

INSTRUCTIONS TO AUTHORS

(adapted from <http://www.icmje.org>.)

1. All manuscripts must be submitted via the editorial online submission and peer-review system available at <http://philjol.info/index.php/PJOHNS/about/submissions#onlineSubmissions>. *Philipp J Otolaryngol/HeadNeckSurg* can no longer accept hard-copy manuscripts or those sent via e-mail. Authors must first register to use the site.

2. Manuscripts must be accompanied by accomplished author statements in the forms provided in each issue or available from <http://www.psohns.org.ph/pjohns>. The following information is contained:

- A full statement that the manuscript is **original material** that is not being considered for publication or has not been published or accepted for publication elsewhere, in full or in part, in print or electronic media. All previous reports that might be regarded as redundant publication of the same or very similar work should be referred to specifically and referenced in the new paper. Copies of such material should be included with the manuscript.
- A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship have been met by each author, listing their specific contribution(s), and that each author believes that the manuscript represents honest work;
- A disclosure statement of financial or other (including personal) relationships, intellectual passion, political or religious beliefs, and institutional affiliations that might lead to a conflict of interest, if that information is not included in the manuscript itself;
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- The acknowledgement by the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs. Copies of any permission to reproduce published material, to use illustrations or report information about identifiable people, to name people for their contributions, and the completeness, validity and reliability of all manuscript data must be guaranteed by the corresponding author.

2. Manuscripts should be neatly prepared in correct English using Microsoft Word, RTF or Word Perfect software on A4 format in Times New Roman font size 12, double spaced, with a 1 inch margin on all sides. When necessary, the manuscript should employ italics, rather than underlining (except with URL addresses). A maximum of twenty (20) pages (for original articles) is allowed for the text, with one (1) additional page each for proposed algorithms, figures or tables. Generally, a maximum of twenty (20) references are allowed. If the MS Word "Track Changes" tool has been used in manuscript preparation, all changes in the document should have been accepted and the "Track Changes" feature turned off before submission. Citations and references should be typed manually (i.e., do NOT use automatic numbering or tools such as EndNote).

3. Manuscripts should be ordered as follows: (1) title page (2) abstract including keywords (3) text (4) acknowledgements (5) references (6) tables (7) figure legends and (8) individual figures (each attached separately in .jpeg format). Number the pages of the manuscript consecutively, beginning with the title page as page one. Elements

from part (1) authors and affiliations, title and (2) abstract and keywords should be copied and pasted separately in the appropriate spaces under Step 2 (Entering the Submission's Metadata) of the 5-step submission process. Following this, Parts (1) to (7) should be fully uploaded under Step 3 (Upload Submission) portion. However, each figure (8) should be uploaded separately as a supplementary file. The author statement forms should also be uploaded separately as supplementary files.

4. Authors can check the progress of their submissions online and should respond to all requests from the editor in a timely manner.

REQUIREMENTS FOR AUTHORSHIP

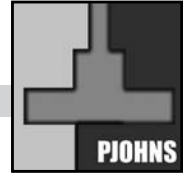
Each author should have participated sufficiently in the work to take public responsibility for its content. He or she should have made substantial contributions to all three of the following conditions: (a) conception and design, or acquisition of data, or analysis and interpretation of data; (b) drafting or revising the manuscript critically for important intellectual content, and (c) final approval of the version to be published. General supervision of the research, collection of data, funding acquisition or statistical analysis do not constitute authorship.

CONFLICT OF INTEREST NOTIFICATION

To prevent information on potential conflict of interest for authors from being overlooked or misplaced, it is necessary for that information to be part of the manuscript. Each author is expected to disclose any type of financial or proprietary interest related to the manuscript, including (but not limited to) stock in or ownership of an entity connected to a product described in the paper, consultancy for the company or competing companies, honoraria, travel support or patent rights to a drug, instrument or equipment, or benefits derived from the use thereof. Conflict of Interest also includes "intellectual passion," (the tendency to favor positions that one has already espoused or perhaps even established); personal relationships (the tendency to judge the works of friends/colleagues or competitors/foes differently because of the relationship); political or religious beliefs (the tendency to favor or reject positions because it affirms or challenges one's political or religious beliefs); and institutional affiliations (the tendency to favor or reject results of research because of one's institutional affiliations). Where no conflict of interest exists, a written statement should be made to that effect.

