

Following are guidelines for the preparation and submission of manuscripts to *Obstetrics & Gynecology*. Submit all manuscripts through the Internet at ong.editorialmanager.com (Editorial Manager). Include the following items with the submitted manuscript:

- Author Agreement form(s)
 - Completed checklist(s)
 - Cover letter to the editors addressing the following points:
 - The authors' intent to submit to *Obstetrics & Gynecology*
 - Previous submissions of the current manuscript (see I.A)
 - The role of each author if the total number exceeds the journal's limit (see I.C)
 - Institutional review board approval or exemption (see I.H)
 - Suggested reviewers and their contact information (optional)
 - Microsoft Word file of the manuscript containing the following:
 - Title Page
 - Précis
 - Abstract
 - Manuscript body
 - References
 - Table(s)
 - Figure Legend(s)
 - Any figure(s)
 - Any supplemental digital content
- Further information about each of these components can be found in Sections II through V.

Authors may also send the submission checklist and author agreement forms by mail, fax, or e-mail. Both forms are available online (www.greenjournal.org) or in the

back of each month's journal. Authors must use the most recent version of the author agreement form. The most current version is always the one found online.

Once a manuscript is submitted through Editorial Manager, the corresponding author will be notified by e-mail. When submitting online, do not send duplicate copies of the manuscript to the editorial office. Authors who do not have Internet access may submit hard copies of manuscripts (accompanied by an electronic copy of the manuscript and artwork saved to a CD-ROM) to the following address:

The Editor
Obstetrics & Gynecology
 409 12th Street, SW
 Washington, DC 20024-2188

Other contact information for the editorial office is as follows:

Phone: 202-314-2317
Fax: 202-479-0830
E-mail: obgyn@greenjournal.org

A Guide to Writing for Obstetrics & Gynecology, a complementary resource to the Instructions for Authors, is available at www.greenjournal.org (or contact the Editorial Office to obtain a hard copy). First and second authors of articles published in *Obstetrics & Gynecology* are eligible to receive 10 Category 1 continuing medical education credits per article for one article per year.*

I. POLICIES

The following policies apply to all manuscripts submitted to *Obstetrics & Gynecology*.

A. Previous Submission

Original submissions will be considered for publication with the understanding that they are contributed solely to *Obstetrics & Gynecology*.

If a version of the manuscript has previously been submitted for publication to *Obstetrics & Gynecology* or to another journal, include comments from the peer reviewers and an indication of how the authors have responded to these comments. If any of the material in the manuscript (other than an abstract of not more than 300 words) is submitted or planned for publication elsewhere in any form (including electronic media), or if the information appeared in a previous publication, identify the other submission in the cover letter and include a copy of that publication. This does not apply to documented materials from other sources such as quotations, figures, and tables. Failure to comply with this stipulation may lead to a judgment of redundant publication. Authors found responsible for redundant publication may be barred from submitting manuscripts for up to 3 years; furthermore, a statement identifying the nature and source of the redundant publication may be printed in the journal.

B. Presentation at Meetings

The journal will consider a complete report that follows presentation at a scientific meeting (eg, abstract or poster). Researchers who present their work at such a meeting may discuss their presentations with the media. However, offering more detail about the study than was presented in the abstract or poster (eg, providing additional data or copies of tables and figures) is prohibited.¹ Indicate such presentations on the title page.

C. Authorship

To qualify as an author of an article published in *Obstetrics & Gynecology*, an individual must have participated sufficiently in the work to

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take public responsibility for it. Such participation ordinarily includes:

- Involvement in conception or design of the project
- Important contribution(s) to critical aspects of the conduct of the research
- Drafting the article submitted and revising it for important intellectual content
- Approval of the final, submitted version

Participation that does not qualify for authorship includes:

- Data gathering
- Provision of financial or other support
- Review of a preliminary draft

The Editor may request a description of each listed author's specific contribution. This information may be published with the article.

The appropriate number of authors depends on the nature of the study. The maximum number of authors usually permitted is six on Original Research articles and four on all other types of articles. If more authors are credited, include specific information explaining the role of each author in a cover letter.

Noting that more than one author contributed equally to the work is not permitted.

If authorship is attributed to a group or collective, there must be at least one individual name included. List the names of the individuals in the group or collective in an appendix, which will be published online. A reference to the online appendix will appear in the print journal.

D. Provision of Additional Information

During consideration of a manuscript, it may become necessary to examine original source documents such as signed consent forms, IRB minutes, research data books or logs, and statistical calculations. If the Editor requests any such material, and the author is

unable or unwilling to produce it, the manuscript will be withdrawn.

