General Information

JAMA Neurology (formerly Archives of Neurology) is an international peer-reviewed journal published in print 12 times a year and online every Monday. The journal began publishing as Archives of Neurology & Psychiatry in 1919 and, in 1959, became 2 separate journals: Archives of Neurology and Archives of General Psychiatry. The journal publishes occasional theme issues on topics such as cerebrovascular diseases, epilepsy, neuromuscular diseases, neoplasms, multiple sclerosis, movement disorders, Alzheimer disease, neurotherapeutics, genetics, sleep disorders, headache syndromes, emergency neurology, neuro-ophthalmology, neuro-otology, neurodegenerative diseases, ethical issues, and neurobiotechnology. The acceptance rate is 16%. The average time from submission to acceptance is 48 days; from acceptance to publication is 6 months. The Editor in Chief is Roger N. Rosenberg, MD, Zale Distinguished Chair and Professor of Neurology at the University of Texas, Southwestern Medical Center, Dallas.

Editorial Office Contact Information

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

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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. Per the guidelines of the International Committee of Medical Journal Editors (ICMJE),1 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.

All authors (ie, the corresponding author and each coauthor) must complete and submit an Authorship Form with signed statements on Authorship Responsibility, Criteria, and Contributions; Confirmation of Reporting Conflicts of Interest and Funding; and either Copyright Transfer/Publishing Agreement or Federal Employment.2(pp128-133) In addition, authors are required to identify their contributions to the work described in the manuscript. Authorship Forms will be sent to authors for completion after manuscripts have been submitted (see sample Authorship Form).

For reports of original data and reviews, authors' specific contributions will be published in the Acknowledgment section (see Manuscript Preparation and Submission Requirements, Acknowledgment Section).

All other persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, and writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment in the manuscript. Written permission to include the names of individuals in the Acknowledgment section must be obtained (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). 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). If requested, authors should be prepared to provide the data and must cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees.

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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, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The corresponding author is responsible for ensuring that the conflict of interest disclosures reported in the Acknowledgment section of the manuscript are accurate and up-to-date.

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If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship as described above.3 If that is not the case, a group must designate 1 or more individuals as authors or members of a writing group who meet full authorship criteria and requirements.3 Other group members who are not authors may be listed in an Acknowledgment.

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• Any "other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing" what is written in the submitted work (based on all relationships that were present during the 3 years prior to submission).

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Although many universities and other institutions have established policies and thresholds for reporting financial interests and other conflicts of interest, the JAMA Network journals require 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.

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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 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.”4

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For all reports (regardless of funding source) containing original data, at least 1 named author (eg, the principal investigator), and no more than 2 authors, must 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.” 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. In addition, for all reports containing original data, the names and affiliations of all authors (or other individuals) who conducted and are responsible for the data analysis must be indicated in the Acknowledgment section of the manuscript. If the individual who conducted the analysis is not named as an author, a detailed explanation of his/her contributions and reasons for his/her involvement with the data analysis should be included.

Acknowledgment Section

The “Acknowledgment section” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The Acknowledgment section includes authors’ contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names, degrees, and affiliations of participants in a large study or other group; any important disclaimers; information on previous presentation of the information reported in the manuscript; listing of supplemental material; and the contributions, names, degrees, affiliations, and indication if compensation has been received for all persons who have made substantial contributions to the work but who are not authors.

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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 (see Previous or Planned Meeting Presentation or Release of Information).

Timeliness of Data

Research reports submitted to JAMA Neurology should be timely and current and should be

based on data collected as recently as possible. Manuscripts based on data from randomized clinical 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 5 years before manuscript submission. Likewise, data used in case-control or cross-sectional studies should have been collected as recently as possible, but no more than 5 years before manuscript submission. Because manuscripts in which the most recent data have been collected more than 5 years ago (ie, prior to 2008) ordinarily will receive lower priority for publication, authors of such manuscripts should provide a detailed explanation of the relevance of the information in light of current knowledge and medical practice.

