

FOR AUTHORS

General Information

JAMA, in continuous publication since 1883, is an international peer-reviewed general medical journal published 48 times per year. JAMA has complete editorial independence of its owner and publisher, the American Medical Association.¹ The Editor in Chief of JAMA is Catherine D. DeAngelis, MD, MPH. The Key and Critical Objectives for JAMA are available at <http://jama.ama-assn.org/misc/aboutjama.dtl>. JAMA is the most widely circulated general medical journal in the world and is published in multiple international editions and languages; the online version is made freely available to institutions in developing countries. JAMA's acceptance rate is approximately 8% of the nearly 6000 manuscripts received annually. Median turnaround time from submission to publication is 113 days, from submission to rejection is 7 days, and from acceptance to publication is 37 days. For additional information, see JAMA. 2008; 299(7):821.²

Manuscripts should be submitted online via the JAMA online manuscript submission and review system at <http://manuscripts.jama.com> (note: do not include "www" before the URL). For more information, see Manuscript Submission Section.

Editorial Office Contact Information. JAMA, 515 N State St, Chicago, IL 60610, USA; telephone: (312) 464-4444 or (312) 464-2402; fax: (312) 464-5824; e-mail: jamams@jama-archives.org.

Editorial Policies for Authors

Most of JAMA's editorial policies for authors are summarized in these instructions. Citations to editorials with additional information are also provided.

Authorship Criteria and Contributions and Authorship Form. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Authorship credit should be based only on (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; and (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met.^{3,4}

All authors (ie, the corresponding author and each coauthor) must complete and submit an Authorship Form with signed statements on (1) authorship responsibility, criteria, and contributions; (2) finan-

cial disclosure, funding, and support; and (3) either copyright transfer or US federal employment.^{3(pp128-133)} In addition, authors are required to identify their contributions to the work described in the manuscript.

Manuscript Checklist

- 1. Review manuscript submission requirements in these instructions and on our Web-based submission and review system (<http://manuscripts.jama.com>).
- 2. Include a cover letter as an attachment.
- 3. Designate a corresponding author and provide a complete postal/mail address, telephone and fax numbers, and e-mail address.
- 4. Provide first (given) and last (family) names, e-mail addresses, and institutional affiliations for any coauthors.
- 5. On the title page, include a word count for text only, exclusive of title, abstract, references, tables, and figure legends.
- 6. Provide an abstract that conforms to the required abstract format.
- 7. Double-space manuscript and leave right margins unjustified (ragged).
- 8. Check all references for accuracy and completeness. Put references in proper format in numerical order, making sure each is cited in sequence in the text.
- 9. Include a title for each table and figure (a brief, succinct phrase, preferably no longer than 10 to 15 words) and explanatory legend as needed.
- 10. Have each author read, complete, and sign the Authorship Form with statements of authorship responsibility, criteria, and contributions; conflicts of interest, financial disclosure, funding, and support; and copyright transfer. After submission, add the manuscript number to the top of each author form and send in the author forms by mail or fax to the editorial office.
- 11. Indicate specific contributions from each author in the Acknowledgment section at the end of the manuscript (see authorship checklist on the Authorship Form).
- 12. For reports of original data, include statement from at least 1 author that she or he "had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis" in the Acknowledgment section at the end of the manuscript.
- 13. Include all authors' potential conflicts of interest, including financial interests and relationships and affiliations relevant to the subject of their manuscript in the Acknowledgment section of the manuscript.
- 14. Include all sources of financial and material support and assistance along with detailed information on the roles of each sponsor or funder in each of the following: "design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript" in the Acknowledgment section of the manuscript.
- 15. In the Acknowledgment section of the manuscript, include the names, academic degrees, affiliations, and specific contributions of all persons who have contributed to the work reported in the manuscript (eg, data collection, analysis, writing or editing assistance, review of manuscript) but who do not fulfill authorship criteria, and also indicate whether any compensation was received for such contributions. Written permission must be obtained from all persons named in the Acknowledgment (see also the Acknowledgment statement in the Authorship Form that must be signed by the corresponding author).
- 16. Include written permission from each individual identified as a source for personal communication or unpublished data.
- 17. If appropriate, include information on institutional review board/ethics committee approval or waiver and informed consent.
- 18. The reproduction of material (including tables and figures) that was previously published is discouraged. Original material should be provided, except under extraordinary circumstances.
- 19. Include informed consent forms for identifiable patient descriptions, photographs, and pedigrees.

Authorship Form: The Authorship Form is available on page 118 or at http://jama.ama-assn.org/misc/auinst_crit.pdf.