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TITLE PAGE

The title page should include:

1. The title of the article, which should be informative and concise, usually limited to 150 characters. The title should fully reflect the contents of the article and include keywords that will make electronic retrieval both sensitive and specific.
2. Full name of each author (last, given, middle initial) with academic degree(s) and the name and address of the department(s) / institution(s) with which each author is affiliated or to which the work should be attributed.
3. Corresponding author's name and contact details (mailing address, phone/fax number and email address, including a statement whether the email address may be published). The corresponding author (who does not need to be the first author on the manuscript) will be responsible for all inquiries about the manuscript and reprint requests; a statement that reprints will not be available from the author should be made if such is the case.
4. Disclosure, including financial or funding support (including grants, equipment, drugs). Provide the agency or company name and location, fellowship name, and grant number.
5. The number of tables and figures. It is difficult for editorial staff and reviewers to tell if the tables and figures that should have accompanied a manuscript were actually included unless the numbers of figures and tables that belong to the manuscript are noted on the title page.
6. List of meeting(s) where the material has been previously presented or is under consideration for presentation. Indicate name, place, date of meeting and any prizes or awards (if presented in a contest).

ABSTRACT AND KEY WORDS

A structured abstract should provide the context or background for the study and state the study's purposes, basic procedures (selection

of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations and reflect the content of the article. Generally it should have the following headings:

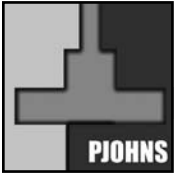
1. **Objective:** State the purpose or objective of the study.
2. **Methods:** Generally, the following are included:
 - a. **Study Design:** use phrases such as randomized or nonrandomized clinical trial, case-control or cross-sectional study, cohort study, case series or report, systematic review, meta-analysis, review, experimental study, historical manuscript.
 - b. **Setting:** Multicenter, Institution (Tertiary Private Hospital; Tertiary Government Hospital), Clinical Practice
 - c. **Subjects, Participants, Patients or Population:** Number of patients, selection procedures, inclusion/exclusion criteria, randomization procedure, masking.
3. **Results:** Summary of principal outcome measures or data obtained, accompanied by data with confidence intervals and levels of statistical significance when applicable.
4. **Conclusions:** Concise and directly supported by data.

Keywords: Provide 3 to 10 key words or short phrases that capture the main topics of the article to assist in cross-indexing. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; except when suitable MeSH terms are not yet available for recently introduced terms.

TEXT

The following sections should generally be included:

1. **Introduction: without a heading,** provide a context and brief background for the study, giving only pertinent references in the literature review. State the nature of the research problem and its significance, major hypothesis or rationale, objectives or purpose of the study or observation.
2. **Methods:** should only include information available at the time the study plan or protocol was written; all information obtained during the course of the study belongs in the Results section. Provide sufficient detail to permit replication by others. Generally, it should contain the following:
 - a. **Study Design:** use phrases such as randomized or nonrandomized clinical trial, case-control or cross-sectional study, cohort study, case series or report, systematic review, meta-analysis, review, experimental study, historical manuscript. Additional modifiers may be used (e.g. retrospective, prospective, double-blinded). Reporting guidelines may be accessed as follows:



Initiative	Type of Study	Source
CONSORT	randomized controlled trials	http://www.consort-statement.org
STARD	studies of diagnostic accuracy	http://www.consortstatement.org/stardstatement.htm
QUOROM	systematic reviews and meta-analyses	http://www.consortstatement.org/Initiatives/MOOSE/moose.pdf
STROBE	observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	meta-analyses of observational studies in epidemiology	http://www.consortstatement.org/Initiatives/MOOSE/moose.pdf

b. Setting: Multicenter, Primary, Secondary, Tertiary, Government or Private, Hospital or Clinical Practice

c. Subjects or Participants: Number of patients, selection procedures, eligibility and exclusion criteria, randomization procedure, masking. Do not use patients' names, initials, or hospital numbers