E. Financial Disclosure

On submission, the author(s) must identify potential conflicts of interest of a financial or other nature. Authors should err on the side of full disclosure and provide as much information as possible, regardless of dollar amount.

- Identify all sources of financial support of the study, including provision of supplies or services from a commercial organization on the title page.
- Disclose any financial involvement that could represent potential conflicts of interest in an attachment to the author agreement form.

F. Evidence-Based Medicine

Evidence-based approaches are becoming more important to the scientific literature. *Obstetrics & Gynecology* has incorporated specific guidelines for reporting randomized controlled trials (ie, CONSORT),^{2,3} meta-analyses and systematic reviews of randomized controlled trials (ie, QUOROM),⁴ meta-analyses and systematic reviews of observational studies (ie, MOOSE),⁵ studies of diagnostic accuracy (ie, STARD),⁶ and observational studies (ie, STROBE).^{7,8}

1) CONSORT: Include a completed CONSORT checklist (available at www.greenjournal.org) and a flowchart of participants with the submitted manuscript. Authors of randomized controlled trials should report outcome data as both absolute and relative effects. In addition to the relative risk (RR), we encourage presentation of the number needed to treat for benefit (NNTb) or harm (NNTh).^{9,10}

2) QUOROM and MOOSE: Review articles must follow the QUOROM or MOOSE guidelines. Further information is avail-

able on the journal's web site (www.greenjournal.org).

3) STARD: A completed STARD checklist (available at www.greenjournal.org) should accompany studies of diagnostic accuracy.

4) STROBE: Observational studies should follow the STROBE guidelines. Further information is available on the journal's web site (www.greenjournal.org).

In your cover letter, be sure to indicate that you have followed the CONSORT, MOOSE, QUOROM, STARD, or STROBE guidelines, as appropriate.

G. Clinical Trial Registration

All clinical trials must be enrolled in a central registry in order to be considered for publication.^{2,11} Registries approved by the International Committee of Medical Journal Editors are:¹²

- www.clinicaltrials.gov
- isrctn.org
- www.umin.ac.jp/ctr/index.htm
- www.actr.org.au
- www.trialregister.nl/trialreg/index.asp

Provide the trial registry name and URL and the registration number at the end of the abstract.

H. Institutional Review Board

Institutional review board (IRB) approval (or a letter from the IRB chair stating that the study is exempt from IRB review) is required for any original research article. Include a sentence in the Materials and Methods section stating that approval was obtained, and include the name of the IRB.

I. Compliance with NIH and Other Research Funding Agency Accessibility Requirements

A number of research funding agencies now require or request authors to submit the postprint (the



article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, the journal's publisher, Lippincott Williams & Wilkins, will identify to the National Library of Medicine articles that require deposit and will transmit the postprint of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The author agreement form provides the mechanism.

J. Abbreviations and Acronyms

Only standard abbreviations and acronyms listed in *Dorland's Illustrated Medical Dictionary, 31st edition*, the *American Medical Association Manual of Style: A Guide for Authors and Editors, 10th edition*, and online at www.greenjournal.org are allowed. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

K. Commercial Names

Commercial names cannot be used in the title, précis, or abstract. When referring to drugs, use lowercase generic names. If a commercial name must be used, it should be capitalized and indicate the name and location (city and state, as well as country if not in the United States) of the manufacturer in parentheses at first mention. If a specific piece of commercial equipment, a particular instrument, or a statistical program has been used, indicate the manufacturer's name and location.

L. Permissions and Releases

Tables and figures should be original. The use of borrowed material

(eg, lengthy direct quotations, tables, or figures) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained and credit to the original source indicated. Permission is also required for material that has been adapted or modified from another source. Both print and electronic rights must be obtained. If a patient is recognizable, authors must obtain a signed release from that patient. Forms for use in obtaining permission and releases can be found on the journal's web site. Authors must include this documentation with the submitted manuscript (eg, by uploading scanned copies of forms or by faxing the forms to the editorial office).

II. ARTICLE FORMATS

Several types of articles can be submitted for publication in *Obstetrics & Gynecology*: Original Research, Case Reports, Systematic Reviews, Current Commentaries, Personal Perspectives, In the Trenches, and Letters to the Editor. Stated page limits in II.A–E include all numbered pages in a manu-

script (ie, title page, précis, abstract, text, references, tables, boxes, and figure legends). Author agreement forms, checklists, the cover letter, and figures do not contribute to the page limits. See also the table titled "Manuscripts at a Glance."

A. Original Research

An original research article is a full-length report of original basic or clinical investigation. Length should not exceed 22 manuscript pages, including references. The suggested number of references is 30.