For reports of original data and systematic reviews, authors' specific contributions will be published in the Acknowledgment section (see Manuscript Preparation and Submission Requirements, Acknowledgment Section). The authors also must certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere (see also Duplicate/Previous Publication or Submission Section). Authors of manuscripts reporting original data or systematic reviews must provide an access to data statement from at least 1 named author, often the corresponding author (see also Data Access and Responsibility Section). If requested, authors should be prepared to provide the data or cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees.

Role of the Corresponding Author. The corresponding author (or coauthor designee) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited typescript and proof, make decisions regarding release of information in the manuscript to the news media, federal agencies, or both, and will be identified as the corresponding author in the published article. The corresponding author is responsible for ensuring that the Acknowledgment section of the manuscript is complete. "Acknowledgment" is the general term for the list of contributions, credits, and other information included at the end of the text of a manuscript but before the references (see Acknowledgment Section for more details). The corresponding author must sign the Acknowledgment statement part of the Authorship Form (the Authorship Form is available at http://jama.ama-assn.org/misc/auinst_crit.pdf).

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All such disclosures must be listed in the Acknowledgment section at the end of the manuscript. Authors without conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject of their manuscript, should include a statement of no such interests in the Acknowledgment section of the manuscript. Failure to include this information in the manuscript may delay evaluation and review of the manuscript.

Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts within the past 5 years and for the foreseeable future (eg, employment/affiliation, grants or funding, consultancies, honoraria, stock ownership or options, expert testimony, royalties, or patents filed, received, or pending), particularly those present at the time the research was conducted and through publication, as well as other financial interests (such as patent applications in preparation), that represent potential future financial gain. Although many universities and other institutions have established policies and thresholds for reporting financial interests and other conflicts of interest, JAMA requires *complete* disclosure of all relevant financial relationships and potential financial conflicts of interest, regardless of amount or value. For example, authors of a manuscript about hypertension should report all financial relationships they have with all manufacturers of products used in the management of hypertension, not only those relationships with companies whose specific products are mentioned in the manuscript. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office.

For all accepted manuscripts, each author's disclosures of conflicts of interest and relevant financial interests and

affiliations and declarations of no such interests will be published. Decisions about whether such information provided by authors should be published, and thereby disclosed to readers, are usually straightforward. Although editors are willing to discuss disclosure of specific conflicts of interest with authors, JAMA's policy is one of complete disclosure of all potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript. The policy requesting disclosure of conflicts of interest applies for all manuscript submissions, including letters to the editor and book reviews. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement.

Authors also are required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies, in the Acknowledgment section of the manuscript.

All authors must also complete and sign a statement on financial disclosures, funding, and support that is part of the Authorship Form.^{6,7}

Funding/Support and Role of Sponsor. All financial and material support for the research and the work should be clearly and completely identified in an Acknowledgment section of the manuscript. The specific role of the funding organization or sponsor in each of the following should be specified: "design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript."^{6,7}

Data Access and Responsibility. For all reports (regardless of funding source) containing original data, at least 1 named author (eg, the principal investigator) who is independent of any commercial funder or sponsor should indicate that she or he "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis."⁶ This *exact* statement should be included in the Acknowledgment section at the end of the manuscript. Modified statements or generic statements indicating that all authors had such access are not acceptable.

For industry-sponsored studies, an analysis of the data (based on the entire raw data

set and evaluation of the study protocol, and prespecified plan for data analysis) must be conducted by an independent statistician at an academic institution, rather than by statisticians employed by the sponsor or by a commercial contract research organization. The independent biostatistician must be a faculty member at a medical school or academic medical center, or an employee of a government research institute, that has oversight over the person conducting the analysis and that is independent of the commercial sponsor. Details of this independent statistical analysis, the name and institutional affiliation of the independent statistician, and whether compensation or funding was received for conducting the analyses should be reported in the Acknowledgment section of the manuscript.⁷ The results of this independent statistical analysis should be the results reported in the manuscript.

Duplicate/Previous Publication or Submission. Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. Copies of related or possibly duplicative materials (ie, those containing substantially similar content or using the same or similar data) that have been previously published or are under consideration elsewhere must be provided at the time of manuscript submission.^{3(pp151-152)}

Timeliness of Data. Research reports submitted to *JAMA* should be timely and current and should be based on data collected as recently as possible.⁸ Manuscripts based on data from randomized controlled trials should be reported as soon as possible after the trial has ended, ideally within 1 year after follow-up has been completed. For cohort studies, the date of final follow-up should be no more than 3 to 4 years before manuscript submission. Likewise, data used in case-control or cross-sectional studies should have been collected as recently as possible, but certainly less than 3 to 4 years ago. Manuscripts in which the most recent data have been collected more than 4 years ago (ie, prior to 2004) ordinarily will not be considered. Authors of such manuscripts should provide an explanation regarding the relevance of the information in light of current knowledge and medical practice.