For studies involving human subjects, indicate whether procedures were in accord with the Helsinki Declaration of 1975, and/or approved by the institutional review board (IRB) / Ethics Committee, and whether informed consent was secured. For animal subjects, indicate whether the institution's or National Research Council's guide for the care and use of laboratory animals were followed

d. Intervention or observation procedure(s) should be identified in sufficient detail to allow reproducibility of results. Identify methods, instruments and equipment with the manufacturers name and address in parenthesis, e.g. (Zeiss Corporation, San Leandro, CA, USA). Identify all drugs and chemicals including generic name(s), dosage(s) and route(s) of administration. Use milligram per kilogram dosages for pediatric patients. For metaanalyses or systematic reviews, cite methods used for locating, selecting, extracting and synthesizing data.

e. Main and secondary outcome measure(s)

f. Data and Statistical analysis: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fail to convey important information about effect size. References for the study design and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify computer software and statistical packages used, eg MS Excel (Microsoft Corporation, Redmond, WA, USA) or Statistical Analysis System (SAS) version 6.12 (SAS Institute, Cary, NC, USA).

3. **Results:** Provide demographic data of the study population. Describe outcomes and measurements in a logical sequence with minimum discussion. Do not repeat in the text what can be summarized in tables and figures. When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages)

but also as the absolute numbers (for example, fractions) from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample." Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

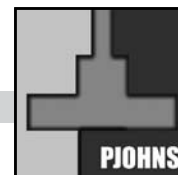
4. **Discussion:** Restrict to significant findings presented, emphasizing new and important aspects of the study. Avoid excessive generalization, undue speculation, digressions and theorizing. Elucidate but do not repeat data in the results section, discuss implications and limitations and relate these to other and contradictory literature. **Incorporate conclusions** supported by the data into the end of the discussion, **without a separate heading.** State new hypothesis when warranted, but clearly label them as such. Avoid making statements on economic benefits and costs unless the study includes economic data and analysis. Avoid claiming priority of content unless you provide the literature search protocol used. Include recommendations when appropriate.

ACKNOWLEDGEMENTS

All contributors who do not meet the criteria for authorship should be listed in the acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, statistical analysis, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had writing assistance and identify the entity that paid for this assistance. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as "clinical investigators" or "participating investigators," and their function or contribution should be described—for example, "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients." Because readers may infer their endorsement of the data and conclusions, all persons so named must give written permission to be acknowledged.

REFERENCES

Provide direct references to original research sources whenever possible but avoid extensive lists of references to original work on a topic. Small numbers of references to key original papers will serve as well as more exhaustive lists, since electronic literature searching allows readers to retrieve published literature efficiently. Where available, Digital Object Identifiers (DOIs) or URLs for the references should be provided. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication"



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References should be cited as follows:

1. In the text, tables and legends references should be indicated using Arabic numerical superscripts corresponding to their listing at the end of the manuscript. For instance:
The wound should be irrigated with clean water.⁵
Meara⁶ advocates debridement with a sponge.
All non-original material should acknowledge the source reference; direct quotations should be enclosed in quotation marks and cited. Paraphrasing does not render material original, and should be avoided.
2. At the end of the manuscript, references should be numbered consecutively in the order in which they are first mentioned in the text.
3. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

REFERENCE STYLE AND FORMAT

(Taken from http://www.nlm.nih.gov/bsd/uniform_requirements.html)

1. Standard journal article

List the first six authors followed by et al. (Note: NLM now lists all authors.)

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002 Jul 25;347(4):284-7.

If a journal carries continuous pagination throughout a volume the month and issue number may be omitted:

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002;347:284-7.

More than six authors:

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res*. 2002;935(1-2):40-6.

2. Organization as author

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension*. 2002;40(5):679-86.

3. Both personal authors and an organization as author

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol*. 2003;169(6):2257-61.