1) Abstract: Original research reports should have a structured abstract of no more than 250 words, using the following headings:

- **Objective:** Main question, objective, or hypothesis
- **Methods:** Study design, participants, outcome measures, power
- **Results:** Measurements, including odds ratios with confidence intervals and level of statistical significance when appropriate; note that the editors prefer ab-

Manuscript Length At A Glance

Article Type	Abstract Length	Manuscript Length*	Maximum Number of Authors	Maximum Number of References
Original Research	250 words	22 pages [†]	6	30 [‡]
Case Report	125 words	8 pages	4	8
Systematic Review	300 words	25 pages	4	40 [‡]
Current Commentary	250 words	12 pages	4	12
Personal Perspectives	NA	12 pages	4	NA [§]
In the Trenches	NA	300 words [¶]	4	NA
Letters to the Editor	NA	400 words	4	5

NA, not applicable.

* Manuscript length includes all numbered pages in a manuscript (ie, title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes). Manuscript pages should be double-spaced. The average word count per page is 250 in the body of the text. The pages containing the title, précis, abstract, references, tables, boxes, figure legends, and appendixes may have fewer words, so the overall page count should be used as a guide when considering length.

[†] The Introduction should not exceed 1 page; the Discussion should not exceed 3 pages.

[‡] Suggested limit.

[§] References are generally not needed in Personal Perspectives articles.

[¶] Length includes Case section only; authors submitting a case should include a title page.

^{||} References appear in the Commentary section only. The Commentary section is solicited by the Series Editor.



solute numbers and percentages (see I.E)

- **Conclusion:** Directly supported by data, along with clinical implications

2) Headings: Organize original research reports in a manner similar to their structured abstract.

- **Introduction:** Orients the reader to the problem(s) addressed by the report, preferably in one page or less, and clearly states the purpose or objective of the research. Avoid a detailed literature review in this section.
- **Materials and Methods:** Describes the research methodology in sufficient detail so that others could duplicate the work. This section should state that an appropriate IRB approved the research and that the participants gave informed consent. Identify methods of statistical analysis and, when appropriate, state the basis (including alpha and beta error estimates) for their selection. Cite any statistical software programs used in the text. Express *P* values to no more than three decimal places. Reports in which statistical difference is lacking must provide some indication of the study's power to detect such differences, and this information must be included in the abstract.
- **Results:** Presents the findings in appropriate detail. Tables and figures may be used, but take care to avoid duplication between text and tables or figures.
- **Discussion:** Raises implications of the findings reported and compare them with those of earlier reports. It may be helpful in developing arguments to recapitulate some of the findings, but avoid repetition of results given earlier. Complete review of the literature is not necessary. Although some degree of specu-

lation (eg, as to the importance of the observations) is permissible, avoid unfounded conclusions. A final summary is usually unnecessary, as this information should be provided in the abstract. The focus of this section should be the importance of these findings to clinicians and actual patient care. The Discussion should not exceed three pages in length.

B. Case Reports

Case reports are published twice yearly as a supplement to the February and August issues. A case report is a brief description of up to three cases of a particular condition that is unusual, instructive, and not previously reported. Length should not exceed eight manuscript pages, including eight references. Write the case in a way that preserves the confidentiality of the subjects.¹³ The report should have a clear purpose and teaching point; simply being the first case reported does not usually justify publication.

1) Abstract: Case reports should have a structured abstract of no more than 125 words, using the following headings:

- **Background:** Importance of the subject matter and specific purpose of the report
- **Case:** Summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome
- **Conclusion:** Summary of the principal finding and why it is unique or worthy of mention, indicating relevance to clinical practice

2) Headings: Case report articles have three basic components.

- **Introduction:** Gives a brief background about why the case is important.
- **Case(s):** Describes the case in a narrative format and includes

the essential findings and patient management.

- **Comment:** Includes a brief review of the literature but focuses primarily on the clinical implications of the case(s) presented.

C. Systematic Reviews

A systematic review article is a comprehensive review of publications relating to a specific clinical subject accompanied by critical analysis and conclusions. The manuscript should not exceed 25 pages, including references. The suggested number of references is 40. Review articles must follow the MOOSE⁵ or QUOROM⁴ guidelines (www.greenjournal.org).

1) Abstract: Systematic review articles should have a structured abstract of no more than 300 words, using the following headings:

- **Objective:** Statement of purpose of the review
- **Data Sources:** Sources searched, including dates, terms, and constraints
- **Methods of Study Selection:** Number of studies reviewed and selection criteria
- **Tabulation, Integration, and Results:** Guidelines for extracting data, methods of correlating and integrating findings, and main results of review
- **Conclusion:** Primary conclusions and their clinical applications

2) Heading: Review articles should be organized in a manner similar to their structured abstract.