Survey Research. Manuscripts reporting survey data, such as studies involving patients, clinicians, the public, or others, should report data collected as recently as possible, ideally within the past 2 years.⁸ Survey studies should have sufficient re-

sponse rates (generally at least 60%) and appropriate characterization of nonresponders to ensure that nonresponse bias does not threaten the validity of the findings. For most surveys, such as those conducted by telephone, personal interviews (eg, drawn from a sample of households), mail, e-mail, or via the Web, authors are encouraged to report the survey outcome rates using standard definitions and metrics, such as those proposed by the American Association for Public Opinion Research.⁹

Reporting Race/Ethnicity. If race and/or ethnicity is reported, indicate in the Methods section who classified individuals as to race/ethnicity, the classifications, and whether the options were defined by the investigator or the participant. Explain why race and/or ethnicity was assessed in the study.¹⁰

Ethical Approval of Studies and Informed Consent. For all manuscripts reporting data from studies involving human participants or animals, formal review and approval, or formal review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the Methods section.^{3(p226)} For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed.¹¹ For investigations of humans, state in the Methods section the manner in which informed consent was obtained from the study participants (ie, oral or written). Editors may request that authors provide documentation of the formal review and recommendation from the institutional review board or ethics committee responsible for oversight of the study.

Identification of Patients in Descriptions, Photographs, and Pedigrees. A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section of the manuscript. Such persons should be shown the manuscript before its submission.^{3(pp229-232)} Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable.

Patient Permission Form: The form is available at <http://jama.ama-assn.org/misc/jamapatientconsent.pdf>.

Personal Communications and Unpublished Data. A signed statement of permission should be included from each individual identified as a source of information in a personal communication or as a source for unpublished data, and the date of communication and whether the communication was written or oral should be specified.^{3(p199)}

Previous Presentation or Release of Information. A complete report following presentation at a meeting or publication of preliminary findings elsewhere (eg, an abstract) is eligible for consideration for publication. Media coverage of presentations at scientific meetings will not jeopardize consideration, but direct release of information through press releases or news media briefings may preclude consideration by *JAMA*.¹² Rare instances of papers reporting public health emergencies should be discussed with the editor. Authors submitting manuscripts or letters to the editor regarding adverse drug or medical device reactions, reportable diseases, etc, should also report this information to the relevant government agency.

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JAMA's acceptance rate is approximately 8% of the nearly 6000 manuscripts received annually; median turnaround time from submission to publication is 113 days,

from submission to rejection is 7 days, and from acceptance to publication is 37 days. For additional information, see *JAMA*. 2008; 299(7):821.²

JAMA-EXPRESS. *JAMA-EXPRESS* provides rapid peer review and publication of major clinical trials and other original research studies that have immediate or public health importance.¹³ Authors who wish to have manuscripts considered for *JAMA-EXPRESS* should send the manuscript file and a request letter to jamaexpress@jama-archives.org or call (312) 464-2402. Authors will be notified promptly whether the manuscript is approved for rapid peer review. Authors of those manuscripts determined not to qualify for rapid review may be invited to submit the manuscript for further consideration under the standard review process.