Clinical Trials

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram, and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements). These and other requirements for manuscript preparation are detailed in Categories of Articles, Clinical Trial. For additional guidance on reporting cluster trials, noninferiority and equivalence trials, pragmatic trials, and trials with patient-reported outcomes, see Extensions of the CONSORT Statement.

Trial Registration:

As a member of ICMJE, JAMA Neurology requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (ie, the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE).5,6 Acceptable trial registries include the following and others listed at http://www.icmje.org:

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 research project that prospectively assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between an 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. Please note: for clinical trials starting patient enrollment after July 2005, trials must have been registered before onset of patient enrollment. For trials that began before July 2005 but that were not registered before September 13, 2005, trials must have been registered before journal submission. 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 manuscripts reporting clinical trials must submit trial protocols (including the complete statistical analysis plan) along with their manuscripts.

CONSORT Flow Diagram and Checklist:

Manuscripts reporting the results of randomized trials must 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.

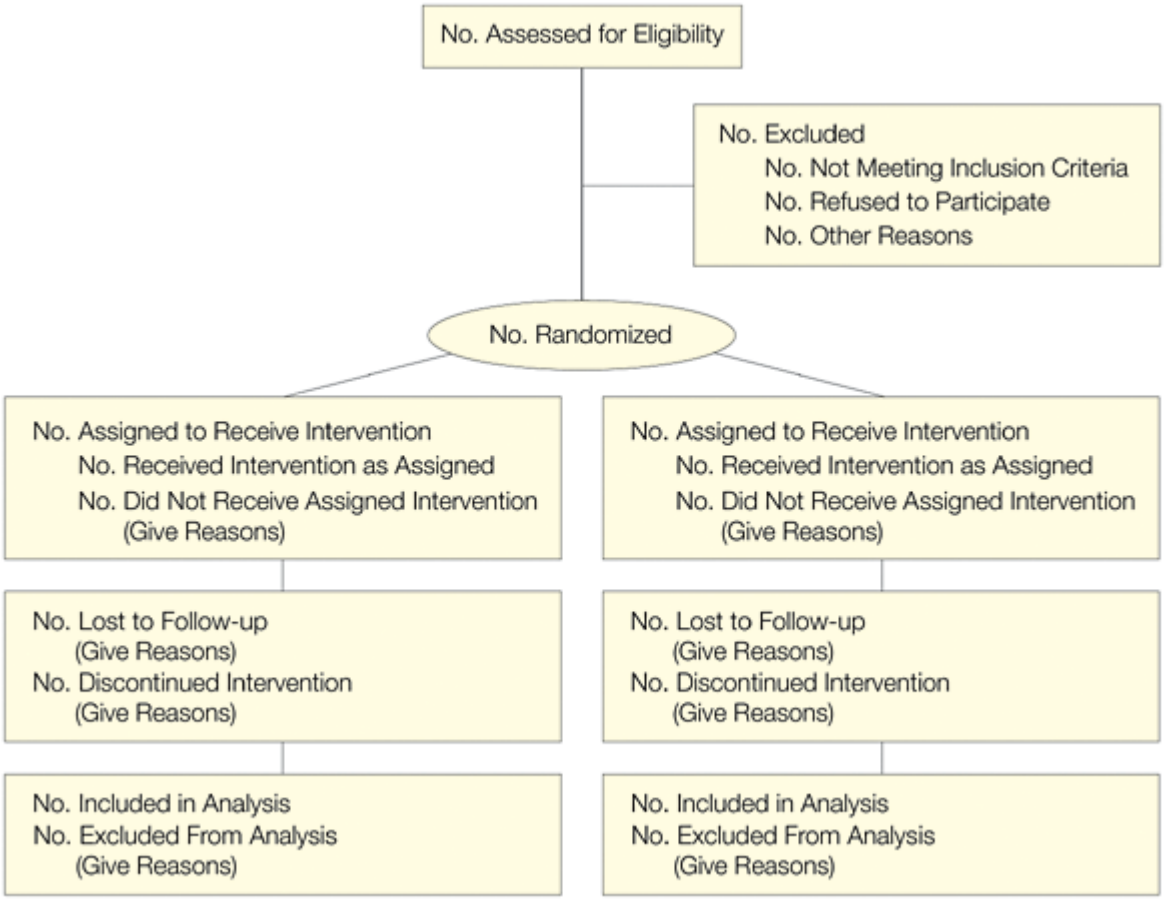

Figure. Profile of a Randomized Clinical Trial

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. Survey studies should have sufficient response 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.7 In addition, authors should submit the survey instrument if possible as an online-only supplementary file (see Online-Only Supplements and Multimedia).

Reports of Diagnostic Tests

These manuscripts may be classified as Original Investigations, Brief Reports, or Research Letters. Authors of reports of diagnostic tests are encouraged to submit the STARD flow diagram and checklist.

Reports of Cost-effectiveness Analyses and Decision Analyses

These manuscripts may be classified as Original Investigations, 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.

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.8

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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. For those investigators who do not have formal ethics review committees (institutional or regional), the principles outlined in the Declaration of Helsinki should be followed. 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) and whether participants received a stipend. 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.

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A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, video, 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, video, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section of the manuscript. Such persons should be offered the opportunity to see the manuscript before its submission. 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 here.

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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. Personal communications should not be included in the list of references.

Manuscripts That Pose Security Risks

Authors and reviewers are expected to notify editors if a manuscript could be considered to report dual use research of concern (ie, research that could be misused by others to pose a threat to public health and safety, agriculture, plants, animals, the environment, or material).9 The editor in chief will evaluate manuscripts that report potential dual use research of concern and, if necessary, consult additional reviewers.