- **Introduction:** Indicates why the topic is important and states the specific objective(s) of the review.
- **Sources:** Identifies what was searched and how; if a computerized system was used, specify the dates searched, the language(s) covered, and the search terms used.



- *Study Selection*: Identifies the number and nature of reports reviewed, the basis of any selection (ie, exclusion and inclusion criteria), and the reports in the final tabulation.
- *Results*: Describes how observations across studies were tabulated and integrated into a cohesive whole.
- *Conclusion*: Includes what can be concluded from the exercise, along with clinical implications and need for additional research.

D. Current Commentary

Current Commentary essays address issues, opinions, experiences, or perspectives of clinical relevance to obstetrics and gynecology. Length should not exceed 12 manuscript pages, including 12 references. The abstract should be a single paragraph that states what was done, what was found, and what the findings mean. Headings are not necessary in the body of the article.

E. Personal Perspectives

Personal Perspectives essays offer insights into the practice of medicine, with an emphasis on the unique physician–patient relationship. Essays from various viewpoints—physician, nurse, patient—are welcome. A short essay for light reading addressing a topic pertinent to the discipline, including humor or satire, is also appropriate for this section. Length should not exceed 12 manuscript pages. Abstracts are not included in this feature, and headings are not needed in the body of the article.

F. In the Trenches

In the Trenches articles feature challenging clinical cases followed by commentaries on management implications. The series is designed to highlight common clinical scenarios that are infrequently de-

scribed in the ob-gyn literature. Suggestions for potential cases can be forwarded to Ingrid Nygaard, MD, Clinical Case Series Editor (e-mail: ingrid.nygaard@hsc.utah.edu). Case authors will work with the Series Editor to identify commentators. More detailed information is available at www.greenjournal.org.

G. Letters to the Editor

Letters posing a question or challenge to an article appearing in *Obstetrics & Gynecology* within the last 8 weeks will be considered for publication.

Submit letters through the Internet at ong.editorialmanager.com (Editorial Manager). Letters are limited to a maximum of 400 words, including signatures and 5 references. A word count must be provided. The maximum number of authors permitted is four. All authors' full names and the corresponding author's address, telephone and fax numbers, and e-mail address should appear at the end of the letter.

The Editor reserves the right to shorten letters, delete irrelevant or objectionable comments, and make changes to comply with journal style. Due to the volume of letters received, the journal cannot reply to all submissions. An effort is made to publish accepted letters within 3 months of acceptance.

III. MANUSCRIPT STRUCTURE

All manuscripts must be submitted as Microsoft Word doc files. All manuscript pages (including references, tables, and figure legends) must be double-spaced. Use a standard, 12-point typeface such as Times New Roman or Arial. Top, bottom, and side margins should be set at 1 inch. The first author's name should appear in the upper right corner of each page, and each page and line must be numbered consecutively, beginning with the title page. The use of subheadings

is discouraged in all but the most complex of papers. Avoid using footnotes. For direct quotations, acknowledge the author and source. Authors must include the following in the manuscript file:

A. Title Page

The title page should list:

- The manuscript title, which should contain no more than a total of 100 characters (counting letters and spaces) and should not be declarative; do not use abbreviations or commercial names in the title
- All author name(s), institutional, corporate, or commercial affiliations, and major degree(s)
- Corresponding author's name, address, telephone and fax numbers, and e-mail address (the corresponding author will be responsible for all correspondence and other matters relating to the manuscript)
- Source(s) of the work or study
- Disclosure of any source of financial support of the study, including provision of supplies or services from a commercial organization.
- Disclosure of funding received for this work from any of the following organizations: National Institutes of Health, WellcomeTrust, Howard Hughes Medical Institute, and other(s).
- A short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.
- Acknowledgments
 - Financial support of the study must be acknowledged (refer to section I.E for more information). Authors must report whether they had writing assistance and identify the entity that paid for this assistance.
 - Acknowledgment of individuals who contributed to the study, but not sufficiently to be authors, is permitted as long as the contribution was



specific and professional in nature. Obtain written permission from all individuals named in the acknowledgments. Acknowledgment permissions need not be submitted to the journal; rather, the corresponding author should keep them on file. By signing the journal's author agreement form, the corresponding author verifies that permission has been obtained from all named persons. Other acknowledgments, such as advice, secretarial services, or contribution of study subjects, are not permitted. Authors should note if the paper was part of a presentation at a meeting.