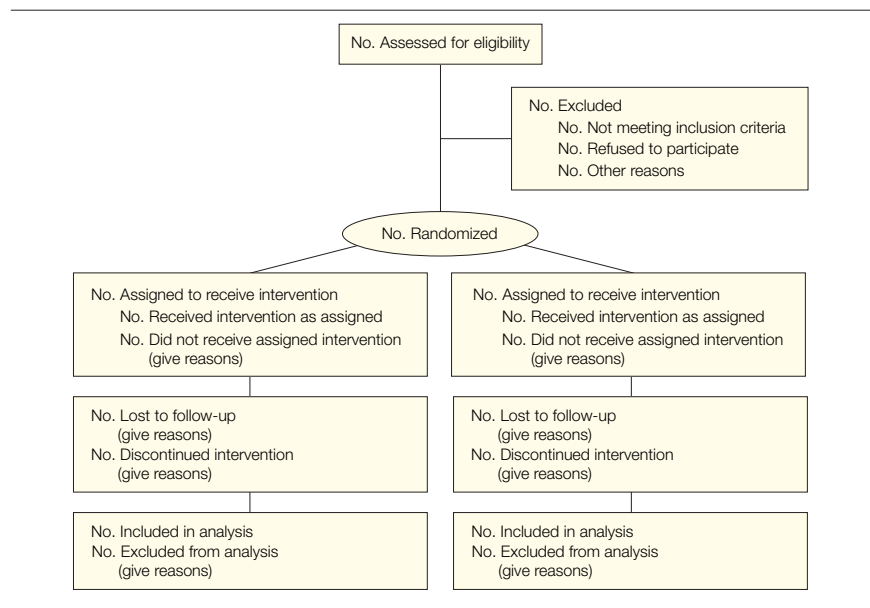
Editorial and Peer Review. All submitted manuscripts are reviewed initially by a *JAMA* editor. Manuscripts are evaluated according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, information is important, and topic has general medical interest. From these basic criteria, the editors assess a paper's eligibility for publication. Manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to expert consultants for peer review. Peer reviewer identities are kept confidential, but author identities are made known to reviewers. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Information from submitted manuscripts may be systematically collected and analyzed as part of research to improve the quality of the editorial or peer review process. Identifying information remains confidential.

Editing. Accepted manuscripts are edited in accordance with the *AMA Manual of Style*, 10th edition,³ and returned to the author for approval. Authors are responsible for all statements made in their work, including changes made during editing and production that are authorized by the corresponding author.

Corrections. Requests to publish corrections should be sent to the editorial office. Corrections are reviewed by editors and authors, published promptly, and linked online to the original article.

Reprints. Reprints may be ordered when the edited typescript is sent for approval to the

Figure. Profile of a Randomized Controlled Trial



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Categories of Articles

JAMA publishes original contributions, reviews, brief reports, special communications, commentaries, and many other categories of articles. Topics of interest include all subjects that relate to the practice of medicine and the betterment of public health worldwide. The most frequently published types of articles are described herein.

Original Contribution. These reports typically include randomized trials (see Clinical Trial Section below), intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys with high response rates (see Survey Research Section), cost-effectiveness analyses and decision analyses (see Reports of Cost-effectiveness Analyses and Decision Analyses Section), and studies of screening and diagnostic tests (see also Reports of Diagnostic Tests Section). Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources,

and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a comment section placing the results in context with the published literature and addressing study limitations; and the conclusions. Data included in research reports should be as timely and current as possible (see Timeliness of Data Section). A structured abstract is required; for more information, see instructions for preparing structured abstracts. Recommended length: 3000-3500 words (not including abstract, tables, figures, and references).

Clinical Trial. In these studies, individuals are randomly allocated to receive or not receive a preventive, therapeutic, or diagnostic intervention and then followed up to determine the effect of the intervention. All randomized clinical trials should include a flow diagram (FIGURE), and authors should provide a completed randomized trial checklist (see CONSORT checklist) and a trial protocol. All clinical trials must be registered at an appropriate online public registry before submission of a manuscript based on the trial. These and other requirements are detailed below. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria, or data sources, and how these were selected for the study); the essential features of any interventions; the

main outcome measures; the main results of the study; a comment section placing the results in context with the published literature and addressing study limitations; and the conclusions. A structured abstract is required, and trial registration information (name, number, and URL) must be listed at the end of the abstract; for more information, see instructions for preparing structured abstracts. Recommended length: 3000-3500 words (not including abstract, tables, figures, and references).

Trial Registration: As a member of the International Committee of Medical Journal Editors (ICMJE), *JAMA* requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE and that requires the minimum registration data set as described by the ICMJE (<http://www.icmje.org/faq.pdf>).^{4,14,15} Acceptable trial registries include the following:

<http://www.anzctr.org.au>
<http://www.clinicaltrials.gov>
<http://isrctn.org>
<http://www.trialregister.nl/trialreg/index.asp>
<http://www.umin.ac.jp/ctr>

For this purpose, a clinical trial is any study that prospectively assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between a medical intervention and a health outcome. All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. For clinical trials starting patient enrollment after July 2005, trials must be registered before onset of enrollment. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (eg, phase 1 trials), are exempt. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract and also in the space provided on the online manuscript submission form.

Protocols: Authors of randomized controlled trials (RCTs) are also encouraged to submit trial protocols along with their manuscripts.

CONSORT Flow Diagram and Checklist: Manuscripts reporting the results of RCTs should include the CONSORT flow diagram showing the progress of patients throughout the trial (see Figure). The CONSORT checklist also should be completed and submitted with the manuscript.¹⁶ The CONSORT checklist is available at http://jama.ama-assn.org/misc/auinst_chk.pdf.