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A complete manuscript following presentation at a meeting or publication of preliminary findings elsewhere (eg, an abstract) is eligible for consideration for publication. Authors considering

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Editorial Review and Publication

Authors will be sent notifications of the receipt of manuscripts and editorial decisions by e-mail. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system.

Editorial and Peer Review

All submitted manuscripts are reviewed initially by a JAMA Neurology 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 neurology 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. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal editors. 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. Final decisions regarding manuscript publication are made by the Editor, who does not have any financial relationships with any biomedical company.

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Categories of Articles

JAMA Neurology publishes Original Investigations, Reviews, Viewpoints, and other categories of articles. Topics of interest include all subjects that relate to the practice of neurology and the betterment of public health worldwide. The most frequently published types of articles are described herein.

Original Investigation

These reports typically include randomized trials (see Clinical Trial), intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys with high response rates (see Survey Research), cost-effectiveness analyses and decision analyses (see Reports of Cost-effectiveness Analyses and Decision Analyses), and studies of screening and diagnostic tests (see also Reports of Diagnostic Tests). 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 discussion section placing the results in the context of published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy. Data included in research reports must be original and should be as timely and current as possible (see Timeliness of Data). A structured abstract is required; for more information, see instructions for preparing structured Abstracts. Maximum length: 3000 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Clinical Trial

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram (Figure), and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements).

For additional guidance on preparing manuscripts reporting cluster trials, noninferiority and equivalence trials, and pragmatic trials, see Extensions of the CONSORT Statement. 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 discussion 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. Maximum length: 3000 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Review

Systematic, critical assessments of literature and data sources pertaining to clinical or basic science topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and test or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated, and the selection process should be described in the paper. Maximum length: 3000 words (including the abstracts, all text, tables, figure legends, and references).

Review: Clinical Implications of Basic Neuroscience Research

Reviews that emphasize basic neuroscience that provide a translational orientation demonstrating how this research will transcend from the research laboratory to the clinic, from the bench to the bedside, are encouraged. Systematic, critical assessments of literature and data sources pertaining to basic science topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and test or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated, and the selection process should be described in the paper. Maximum length: 3000 words (including the abstracts, all text, tables, figure legends, and references).