4. No author given

21st century heart solution may have a sting in the tail. *BMJ*. 2002;325(7357):184.

5. Article not in English (Note: author must have original article in hand)

Ellingsen AE, Wilhelmsen I. Sykdomsangst blant medisiner- og jusstudenter. *Tidsskr Nor Laegeforen*. 2002;122(8):785-7.

6. Volume with supplement

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache*. 2002;42 Suppl 2:S93-9.

7. Issue with supplement

Glauser TA. Integrating clinical trial data into clinical practice. *Neurology*. 2002;58(12 Suppl 7):S6-12.

8. Volume with part

Abend SM, Kulish N. The psychoanalytic method from an epistemological viewpoint. *Int J Psychoanal*. 2002;83(Pt 2):491-5.

9. Issue with part

Ahrar K, Madoff DC, Gupta S, Wallace MJ, Price RE, Wright KC. Development of a large animal model for lung tumors. *J Vasc Interv Radiol*. 2002;13(9 Pt 1):923-8.

10. Issue with no volume

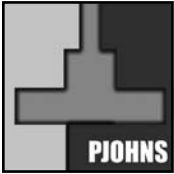
Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop*. 2002;(401): 230-8.

11. No volume or issue

Outreach: bringing HIV-positive individuals into care. *HRSA Careaction*. 2002 Jun:1-6.

12. Pagination in roman numerals

Chadwick R, Schuklenk U. The politics of ethical consensus finding. *Bioethics*. 2002;16(2):iii-v.

**13. Type of article indicated as needed**

Tor M, Turker H. International approaches to the prescription of long-term oxygen therapy [letter]. *Eur Respir J*. 2002;20(1):242.

Lofwall MR, Strain EC, Brooner RK, Kindbom KA, Bigelow GE. Characteristics of older methadone maintenance (MM) patients [abstract]. *Drug Alcohol Depend*. 2002;66 Suppl 1: S105.

14. Article containing retraction

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry*. 2002;63(2):169. Retraction of: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry*. 2000;61(12):909-11.

15. Article retracted

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry*. 2000;61(12):909-11. Retraction in: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry*. 2002;63(2):169.

16. Article republished with corrections

Mansharamani M, Chilton BS. The reproductive importance of P-type ATPases. *Mol Cell Endocrinol*. 2002;188(1-2):22-5. Corrected and republished from: *Mol Cell Endocrinol*. 2001;183(1-2):123-6.

17. Article with published erratum

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. *Clin Ther*. 2000;22(10):1151-68; discussion 1149-50. Erratum in: *Clin Ther* 2001;23(2):309.

18. Article published electronically ahead of the print version

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood*. 2002 Nov 15;100(10):3828-31. Epub 2002 Jul 5.

Books and Other Monographs**19. Personal author(s)**

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

20. Editor(s), compiler(s) as author

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. *Operative obstetrics*. 2nd ed. New York: McGraw-Hill; 2002.

21. Author(s) and editor(s)

Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wicczorek RR, editor. White Plains (NY): March of Dimes

Education Services; 2001.

22. Organization(s) as author

Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. *Compendium of nursing research and practice development, 1999-2000*. Adelaide (Australia): Adelaide University; 2001.

23. Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

24. Conference proceedings

Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK*. New York: Springer; 2002.

25. Conference paper

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland*. Berlin: Springer; 2002. p. 182-91.

26. Scientific or technical report Issued by funding/sponsoring agency:

Yen GG (Oklahoma State University, School of Electrical and Computer Engineering, Stillwater, OK). *Health monitoring on vibration signatures*. Final report. Arlington (VA): Air Force Office of Scientific Research (US), Air Force Research Laboratory; 2002 Feb. Report No.: AFRLSRBLTR020123. Contract No.: F496209810049.

Issued by performing agency:

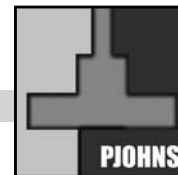
Russell ML, Goth-Goldstein R, Apte MG, Fisk WJ. Method for measuring the size distribution of airborne Rhinovirus. Berkeley (CA): Lawrence Berkeley National Laboratory, Environmental Energy Technologies Division; 2002 Jan. Report No.: LBNL49574. Contract No.: DEAC03765F00098. Sponsored by the Department of Energy.