Reports of Diagnostic Tests. These manuscripts may be classified as Original Contributions, Brief Reports, or Research Letters. Authors of reports of diagnostic tests are encouraged to submit the STARD flow diagram and checklist (for more information, see <http://www.equator-network.org>).

Reports of Cost-effectiveness Analyses and Decision Analyses. These manuscripts may be classified as Original Contributions, Brief Reports, or Research Letters. Authors of reports of cost-effectiveness analyses and decision analyses must submit a copy of the decision tree comprising their model. This is for editorial evaluation and review, not necessarily for publication, unless it is included in the body of the manuscript.

Systematic Review (Including Meta-analysis). These manuscripts are systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within several months of manuscript submission. A structured abstract is required; for more information, see instructions for preparing structured abstracts. Recommended length: 3000-4000 words (not including abstract, tables, figures, and references).

Reports of Meta-analyses: Meta-analyses also will be considered as reviews.^{3(pp528-529)} Authors of reports of meta-analyses of randomized trials are encouraged to submit the QUOROM flow diagram and checklist (<http://www.equator-network.org>). Authors of meta-analyses of observational studies are encouraged to submit the proposed MOOSE checklist (<http://www.equator-network.org>).

Caring for the Critically Ill Patient. These manuscripts may be original research reports, preferably clinical trials, or systematic reviews (see above classifications for manuscript submission requirements by category of article) that address virtually any aspect of critical illness, from prevention and triage, through resuscitation and acute treatment, to rehabilitation and palliative care. Manuscripts that provide new insights into

the diagnosis, prognosis, and treatment of critically ill patients, as well as those that explore pathophysiological, technological, ethical, or other related aspects of critical care medicine, are welcome. For reports of original data and systematic reviews, a structured abstract is required; see instructions for preparing structured abstracts. Recommended length: 3000-3500 words (not including abstract, tables, figures, and references).

Brief Report. These manuscripts are short reports of original studies or evaluations or unique, first-time reports of clinical case series. A structured abstract is required; for more information, see instructions for preparing structured abstracts. Recommended length: 1000-1500 words (not including abstract, tables, figures, and references).

Commentary. These papers may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Commentaries should be well focused, scholarly, and clearly presented and should have no more than 2 authors. Recommended length: up to 1800 words—or 1500 words with 1 table or figure—and no more than 15 references.

A Piece of My Mind. Most essays published in *A Piece of My Mind* are personal vignettes (eg, exploring the dynamics of the patient-physician relationship) taken from wide-ranging experiences in medicine; occasional pieces express views and opinions on the myriad issues that affect the profession. Length limit: 1800 words.

Letter to the Editor. Letters discussing a recent *JAMA* article will have the best chance of acceptance if they are received within 4 weeks of the article's publication. Letters may have no more than 3 authors. They should not exceed 400 words of text and 5 references; letters not meeting these specifications are generally not considered. They should be double-spaced and a word count should be provided. The text of letters should include the names, academic degrees, and primary institutional affiliations for all authors, and the e-mail address for the corresponding author. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content.

Letter in Reply. Replies by authors should not exceed 500 words of text and 6 references. They should have no more than 3 authors.

Research Letter. Research Letters reporting original research should not exceed 600 words of text and 6 references and may include a table or figure. They may have no more than 5 authors; other persons who have contributed to the study may be indicated in an Acknowledgment, with their permission, including their academic degrees, affiliation, contribution to the study, and an indication if compensation was received for their role. Letters must not duplicate other material published or submitted for publication. In general, Research Letters should be divided into the following sections: To the Editor (which serves as an introduction), Methods, Results, and Comment. Research Letters should be double-spaced and a word count should be provided with each letter. They should not include an abstract, but otherwise should follow all of the guidelines in Manuscript Preparation and Submission Requirements. Research Letters considered for publication undergo external peer review.

On Call. JAMA On Call is a peer-reviewed section devoted to postgraduate medical education and training. It provides an ongoing forum for discourse on educational, professional, and scientific topics of special relevance to residents and fellows. Topics of interest include but are not limited to education and training, career development, technology, international medicine, ethical and medicolegal concerns, psychosocial issues, and historical perspectives. The manuscript content must be original and may represent Original Contributions, Systematic Reviews, or scholarly Commentaries (see above classifications for manuscript submission and abstract requirements by category of article). Manuscripts reporting original research may be up to 3000 words (excluding abstract, references, tables or figures); others should be limited to fewer than 2000 words. Manuscripts undergo internal review by the section editorial board, as well as external peer review as appropriate.