B. Précis

On the second page, authors should provide a précis. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line).

C. Abstract

Abstracts should appear on the third page of the manuscript. All information in the abstract should be consistent with the information in the text, tables, or figures. See Section II for more information on how to format the abstract based on article type.

D. Text

The main body of the article appears after the abstract. See Section II for more information on how to format the body based on article type.

E. References

Use references found published in peer-review publications that are generally accessible. Unpublished data, personal communications, statistical programs, papers presented at meetings and symposia,

abstracts, letters, and manuscripts submitted for publication cannot be listed in the references. Information from such sources may be cited, if necessary, in the text with the sources given in parentheses. Papers accepted by peer review publications but not yet published ("in press") are not acceptable as references.

References are numbered consecutively in the order in which they appear in the text (note that references should not appear in the abstract) and listed double-spaced at the end of the manuscript. Avoid using the endnote or footnote feature found in word processing software to create the reference list. Identify citations on the line within parentheses.

Authors are responsible for the accuracy of all references. The format must adhere to the specifications of the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals,"¹ and journal names should conform to Index Medicus abbreviations. It is acceptable to use commercially available reference management software. The reference style of *Obstetrics & Gynecology* is closest to that of the International Committee of Medical Journal Editors, and the Editors recommend using this style as a template. Examples of specific types of references are available online (www.greenjournal.org).

F. Figure Legends

Each piece of art should have an accompanying legend. Group all legends on a single, separate page of the manuscript, not on the figure itself. A sentence or two is usually sufficient. Identify any abbreviations or symbols in the legend. In the case of photomicrographs, provide magnification and stain data.

G. Tables

Create tables using the table function in word processing software.

Do not use tabs and spaces to create columns.

Each table should be double spaced on a separate page, numbered by the Arabic system, and identified by a clear and concise title at the top. Group tables at the end of the manuscript; do not intersperse within the text. Cite each table, in order by number, in the manuscript.

Information should be sufficiently detailed to allow the table to be understood by itself. Report demographic information in tabular form. Do not use a table for data that can be described adequately in two or three sentences in the text. Standard rules of capitalization should be observed in the tables. Column totals should be verified and percentages should add up to 100% (or specify a reason). If one column or row of a table has the same entry for each cell, it should probably be deleted and the information be conveyed in a footnote. Account for any blank cells in a footnote. For borrowed selections, the original source should appear as a footnote. Further instructions on formatting tables are given in the *American Medical Association Manual of Style: A Guide for Authors and Editors, 10th edition*.

IV. FIGURES

If the submission includes figures, art saved in digital format should be submitted. Figures must be submitted as image files separate from the document file in Editorial Manager.

Refer to the digital art guidelines and artwork checklist on the journal's web site for more direction on digital art preparation and examples of acceptable art (www.greenjournal.org). Hard copies of original art or photographs may be requested.

Art that is low resolution, digitized, adapted from slides, downloaded from the Internet, or images saved to Microsoft PowerPoint will



not reproduce well. Original, high resolution files are needed. Unacceptable art may be redrawn or removed from the article.

V. SUPPLEMENTAL DIGITAL CONTENT

Authors may submit supplemental digital content to enhance their article's text and to be considered for online-only posting. Supplemental digital content may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, audio, and video.

A. Guidelines for Supplemental Digital Content

Cite all supplemental digital content consecutively in the text. Citations should include the type of material submitted, should be clearly labeled as "Supplemental Digital Content," should include a sequential number, and should provide a brief description of the supplemental content.

Provide a legend of supplemental digital content at the end of the text. List each legend in the order in which the material is cited in the text. The legends must be numbered to match the citations from the text.

Include a title and a brief summary of the content. For audio and video files, also include the author name, videographer, participants, length (minutes), and size (MB).

Authors should mask patients' eyes and remove patients' names from supplemental digital content unless they obtain written consent from the patients and submit written consent with the manuscript.

B. File Size and Types

To ensure a quality experience for those viewing supplemental digital content, the journal's publisher suggests that authors submit supplemental digital files no larger than 10 MB each.

Follow these guidelines for formatting files:

- Documents, graphs, and tables may be presented in any format.
- Figures, graphics, and illustrations should be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, .gif.
- Audio files should be submitted with the following file extensions: .mp3, .wma.
- Video files should be submitted with the following file extensions: .wmv, .mov, .qt, .mpg, .mpeg, .mp4. Video files should also be formatted with a 320 × 240 pixel minimum screen size.

For more information, please review LWW's requirements for submitting supplemental digital content (<http://links.lww.com/A142>).

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