Sample of Expert Consensus

Title Page

Commented [Z1]: The title page should include the manuscript title, author names, affiliations and corresponding author's contact information.

Title: Sample manuscript showing style and formatting specifications

Commented [Z2]: Explicit indication of consensus, e.g., "Expert consensus on [Topic]".

Author names: First Author[1], Second Author[2], Third Author[2], Fourth Author[1,2], … on behalf of the [Name of Expert Committee or Working Group]

Commented [Z3]: All individual authors who contributed to the consensus should be listed.

Affiliations:

[1]School of XXX, University Name, Province/City, Country

[2]Department of XXX, Hospital Name, Province/City, Country

Address correspondence to: Fourth Author, Department of ----, Unit, No. ---- Street, District, City post code, Province, Country. Tel: xx-xxxx. E-mail: xxx@xxx.

Commented [Z4]: Institutional email preferred.

Abstract

Commented [Z5]: 180–200 words preferred. Structured abstract preferred; single-paragraph narrative abstract also acceptable.

Objective: To provide a brief background on the clinical significance of the topic and the need for standardized guidance, and to develop evidence-based recommendations on a defined clinical topic for a specific patient population, with the goal of standardizing clinical practice.

Methods: A multidisciplinary expert panel composed of specialists from relevant disciplines was convened to formulate the consensus. The panel reviewed the latest domestic and international evidence and reached agreement through an appropriate consensus method, with predefined criteria for expert agreement.

Results: The consensus provides a set of recommendations covering key areas of the topic. Each recommendation reflects the available evidence and the consensus of the expert panel.

Conclusion: This consensus offers evidence-based and standardized guidance for the field, aiming to improve patient outcomes, clinical practice, and management strategies, and to support consistent application in clinical settings.

Keywords

Commented [Z6]: 3 to 5 key words or phrases.

Keyword 1, Keyword 2, Keyword 3, Keyword 4, Keyword 5

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Main Text

1 INTRODUCTION

The Introduction should describe the clinical background, current challenges, and the rationale for developing this consensus.

2. METHODS

This section should clearly describe the methodology used to develop the consensus to ensure transparency and credibility. Authors should report the expert panel composition, the process for evidence retrieval and review, and the consensus development methods (e.g., Delphi technique or structured discussions), including the predefined criteria for consensus.

This consensus was registered on the PREPARE platform (Registration No.: XXX).

Commented [Z7]: Less rigid format; structured description of the consensus development process recommended.

3 EVIDENCE REVIEW AND CONSENSUS RECOMMENDATIONS

Evidence Review should summarize the current scientific evidence relevant to the topic addressed in the consensus. Authors should present a concise overview of key studies, guidelines, and other authoritative sources that support the development of the recommendations.

Consensus Recommendations should represent the core content of the manuscript and should clearly present the recommendations developed by the expert panel. Each recommendation should be formulated in actionable language to facilitate clinical application. Each recommendation should reflect the panel's consensus and should be supported by available evidence whenever possible.

Commented [Z8]: Each Evidence Review followed by corresponding Consensus Recommendation: one-to-one correspondence between evidence and recommendations.

4 DISCUSSION

The Discussion section should interpret the consensus recommendations in the context of current clinical practice and existing literature. Authors should summarize the key messages of the consensus, compare the recommendations with previously published guidelines or consensus statements, and explain their potential clinical implications. The limitations of the consensus development process should also be clearly discussed.

5 CONCLUSION

The Conclusion should briefly summarize the main recommendations and highlight their potential importance for clinical practice and patient management. This section should emphasize the expected contribution of the consensus to improving clinical decision-making and patient outcomes.

E.G.

3 CLINICAL APPLICATIONS OF BIOMARKERS IN CARDIOVASCULAR DISEASES

3.1 Biomarkers in coronary artery disease

3.1.1 Pathophysiological basis of biomarker changes

3.1.2 Diagnostic thresholds and clinical interpretation

Commented [Z9]: Hierarchical numbering for all headings (e.g., 1; 2; 3; 3.1; 3.1.1). Maximum three heading levels.

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Declarations

Author contributions

The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

2. Drafting the work or reviewing it critically for important intellectual content; AND

3. Final approval of the version to be published; AND

4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Non-author contributors who do not meet these criteria (e.g., provided only funding, general supervision, or language editing) should be moved to the Acknowledgments section.

Funding

This study was funded by XXX (Grant No. XXX). OR

This research received no external funding.

Data availability

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request / are available in the [name of repository] [link]. OR

Not applicable.