Poetry and Medicine. Poems related to the medical experience, whether from the point of view of a health care worker or patient, or simply an observer, will be considered. Poems should be original, not previously published or under consideration elsewhere, and no longer than 50 lines. Authors may submit multiple poems to JAMA simultaneously. Questions about submitting poems may be sent to jampoems@jama-archives.org.

Articles Requiring a Presubmission Inquiry

The following categories of articles require a presubmission inquiry and discussion with an editor:

Clinical Crossroads. Clinical Crossroads is a patient-focused, evidence-based review and discussion of a diagnostic or treatment decision faced by an actual patient and physician. Clinical Crossroads can address any medical condition but the topic should be relevant for primary care physicians. Clinical Crossroads should follow the guidelines in *JAMA*. 2006;295(24):2888-2889.¹⁷ An unstructured abstract should be provided. Recommended length: 3000-4000 words (not including abstract, tables, figures, and references). Potential authors should contact the editorial office to determine whether the topic is appropriate for Clinical Crossroads by sending an e-mail to margaret.winker@jama-archives.org.

Clinical Review. These systematic reviews address a specific question or issue that is relevant for clinical practice and provide an evidence-based, balanced, patient-oriented review on a focused topic. Clinical reviews should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health; description of how the relevant evidence was identified, assessed for quality, and selected for inclusion; synthesis of the available evidence such that the best-quality evidence (eg, well-conducted clinical trials, meta-analyses, and prospective cohort studies) should receive the greatest emphasis; and discussion of controversial aspects and unresolved issues. A structured abstract is required; for more information, see instructions for preparing structured abstracts. Maximum length: 3000 to 4000 words of text, with no more than a total of 4 tables and/or figures and no more than 50 to 100 references. Authors interested in submitting a Clinical Review manuscript should contact the editorial office prior to manuscript preparation and submission by sending an e-mail to [Mary McDermott](mailto:MaryMcDermott@northwestern.edu) at mdm608@northwestern.edu.

Grand Rounds. These papers present a case-based discussion of a clinically relevant topic. They are to a great extent a faithful reproduction of the actual Grand Rounds presentation that was made by the author. We recommend that the presentation be transcribed or taped to assist the author in maintaining the realism of the presentation. Grand Rounds papers begin with a case presentation or, preferably, an interview with the actual patient who has the disease or condition under discussion. Following the case summary, the topic is presented in the same way as it was at the actual "live" Grand Rounds, addressing the available evidence on epidemiology, etiology, clinical presen-

tation and evaluation, and therapy, when appropriate. A narrative (unstructured) abstract of 200 words or fewer is required. Maximum length: 3500 words, with no more than 50 references and no more than 4 tables and figures. For a recent example, see *JAMA*. 2007;297(4):395-400. Authors interested in submitting a Grand Rounds presentation should contact the editorial office prior to manuscript preparation and submission by sending an e-mail to dcooper@lifebridgehealth.org.

Health Law and Ethics. These manuscripts discuss important issues in law and/or ethics with implications for patient care or physician practice and are of general medical interest. The manuscript may report original data from a research investigation or it may be a scholarly, well-referenced, systematic review of a topic. Systematic reviews should include a Methods section with descriptions of the data search and selection process, critical evaluation of the cited articles or data sources, and acknowledgment of any controversial aspects of the topic. The manuscript content must be original, and manuscripts derived from previously published material (for example, a law review article) are not acceptable. For reports of original data and systematic reviews, a structured abstract is required; see instructions for preparing structured abstracts. Recommended length: up to 3500 words (not including references or abstract) and no more than 50 references. Manuscripts submitted for Health Law and Ethics may be recommended for consideration as Commentaries after favorable peer review. Authors interested in submitting a Health Law and Ethics manuscript should contact the editorial office prior to manuscript preparation and submission by sending an e-mail to helene.cole@jama-archives.org.

Patient-Physician Relationship. Articles published in this section are scholarly, clinically-relevant considerations of various aspects of the patient-physician relationship and its importance in medical care. These articles may be Clinical Trials, Systematic Reviews (in either case meeting the JAMA requirements for articles in those categories), or evidence-based essays dealing with a topic important to the relationship between patients and physicians. (For an example, see *JAMA*. 2005; 293(9):1100-1106.) For reports of original data and systematic reviews, a structured abstract is required; see instructions for preparing structured abstracts. For other manuscripts, a narrative (unstructured) abstract of 200 words or fewer is

required. Recommended length: up to 3500 words. Authors interested in submitting a Patient-Physician Relationship manuscript should contact the editorial office prior to manuscript preparation and submission by sending an e-mail to richard.glass@jama-archives.org.