Clinical Pathologic Conference

A case report of an interesting or unusual clinical presentation correlated with a clear neuropathological diagnosis (using histological, biochemical, or molecular methods). These cases are intended to be informative for developing clinical problem solving. The manuscript will follow a defined format (clinical presentation, laboratory and neuroradiological data, clinical discussion, neuropathological discussion, summary and conclusions). The clinical discussion section should be written by an author who is not familiar with the final diagnosis of the case (such as an invited discussant). The neuropathological discussion should include details that confirm the diagnosis (often by autopsy, tissue biopsy, or genetic testing). The manuscript should be 2000 words or fewer with up to 2 tables and/or figures and up to 12 references. Because most cases will involve distinctive clinical features, consent from the patient should be obtained.

Viewpoint

These papers may address virtually any important topic in neurology, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. Maximum length: up to 1200 words of text—or 1000 words of text with 1 small table or figure—and no more than 7 references. Viewpoints not meeting these guidelines will not be considered.

Images in Neurology

This feature is intended to provide a visual image of an interesting and unique neurological observation. Images of patients along with photomicrographs of tissues, MRIs (magnetic resonance images), CTs (computed tomography), PET (positron emission tomography) scans, SPECT (single-photon emission tomography) scans, angiograms, and other diagnostic visual procedures would be appropriate. A 500-word description (including all text, tables, figure legends, and references) of the clinical issue, the patient’s neurological findings, and the image should be included. There should be no more than 2 images and 4 references.

Case Report/Case Series

Short reports or original studies or evaluations or unique, first-time reports or clinical cases (individual or a series). Maximum length: 1000-2000 words (including the abstract, all text, tables, figure legends, and references), with no more than 15 references and 4 tables and/or figures. A total word count should be provided with each manuscript.

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Letters discussing a recent JAMA Neurology article should be submitted within 4 weeks of the article's publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references, one of which should be to the recent JAMA Neurology article.. They should be double-spaced and a word count should be provided. Letters may have no more than 3 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author 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 not meeting these specifications are generally not considered. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Alternatively, comments on papers can be submitted using the Comments tab on the online article. Comments promote discussion among readers and authors but are not indexed in PubMed.

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 up to 2 tables or figures. Online supplementary material is not allowed. Research letters may have no more than 5 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the e-mail address for the corresponding author. 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 Discussion. 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. Letters not meeting these specifications are generally not considered.

Book Reviews

Book reviews should have a single author and should not exceed 750 words.

Manuscript Preparation and Submission Requirements

Manuscript Submission

All manuscripts must be submitted online via the online manuscript submission and review system. At the time of submission, complete contact information (affiliation, postal/mail address, e-mail address, telephone and fax numbers) for the corresponding author is required. First and last names, e-mail addresses, and institutional affiliations of all coauthors are also required. After the manuscript is submitted, the corresponding author will receive an acknowledgment

confirming receipt and a manuscript number. Authors will be able to track the status of their manuscripts via the online system. After manuscript submission, all authors of papers under consideration for publication will be sent an Authorship Form to complete and submit (see sample Authorship Form). See Manuscript Checklist, Manuscript Preparation and Submission Requirements, and other details in these instructions for additional requirements.

Cover Letter

Include a cover letter and complete contact information for the corresponding author (affiliation, postal/mail address, e-mail address, and telephone and fax numbers) and whether the authors have published or submitted any related papers from the same study (see Duplicate/Previous Publication or Submission).

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.

Manuscript Components

Include in the manuscript file a title page, abstract, text, acknowledgments, references, and as appropriate, figure legends and tables. Start each of these sections on a new page, numbered consecutively, beginning with the title page. Figures should be submitted as separate files (1 file per figure or composite figure) and not included in the manuscript text.

Recommended File Sizes

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The title page should be the first page of your main manuscript file. It should include a manuscript title; 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); name and complete contact information for corresponding author; authors' contributions and conflict of interest disclosures; and word count (not including abstract, acknowledgment, or references).