Ethics approval and consent to participate

This study was approved by the Institutional Review Board (IRB) at XX university (Approval No. XXX). OR

Not applicable.

Consent for publication

Written informed consent was obtained from the patient(s) [or their legal guardian] for the publication of this study and any accompanying identifiable information or images. OR

Not applicable.

Competing interests

The author(s) declare(s) that they have no competing interests.

Acknowledgements

The authors used XXX to assist with English language editing. The authors reviewed and take full responsibility for the final content of the manuscript. OR

Not applicable.

Commented [Z10]: If an item is not applicable, please indicate “Not applicable.”

Commented [Z11]: Author contributions are expected to align with ICMJE guidelines (https://www.icmje.org/).

Commented [Z12]: Exemption from ethics approval, if applicable, stated in the manuscript.

Commented [Z13]: Per ICMJE Recommendations: patient privacy not to be infringed without informed consent. Identifying information published only if essential for scientific purposes and patient provides written informed consent for publication.

Commented [Z14]: Disclosure of real and potential conflicts of interest. This should extend beyond direct support for the present work and include relevant financial and non-financial relationships, where applicable.

Commented [Z15]: Disclosure of any use of AI tools (including the name and version) in the preparation of the manuscript, where applicable.

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References

References should follow Vancouver style, with in-text citations in plain text (e.g., [1], [2–5]) and a numbered reference list. Please include the DOI for the references and format it as a hyperlinked DOI. Please download EndNote output style from zentimepublishing.com to reformat the references in this paper.

Commented [Z16]: DOIs and embedded URLs for all reference types: hyperlinked format required.

E.G.

[1] Chen S, Wang J, Lin W, Xie X, Sun Y, Qian H, et al. Research progress on the mechanisms of traditional Chinese medicine extracts in improving acute lung injury in sepsis. Perioper Precis Med. 2025 Dec 31;3(4):122-133. https://doi.org/10.61189/579841iexakc

[2] Gravlee GP, Shaw AD, Bartels K. Hensley's practical approach to cardiothoracic anesthesia. 1th ed. Wang S, Wang E, translator. Beijing: China Science and Technology Press; 2021. 690 p.

[3] Gravlee GP, Shaw AD, Bartels K. Hensley's practical approach to cardiothoracic anesthesia. 1th ed. Beijing: China Science and Technology Press; 2021. chapter 2, Cardiovascular physiology and pharmacology; p. 26-32.

[4] Erdt M, Chen Y, Wesarg S, Drechsler K, Freiman M, Thomas S, et al., editors. Clinical image-based procedures. 14th International Workshop (CLIP 2025); 2025 Sep 23; Daejeon, South Korea. Cham (Switzerland): Springer; 2026. 108 p.

[5] Medical electrical system - guidelines for safe integration and operation of adaptive external-beam radiotherapy systems for real-time adaptive radiotherapy: IEC TR 62926:2019, International Electrotechnical Commission: 2019-05-20.

Authors should refer to the journal's official guidelines for detailed instructions and additional examples on reference formatting: Manuscript Format.

Tables & Figures

Commented [Z17]: Submitted as **Tables & Figures file** (WORD, TIFF, ZIP).

Tables:

Tables should be designed to convey information clearly and independently of the main text.

(1) Provide each table with a concise and informative title in bold.

(2) Adopt a three-line table format to improve readability and standardization.

(3) Define all row and column headings explicitly and maintain consistent terminology throughout.

(4) Report numerical data with appropriate precision and apply uniform formatting across all entries.

(5) Explain all abbreviations, symbols, and notations in a note placed below the table.

Figures:

Figures should be clear, well-structured, and effectively illustrate the key findings of the study.

Figure Quality

Figures should comply with standard publication requirements:

(1) Use Arial font where possible, typically within the range of 8-10 pt (not smaller than 6 pt).

(2) Label multi-panel figures with bold uppercase letters (e.g., A, B, C) positioned in the upper-left corner of each panel.

(3) Submit figures in TIFF or PDF format with a resolution of at least 300 dpi.

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Figure Legends

(1) Place editable legends directly beneath each corresponding figure.

(2) For single-panel figures, use a bolded brief title and add a short explanation if needed. For multi-panel figures, give the whole figure a bolded overall title, label each panel with a concise subheading, and include extra details when necessary.

(3) Define all abbreviations, symbols, and notations within the legend.

(4) Indicate the source of every figure clearly; specify the tools or software used for author-generated figures, and include appropriate citations for reproduced or adapted figures, ensuring that required permissions have been obtained.