Special Communication. These manuscripts describe an important issue in clinical medicine, public health, health policy, or medical research in a scholarly, thorough, well-referenced, systematic or evidence-based manner. A narrative (unstructured) abstract of 200 words or fewer is required. Recommended length: up to 3000 words (not including tables, figures, or references). Authors interested in submitting a Special Communication manuscript should contact the editorial office prior to manuscript preparation and submission by sending an e-mail to cathy.deangelis@jama-archives.org.

Controversies. The Controversies section provides a forum for debate, discussion, and examination of challenging issues and difficult questions in clinical medicine, research, public health, or health policy. The section uses a “view-counterpoint” or “point-counterpoint” format, in which 2 articles address the topic or issue and present opposing viewpoints or positions. Manuscripts should be well argued, cogent, and scholarly, with appropriate documentation for scientific content and factual assertions and should have no more than 2 authors. Recommended length: up to 1800 words of text, with no more than 20 references and a maximum of 1 table or figure. Authors interested in submitting a paper for the Controversies section should contact the editorial office prior to manuscript submission by sending an e-mail to phil.fontanarosa@jama-archives.org.

Rational Clinical Examination. These systematic review articles rigorously assess the evidence produced during the clinical encounter between patient and physician. The article should evaluate, in a qualitative manner, and if the evidence justifies doing so, in a quantitative manner, reports of tests of the usefulness of individual items in the patient’s history and physical examination. In addition, the article may evaluate how these items are modified in the presence of simple laboratory or radiological tests. An extension of this series is the Rational Clinical Procedures series, in which clinical procedures frequently performed by the clinician are evaluated for their diagnostic usefulness and also may be demonstrated with illustrations, animations, or video. Recom-

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Manuscript Style. Manuscripts should be prepared in accordance with the *AMA Manual of Style*, 10th edition,³ and/or the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.⁴

Manuscript Components. Include a title page, abstract, text, references, and as appropriate, figure legends, tables, and figures. Start each of these sections on a new page, numbered consecutively, beginning with the title page.

Recommended File Sizes. We recommend individual file sizes of no more than 500 kB and not exceeding 1 MB, with the total size for all files not exceeding 5 MB (not including any video files).

Manuscript File Formats. For submission and review, acceptable manuscript file formats include Word, WordPerfect, PDF, EPS, Text, Postscript, or RTF format. However, if the manuscript is accepted for publication, a PDF text file cannot be used and authors will be asked to send it in Word or WordPerfect format.

Use 10-, 11-, or 12-point font size, double-space text, and leave right margins unjustified (ragged).

Title Page. The title page should include a word count for text only and the full names, highest academic degrees, and affiliations of all authors. If an author’s affiliation has changed since the work was done, the new affiliation also should be listed.

Abstracts. Include a structured abstract of no more than 300 words for reports of original data, reviews and, meta-analyses. Abstracts should be prepared in JAMA style—see instructions for preparing structured abstracts. For other major manuscripts, include an unstructured abstract of no more than 200 words that summarizes the objective, main points, and conclusions of the article. Abstracts are not required for editorials, commentaries, and some special features.

All reports of original data, systematic reviews and meta-analyses, and clinical reviews should be submitted with structured abstracts as described below. No information should be reported in the abstract that does not appear in the text of the manuscript. The following is adapted from “More informative abstracts revisited.”¹⁸

Abstracts for Reports of Original Data: Reports of original data should include an abstract of no more than 300 words using the following headings: Context, Objective, Design, Setting, Patients (or Participants), Interventions (include only if there are any), Main Outcome Measure(s), Results, and Conclusions. For brevity, parts of the abstract may be written as phrases rather than complete sentences. Each section should include the following content:

Context: The abstract should begin with a sentence or 2 explaining the clinical (or other) importance of the study question.

Objective: State the precise objective or study question addressed in the report (eg,

“To determine whether . . .”). If more than 1 objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

Design: Describe the basic design of the study. State the years of the study and the duration of follow-up. If applicable, include the name of the study (eg, the Framingham Heart Study). As relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

Setting: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

Patients or Other Participants: State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided (see below), including the number of otherwise eligible individuals who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample.

Intervention(s): The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name, and non-proprietary drug names should be used.

Main Outcome Measure(s): Indicate the primary study outcome measurement(s) as planned before data collection began. If the manuscript does not report the main planned outcomes of a study, this fact should be stated and the reason indicated. State clearly if the hypothesis being tested was formulated during or after data collection. Explain outcomes or measurements unfamiliar to a general medical readership.

