archive URL is available and the contribution is clearly identified as a preprint.
- If there are six or fewer authors, list all their names. If there are more than six authors, list the first six authors, followed by et al.
- Given names of authors should be abbreviated (e.g., Wei D, Smith DW, etc.).
- Use sentence case for article titles and book chapters (capitalize only the first word and proper nouns). Use title case for journal names and book titles (capitalize all major words).

Please refer to the reference styles listed below for more information.

Sources	Examples
	Smith J, Brown A. Cellular mechanisms of aging and cancer progression. J Aging Cancer Res. 2023;15(2):110-125. DOI: 10.1016/j.jacr.2023.02.003
Standard journal article	Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. Brain Res. 2002;935(1-2):40-6. DOI: 10.1016/s0006-8993(02)02445-9
Forthcoming journal article	Johnson L, Lee K. Role of telomeres in age-related cancer. Cancer Res Aging. Forthcoming 2024.
Journal article on the internet	Green M, White T. Epigenetic changes in aging and cancer. Aging Med [Internet]. 2022 [cited 2023 May 15];10(3):78-89. Available from: https://agingmedicinejournal.com/article2022
Organization as author	National Cancer Institute. Guidelines for cancer and aging research. J Cancer Res. 2021;25(3):145-160. DOI: 10.1234/jcr.2021.030145
Both personal authors and organization as author	Brown T, Smith J; Cancer Research Institute. Genetic pathways influencing cancer risk in aging. Aging Oncol. 2020;18(4):210-225. DOI: 10.1002/j.agingonc.2020.041022
Book	Anderson B. The biology of aging and cancer. 2nd ed. New York: Academic Press; 2019.

Book chapter	Moore F. Inflammation and tumor progression in aging tissues. In: Taylor J, editor. Advances in oncology research. New York: Academic Press; 2023. p. 150-175.
Conference proceedings	Martinez S, editor. Proceedings of the International Conference on Aging and Cancer Research; 2023 Jul 15-18; Boston, MA, USA. New York: Research Press; 2023.
Conference paper	Kim H, Park J. Mechanisms of cellular senescence in cancer. In: Proceedings of the International Symposium on Aging and Cancer; 2022 May 20-22; San Francisco, CA, USA. New York: OncoPress; 2022. p. 45-55.
Journal articles not in English	Müller W, Schmidt S. Alterungsprozesse und Krebsentwicklung. Z Altersforsch. 2020;5(1):33-45. German. DOI:10.1007/s00470-020-01234-5
Theses and dissertations	Patel K. The role of senescence in tumorigenesis [dissertation]. Cambridge (MA): Harvard University; 2021.
Patent	Taylor J. Anti-senescence therapy for cancer prevention. US Patent 10123456. 2022 Aug 15.
Preprint	Lopez G, Nguyen H. Immune responses in aging tissues [Preprint]. 2024. Available from: https://arxiv.org/abs/2401.12345 DOI: 10.48550/arXiv.2401.12345
Homepage/Website	World Health Organization. E. coli. Available from: https://www.who.int/news-room/fact-sheets/detail/e-coli . [Accessed March 15, 2018].

2.3.8 Supplementary Materials

Additional data and information that are not critical to the main text, or that are too large or incompatible with the current format, can be presented as supplementary materials alongside the published article. These materials will be part of the peer review process and are not formatted, so please ensure all information is presented clearly and that the files include appropriate headings. Figures and tables in the supplementary materials should be cited sequentially in the main text (e.g., Figure S1/Table S1, Figure S2/Table S2, etc.). The style of supplementary figures or tables must adhere to the same requirements as those for figures or tables in the main text. Acceptable file formats include:

Data sheet (Word, Excel, CSV, CDX, FASTA, PDF or Zip files)

Presentation (PowerPoint, PDF or Zip files)

Image (CDX, EPS, JPEG, PDF, PNG or TIF/TIFF)

Table (Word, Excel, CSV or PDF)

Audio (MP3, WAV or WMA)

Video (AVI, DIVX, FLV, MOV, MP4, MPEG, MPG or WMV)

Videos and audios should be prepared in English and limited to a size of 500 MB.

2.4 Manuscript Format

2.4.1 Format

The manuscript files can be in DOC, DOCX, or LaTeX formats. If submitting in DOC or DOCX format, files should not be locked or protected. If submitting in LaTeX format, please ensure all relevant manuscript files are uploaded: .tex file, PDF, and .bib file.

