

# Annals of Internal Medicine®

## Information for Authors

**Published Date: 11/17/2022**

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## Information for Authors

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## I. General Information about *Annals of Internal Medicine*

### A. Mission and Scope

*Annals of Internal Medicine's* mission is to promote excellence in medicine, enable physicians and other health care professionals to be well-informed members of the medical community and society, advance standards in the conduct and reporting of medical research, and contribute to improving the health of people worldwide. To achieve this mission, the journal publishes a wide variety of original research, review articles, practice guidelines, and commentary relevant to clinical practice, health care delivery, public health, health care policy, medical education, ethics, and research methodology. In addition, the journal publishes personal narratives that convey the art of medicine.

### B. Readership and Reach

*Annals of Internal Medicine* has a large readership that includes the members of the American College of Physicians (161,000 in 2021) and many more physicians, health care professionals, and researchers worldwide. *Annals* print issues are distributed to more than 100,000 readers worldwide, and free online access is available to many articles at [Annals.org](http://Annals.org) as part of its commitment to readers, authors, and society. Because *Annals* is a selective journal provided to members and subscribers, an article-level open-access option supported by article processing charges is not provided. However, our free, publicly accessible content includes: Clinical Guidelines, ACP Position Papers, AHRQ Comparative Effectiveness Reviews, NIH Conferences, Summaries for Patients, In the Clinic Patient Information Pages, and selected other content. Abstracts, Tables of Contents, E-mail Alerts, and Podcasts are also free. In addition to the access described above, *Annals* provides many countries in the developing world with immediate free access through the HINARI program.

*Annals of Internal Medicine* is among the most highly cited and influential journals in the world. The most recent (2021) Impact Factor for *Annals of Internal Medicine* is 51.598 (Clarivate Analytics). *Annals* is the most cited and highest ranked internal medicine journal. *Annals of Internal Medicine* is indexed in BIOSIS Previews, CAB Direct, Chemical Abstracts Service (CASSI), CINAHL, Current Contents - Clinical Medicine, Current contents - Live Science, EMBASE, Index Medicus, MEDLINE, PubMed, Science Citation Index, Science Citation Index Expanded, and Scopus.

### C. Publisher

The American College of Physicians ([ACPOne.org](http://ACPOne.org)), publisher of *Annals of Internal Medicine*, is the largest medical specialty organization and is the second largest physician member group in the United States. ACP members include internal medicine physicians (internists), related subspecialists, and medical students. Internists specialize in the care of adults. Statements expressed in *Annals of Internal Medicine* reflect the views of the authors and not necessarily the policies of the journal or of the American College of Physicians, unless so identified.

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Authors reusing content in a submitted manuscript to *Annals* should refer to Section III.E, below.

## II. Preparing Manuscripts for Submission

### A. Article Types

For submission, your manuscript does not need to conform to all of the formatting specifications used for publication that are noted here. These instructions, however, may serve as a guide to content that will be useful in the evaluation of your submitted manuscript.

*Annals* publishes a variety of article types, as listed below. The links accompanying each article type provide details about the article type and specific formatting requirements. General formatting guidelines are presented in the sections following the article types, and Section II.C contains guidance on reporting statistical findings.

Note that *Annals* publishes some content that is produced internally and does not represent material that is submitted for peer review by external authors. This material includes special features, such as In the Clinic, ACP Journal Club, *Annals Consult Guys*, and *Annals On Call*.

### Article Types

Article Type	Article Type Description
<b>Original Research</b>	Reports of original analyses of data on prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention of disease. [Peer reviewed] <a href="#">More details</a>
<b>Reviews: Systematic and Meta-analyses</b>	Reviews that systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis, prognosis, or therapy. [Peer reviewed] <a href="#">More details</a>

<p><b><i>Annals of Internal Medicine</i> Guidance for Rapid Reviews, Living Reviews, and Living Guidelines</b></p>	<p>A <b>Rapid Review</b> is a form of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner (1).</p> <p>A <b>Living Review</b> is a systematic review that is routinely up-dated at defined intervals, incorporating relevant new evidence as it becomes available. Both rapid reviews and traditional systematic reviews may become living reviews.</p> <p><b>“Living” guidelines</b> or other formal recommendation documents that are based on a living systematic review should follow an analogous approach for updates as described for “living” reviews.</p> <p><a href="#">More details</a></p>
<p><b>Clinical Guidelines, including synopses</b></p>	<p>Official recommendations from professional organizations on issues related to clinical practice and health care delivery. [Peer reviewed]</p> <p><a href="#">More details</a></p>
<p><b>Position Papers</b></p>	<p>Official statements from professional organizations on issues related to clinical practice, health care delivery, and public health. [Peer reviewed]</p> <p><a href="#">More details</a></p>
<p><b>Research and Reporting Methods</b></p>	<p>Articles related to research methods or reporting standards. [Peer reviewed]</p> <p><a href="#">More details</a></p>
<p><b>Reviews: Narrative</b></p>	<p>Review articles that use informal methods to collect and interpret information, which is often summarized subjectively in narrative form. Narrative reviews are especially suitable for describing cutting-edge and evolving developments and underlying theory. [Peer reviewed]</p> <p><a href="#">More details</a></p>
<p><b>Academia and the Profession</b></p>	<p>Descriptions and evaluations of innovations in medical education, training, professionalism, and career development. [Peer reviewed]</p> <p><a href="#">More details</a></p>
<p><b>Ad Libitum</b></p>	<p>Poetry.</p> <p><a href="#">More details</a></p>
<p><b>Editorials</b></p>	<p>Commentary on current topics or on papers published elsewhere in the issue. [Typically solicited and reviewed by Editors]</p> <p><a href="#">More details</a></p>
<p><b>Graphic Narratives/Comics</b></p>	<p>Original graphic narratives, comics, animation/video, and other creative forms addressing medically relevant topics. [Peer reviewed]</p> <p><a href="#">More details</a></p>
<p><b>History of Medicine</b></p>	<p>Essays, reports, or biographical sketches related to the history or evolution of medicine. [Peer reviewed]</p> <p><a href="#">More details</a></p>