Results: The main outcomes of the study should be reported and quantified, and must

include measures of absolute risks (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%) or *P* values. Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate. Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence intervals. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. If predictive value or accuracy is reported, prevalence or pretest likelihood should be given as well. All randomized controlled trials should include the results of intention-to-treat analysis, and all surveys should include response rates.

Conclusions: Provide only conclusions of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization. Indicate whether additional study is required before the information should be used in usual clinical settings. Give equal emphasis to positive and negative findings of equal scientific merit.

Trial Registration: For clinical trials, the name of the trial registry, registration number, and URL of the registry must be included.

Abstracts for Systematic Reviews/Meta-analyses: Manuscripts reporting the results of meta-analyses should include an abstract of no more than 300 words using the following headings: Context, Objective, Data Sources, Study Selection, Data Extraction, Results, and Conclusions. The text of the manuscript should also include a section describing the methods used for data sources, study selection, data extraction, and data synthesis. Each heading should be followed by a brief description:

Context: A sentence or 2 explaining the importance of the review question.

Objective: State the precise primary objective of the review. Indicate whether the review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.

Data Sources: Succinctly summarize data sources, including years searched. The search should include the most current information possible, ideally with the search being conducted within several months before the date of manuscript submission. Potential sources include computerized databases and published indexes, registries,

abstract booklets, conference proceedings, references identified from bibliographies of pertinent articles and books, experts or research institutions active in the field, and companies or manufacturers of tests or agents being reviewed. If a bibliographic database is used, state the exact indexing terms used for article retrieval, including any constraints (for example, English language or human study participants). If abstract space does not permit this level of detail, summarize sources in the abstract including databases and years searched, and place the remainder of the information in the Methods section.

Study Selection: Describe inclusion and exclusion criteria used to select studies for detailed review from among studies identified as relevant to the topic. Details of selection should include particular populations, interventions, outcomes, or methodological designs. The method used to apply these criteria should be specified (for example, blinded review, consensus, multiple reviewers). State the proportion of initially identified studies that met selection criteria.

Data Extraction: Describe guidelines used for abstracting data and assessing data quality and validity (such as criteria for causal inference). The method by which the guidelines were applied should be stated (for example, independent extraction by multiple observers).

Results: State the main results of the review, whether qualitative or quantitative, and outline the methods used to obtain these results. Meta-analyses should state the major outcomes that were pooled and include odds ratios or effect sizes and, if possible, sensitivity analyses. Numerical results should be accompanied by confidence intervals, if applicable, and exact levels of statistical significance. Evaluations of screening and diagnostic tests should include sensitivity, specificity, likelihood ratios, receiver operating characteristic curves, and predictive values. Assessments of prognosis should summarize survival characteristics and related variables. Major identified sources of variation between studies should be stated, including differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates.

Conclusions: The conclusions and their applications (clinical or otherwise) should be clearly stated, limiting interpretation to the domain of the review.

Abstracts for Clinical Reviews: Clinical Review articles should include an abstract of

no more than 250 words with the following sections: Context, Evidence Acquisition, Results, and Conclusions.

Context: Include 1 or 2 sentences describing the clinical question or issue and its importance in clinical practice or public health.

Evidence Acquisition: Describe the data sources used, including the search strategies, years searched, and other sources of material, such as subsequent reference searches of retrieved articles. Methods used for quality assessment and inclusion of identified articles should be explained.

Results: The major findings of the review of the clinical issue or topic should be addressed in an evidence-based, objective, and balanced fashion, with the highest quality evidence available receiving the greatest emphasis.

Conclusions: The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge.

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Units of Measure Conversion Table: A conversion table is available on the Web site for the *AMA Manual of Style* at http://www.us.oup.com/us/pdf/9780195176339/table_2.pdf.

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Examples of reference style:

1. Morrow DA, Scirica BM, Karwowska-Prokopczuk E, et al; for the MERLIN-TIMI 36 Trial Investigators. Effects of ranolazine on recurrent cardiovascular events in patients with non-ST-elevation acute coronary syndromes: the MERLIN-TIMI 36 randomized trial. *JAMA*. 2007;297(16):1775-1783.

2. Lynfield R, Ogunmodede F, Guerina NG. Toxoplasmosis. In: McMillan JA, Feigin RD, DeAngelis CD, Jones MD Jr, eds. *Oski's Pediatrics: Principles and Practice*. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2006:1351-1362.

3. The key and critical objectives of JAMA. <http://jama.ama-assn.org/misc/aboutjama.dtl>. Accessed April 4, 2007.

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