27. Dissertation

Borkowski MM. *Infant sleep and feeding: a telephone survey of Hispanic Americans* [dissertation]. Mount Pleasant (MI): Central Michigan University; 2002.

28. Patent

Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. *Flexible*



endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

Other Published Material

29. Newspaper article

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post*. 2002 Aug 12;Sect. A:2 (col. 4).

30. Audiovisual material

Chason KW, Sallustio S. Hospital preparedness for bioterrorism [videocassette]. Secaucus (NJ): Network for Continuing Medical Education; 2002.

32. Map

Pratt B, Flick P, Vynne C, cartographers. Biodiversity hotspots [map]. Washington: Conservation International; 2000.

33. Dictionary and similar references

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

Unpublished Material

34. In press (NLM prefers "forthcoming" because not all items will be printed.)

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *Proc Natl Acad Sci U S A*. In press 2002.

Electronic Material

35. CD-ROM

Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

36. Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

37. Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

38. Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01

[updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

39. Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

40. Database on the Internet

Open database:

Who's Certified [database on the Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 - [cited 2001 Mar 8]. Available from: <http://www.abms.org/newsearch.asp>

Closed database:

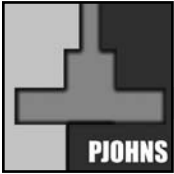
Jablonski S. Online Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes [database on the Internet]. Bethesda (MD): National Library of Medicine (US). c1999 [updated 2001 Nov 20; cited 2002 Aug 12]. Available from: http://www.nlm.nih.gov/mesh/jablonski/syndrome_title.html

41. Part of a database on the Internet

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US); 2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: <http://www.nlm.nih.gov/mesh/MBrowser.html> Files updated weekly.

TABLES AND FIGURES

- Tables** should be self-contained and complement textual information without duplicating it. Type or print each table with double spacing on a separate sheet of paper. Number tables consecutively with Arabic numerals in the order of their first citation in the text, followed by a brief title. Column headings should be brief, with units of measurement in parenthesis. Abbreviations and explanatory matter should be defined in footnotes (not in the heading) using symbols *, †, ‡, §, ||, ¶, **, ††, ‡‡ in that order. Identify statistical measures of variations such as standard deviation and standard error of the mean. Be sure each table is cited in the text.
- Figure legends should be typed** starting on a separate page, double spaced, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.
- Figures** include all illustrations, line drawings and photographs. Figures should be either professionally drawn



and photographed, submitted in electronic JPEG format with at least 300 dpi. Low resolution images will not be reproduced. High resolution color images may be published if authors agree to shoulder extra costs. All figures should be properly labeled. Diagnostic Images should identify the modality (X-ray, CT scan, MRI, Ultrasonogram), view (Lateral, Axial, Sagittal), type of study (Soft Tissue, Contrast, Weighted). Histopathology figures should specify the stain (H&E, Congo red) and magnification (40x, 100x)..

4. **Letters, numbers, and symbols on Figures** should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Figures should be made as self-explanatory as possible. Titles and detailed explanations belong in legends, not on the illustrations themselves.
5. **Photomicrographs** should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background. If photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.
6. **Figures** should be numbered consecutively according to the order in which they have been first cited in the text, and submitted individually as separate supplemental attachments. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher except for documents in the public domain.

Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required by the journal. Report other laboratory values in both local and International System of Units (SI). Drug concentrations may be reported in either SI or mass units, but the alternative should be provided in parentheses where appropriate.

Abbreviations

Use only standard abbreviations. Avoid abbreviations in the title. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Submission Preparation Checklist

As part of the submission process, authors are required to check

off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).
2. The submission file is in Microsoft Word, RTF, or WordPerfect document file format.
3. Where available, Digital Object Identifiers (DOIs) or URLs for the references have been provided.
4. The text is double-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed at the end as outlined in the Author Guidelines.
5. The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines, which is found in About the Journal.