

Journal of Clinical Research in Pediatric Endocrinology

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

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Table 1.

Article Type	Fee
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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 4000 words and include no more than six figures and tables and 50 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 5000 words and include no more than four figures and tables and 120 references.

Case Reports are descriptions of a case or small number of cases revealing novel and important insights into a condition's pathogenesis, presentation, and/or management. These manuscripts should be 2500 words or less, with four or fewer figures and tables and 30 or fewer references.

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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MANUSCRIPT PREPARATION

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- At least five and maximum eight keywords. Do not use abbreviations in the keywords
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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 conclusion.

What is already known on this topic?

What this study adds?

These two items must be completed before submission. Each item should include at most 2-3 sentences and at most 50 words focusing on what is known and what this study adds.

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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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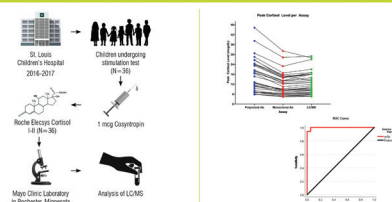
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Peak Serum Cortisol Cutoffs to Diagnose Adrenal Insufficiency Across Different Cortisol Assays in Children

JCRPE
Journal of Clinical Research in Pediatric Endocrinology



CONCLUSION

To prevent overdiagnosis of AI in children undergoing 1 mg cosyntropin stimulation test, our data support using a new peak serum cortisol cutoff of 12.5 µg/dL and 14 µg/dL to diagnose AI when using mAb immunoassays and LC/MS in children, respectively.

Cortez et al., 2023

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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 and contain study limitations.

Study Limitations

Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion

The conclusion of the study should be highlighted.

Acknowledgments (Not Required for Submission)

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The kind of contribution of each author should be stated.

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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.

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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.

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Accepted after modest revisions
Reconsidered for acceptance after major changes
Rejected

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What would be your recommendations to the author?
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The authors can also benefit from the following guidelines in the process of preparing the article:

Clinical Trials
Observational Studies
Systematic Review
Diagnostic and Prognostic Studies

Review

- 126** Expanding the Clinical Features of Schimke Immuno-osseous Dysplasia: a New Patient with a Novel Variant and Novel Clinical Findings
Ceren Alavanda, Şenol Demir, Serçin Güven, Mehmet Eltan, Sevgi Bilgiç Eltan, Asena Pınar Sefer, Serim Pul, Tülay Güran, Harika Alpay, Ahmet Arman, Pınar Ata, Serap Turan

Original Articles

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Nuttha Piriyaopokin, Pat Mahachoklertwattana, Preamrudee Poomthavorn, Usanarat Anurathapan, Wararat Chiangjong
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