2.4.2 Language

Please prepare the manuscript in English.

2.4.3 Figure and Table Guidelines

Authors are responsible for obtaining permission to use copyrighted material from other sources, including re-published, adapted, modified, or partial figures and images sourced from the internet. Authors must acquire the necessary licenses, adhere to citation requirements specified by third-party

rights holders, and cover any associated fees.

2.4.3.1 Figures

Figures should be cited numerically in sequence (e.g., Figure 1, Figure 2) and placed after the paragraph where they are first referenced. Figures can be submitted in TIFF, PSD, or JPEG format with a resolution of 300-600 dpi. The figure caption should be positioned below the figure. Diagrams containing descriptive text (such as flow charts, coordinate diagrams, bar charts, line charts, and scatter plots) should be editable in Word, Excel, or PowerPoint formats.

Labels, numbers, letters, arrows, and symbols within figures should be clear, uniform in size, and contrast with the background. For figures with multiple panels, each panel should be distinctly labeled (A), (B), (C), etc. Symbols, arrows, numbers, or letters used for identification within illustrations must be clearly defined in the legend. If applicable, include explanations of internal scales (magnification) and staining methods in photomicrographs. All non-standard abbreviations should be clarified in the figure legend.

For LaTeX submissions, include figures in the provided PDF. Upon acceptance, Production Editor may request high-resolution files of figures in EPS, JPEG, or TIF/TIFF formats.

2.4.3.2 Tables

Tables should be cited in order and placed after the paragraph where they are first cited. The table caption should be positioned above the table and labeled sequentially (e.g., Table 1, Table 2). Tables must be provided in an editable format such as DOC or DOCX (images are unacceptable). Abbreviations and symbols used in tables should be explained in footnotes. Explanatory details should be also included in footnotes.

2.4.4 Multimedia Files

The journal supports manuscripts with multimedia files under the following guidelines: Video or audio files must be in English only; they should feature clear frames and moderate speech speed for easy comprehension of the presentation and introduction; include a concise summary of the video or audio content within the manuscript text; ensure that video files are no larger than 500 MB in size;



please use professional software to create high-quality video files, which will facilitate acceptance and publication along with your submitted article. Upload videos in MP4, WMV, or RM formats (preferably MP4), and audio files in MP3 or WAV formats.

2.4.5 Abbreviations

Abbreviations must be defined upon their first appearance in the abstract, main text, and in figure or table captions, and should be used consistently thereafter. Minimize the use of abbreviations overall. Non-standard abbreviations are permitted only if they appear at least three times in the text. Commonly used abbreviations, such as DNA, RNA, and ATP, etc., can be used without definition. Avoid using abbreviations in titles and keywords, except for those that are widely recognized.

2.4.6 Italics

Use italics for general terms such as *vs.*, *et al.*, *in vivo*, *in vitro*; statistical tests like *t* test, *F* test, *U* test; related coefficients as *r*, sample size as *n*, and probability as *P*; names of genes; and Latin names of bacteria and biological species.

2.4.7 Equations

Equations should be inserted into the text using an equation Editor in editable format, not as images.

2.4.8 Units

We encourage authors to use Standard International Units in all manuscripts. Please refer to [SI Units](#).

2.4.9 Numbers

Numbers appearing at the beginning of sentences should be written out in English. When there are two or more numbers in a paragraph, they should be expressed as Arabic numerals. If there is only one number in a paragraph, numbers less than ten should be written in English, while numbers greater than ten should be expressed as Arabic numerals. For instance, 12345678 should be formatted as 12,345,678.

2.5 Language Editing

To be considered for publication in *Geromedicine*, manuscripts must adhere to international English language standards. Submissions should be written clearly and cohesively in high-quality English. Authors who are not native English speakers are encouraged to have their work reviewed or edited by a native speaker before submission.

2.6 Submission Link

Click the link to log in to system to submit your article:

<https://www.intellimanus.com/#/login?journalPath=geromedicine>.

3 Editorial Process

Submission will be handled as shown in the flowchart below. For detailed information, please refer to [Editorial Process](#).



4 Contact us

Geromedicine Editorial Office:

Editorial Office Email: geromedicine@sciexplor.com.

For inquiries regarding submissions, editorial policies, or other matters related to *Geromedicine*, please contact us via email at the addresses provided above.