Abstracts

Include a structured abstract of no more than 350 words for reports of original data and meta-analyses. 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, Viewpoints, and some special features.

All reports of original data, systematic reviews, and meta-analyses 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.

Abstracts for Reports of Original Data:

Reports of original data should include an abstract of no more than 350 words using the headings listed below. For brevity, parts of the abstract may be written as phrases rather than complete

sentences. Each section should include the following content:

Importance: 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.

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.

Note: The above 3 sections may be combined (as "Design, Setting, and Participants") during the editing process.

Intervention(s) for Clinical Trials or Exposure(s) for observational studies: The essential features of any interventions or exposures should be described, including their method and duration of administration. The intervention or exposure should be named by its most common clinical name, and nonproprietary 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, including baseline characteristics and final included/analyzed sample. Include absolute numbers and 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 clinical trials should include the results of intention-to-treat analysis, and all

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Conclusions and Relevance: Provide only conclusions of the study that are that are directly supported by the results. Give equal emphasis to positive and negative findings of equal scientific merit. Also, provide a statement of relevance indicating implications for clinical practice or health policy, avoiding speculation and overgeneralization. The relevance statement may also indicate whether additional study is required before the information should be used in clinical settings.

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Manuscripts reporting the results of meta-analyses should include an abstract of no more than 350 words using the following headings: Importance, Objective, Data Sources, Study Selection, Data Extraction and Synthesis, Main Outcome Measure(s), Results, and Conclusions and Relevance. 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:

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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 and Synthesis: Describe guidelines used for abstracting data and assessing data quality and validity (such as criteria for causal inference) and whether data were pooled using a fixed effects or random effects model. The method by which the guidelines were applied should be stated (for example, independent extraction by multiple observers).

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 measurement

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

Abstracts for Reviews:

Review articles should include an abstract of no more than 300 words with the following sections: Importance, Evidence Review, Findings, and Conclusions and Relevance.

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

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.

Evidence Review: Describe the information 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.

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

Abstracts for Case Report/Case Series (Observations):

Abstracts that accompany publication of Case Report/Case Series should be no longer than 200 words and described under 3 headings.

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Abbreviations

Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text.

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Laboratory values are expressed using conventional units of measure, with relevant Système International (SI) conversion factors expressed secondarily (in parentheses) only at first mention. Articles that contain numerous conversion factors may list them together in a paragraph at the end of the Methods section. In tables and figures, a conversion factor to SI should be presented in the footnote or legend. The metric system is preferred for the expression of length, area, mass, and volume. For more details, see the Units of Measure conversion table on the website for the AMA Manual of Style.

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Use nonproprietary names of drugs, devices, and other products, unless the specific trade name of a drug is essential to the discussion.

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2. Sahraian MA, Radue EW, eds. MRI Atlas of MS Lesions. Berlin, Germany: Springer; 2008.

3. Turner MR, Al-Chalabi A. No paradox. http://www.bmj.com/rapid-response/2011/10/29/no-paradox.

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Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10-15 words). Include all tables at the end of the manuscript file. Refer to Categories of Articles because there may be a limit on the number of tables for the type of manuscript. If a table must be continued, repeat the title on the second page, followed by "(continued)."

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Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. Include a title for each figure (a brief phrase, preferably no longer than 10 to 15 words). For initial manuscript submissions, figures must be of sufficient quality for editorial assessment and peer review. If the manuscript is accepted, authors will be asked to provide figures that meet the Guidelines for Figures in Accepted Manuscripts. Graphs, charts, titles, and legends in accepted manuscripts will be re-created or edited according to AMA style and standards prior to publication. All illustrations of accepted manuscripts will be redrawn by JAMA Network medical illustrators. Online-only figures will not be edited or re-created (see Online-Only Supplements and Multimedia).

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Authors may submit supporting material to accompany their article for online-only publication when there is insufficient space to include the material in the print article. This material should be important to the understanding and interpretation of the report and should not repeat material in the print article. The amount of online-only material should be limited and justified. Online-only material should be original and not previously published.

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