<b>Ideas and Opinions</b>	Essays representing opinions, presenting hypotheses, or considering controversial issues. [Usually peer reviewed; sometimes solicited by Editors] <a href="#">More details</a>
<b>In the Balance</b>	Pairs of essays that take contrary views on unsettled questions related to the practice of medicine. [Peer reviewed; typically solicited by Editors] <a href="#">More details</a>
<b>Letters: Observations Brief Research Reports</b>	Brief research reports. [Peer reviewed] <a href="#">More details</a>
<b>Case Reports/Series</b>	Case reports/series. [Peer reviewed] <a href="#">More details</a>
<b>Letters: Correspondence</b>	Correspondence about an <i>Annals</i> publication. [Not peer reviewed] <a href="#">More details</a>
<b>Medicine and Public Issues</b>	Articles related to the economic, ethical, sociological, or political environment in medicine [Peer reviewed] <a href="#">More details</a>
<b>On Being a Doctor</b>	Short personal essays about the experience of being a physician. [Peer reviewed] <a href="#">More details</a>
<b>On Being a Patient</b>	Short personal essays about the experience of being a patient. [Peer reviewed] <a href="#">More details</a>
<b>Personae (cover photograph)</b>	Photographs that capture the personality of people in the context of their daily lives. [reviewed by Editors] <a href="#">More details</a>

## B. Article Formatting

For submission, your manuscript does not need to conform to all of the formatting specifications used for publication that are noted here. These instructions, however, may serve as a guide to content that will be useful in the evaluation of your submitted manuscript.

Authors should write for a sophisticated general medical readership; follow principles of clear scientific writing (Council of Science Editors. *Scientific Style and Format*. 8th ed. Chicago, IL: University of Chicago Press; 2014.) and statistical reporting (see Section II.C. General Statistical Guidance); and prepare manuscripts according to recommended reporting guidelines and checklists whenever possible. Manuscripts that follow these recommendations generally fare better than those that do not.

## 1. Title Page

**Title:** Give the title and subtitle (if any). Title should be concise (15 words or fewer), reflect the study design/article type (e.g., randomized controlled trial, systematic review), and contain terms that will assist in identifying the article in electronic searching. Also provide a short or “running” title of 7 or fewer words.

**Authors:** List authors in the order in which they are to appear in the byline of the published article. In the case of group authorship, identify one or more authors who will have responsibility for the publication. Give the institutional affiliation for each author, financial support information, and contact information for the corresponding author. *Annals* follows the International Committee of Medical Journal Editors (ICMJE) recommendations for defining authors and contributors.

Section V.A of Information for Authors provides guidance regarding group authorship.

**Word Count:** List the word count for the text of the manuscript. Don't include the abstract, figure legends, titles of tables, footnotes (for figures or tables), or the references in the manuscript word counts.

## 2. Abstracts

Authors should follow the Abstract format guidelines provided for the particular article type that they are submitting.

## 3. Text

*Annals* strongly encourages authors to follow EQUATOR reporting recommendations when presenting original data or the findings of a systematic review ([www.equator-network.org](http://www.equator-network.org)). All submitted manuscripts should include page numbers.

## 4. Acknowledgments

Acknowledge only persons who have contributed to the scientific content or provided technical support. When used, professional writing assistance must be acknowledged. If those assisting with the writing do not meet criteria for authorship their contributions should be noted in the acknowledgments. Authors must obtain written permission from anyone they list in the Acknowledgments section, including confirmation of the nature of the contribution.

At submission, the corresponding author must affirm that they listed everyone who contributed significantly to the work in the Acknowledgments section and have collected letters of permission stating they have approved the language describing their work related to the article.

If editors invite the authors to revise a manuscript after peer review, we require the corresponding author to submit written permission, including confirmation of the nature of the contribution, from the individuals they list in the Acknowledgments section.

## 5. References

References should follow the standards summarized in the National Library of Medicine's Citing Medicine, 2nd edition. These resources are regularly updated as new media develop, and currently include guidance for print documents; unpublished material; audio and visual media; material on CD-ROM, DVD, or disk; and material on the Internet. See [www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) for sample references that conform to the style specified by the National Library of Medicine.

- Number references, using Arabic numerals in parentheses, in the order in which they first appear in the text. References cited in a table/figure should appear in numeric order relative to the first citation of the table/figure in the text. For example, if the last reference cited before the table/figure in question is mentioned as reference 14, and that table/figure contains 5 references that have not been cited, the references in the table/figure would be numbered 15 through 19. Reference citations in the text would then recommence with number 20.
- Appendix material should not have separate reference sections. References that appear in both the text and the appendix should be numbered as they appear in the text. Any references that appear only in the appendix should be added consecutively at the end of the appendix list.
- Use the reference style of the National Library of Medicine, including the abbreviations of journal titles.
- List all authors when there are 3 or fewer; when there are more than 3 authors, list only the first 3 and add “et al.”
- Do not use *ibid.* or *op cit.*
- Include an “available from” note for documents that may not be readily accessible.
- Cite symposium papers only from published proceedings.
- When citing an article or book accepted for publication but not yet published, include the title of the journal (or name of the publisher) and the year of expected publication.
- Include references to unpublished material in the text, not in the references (for example, papers presented orally at a meeting; unpublished work [personal communications, papers in preparation]), and submit a letter of permission from the cited persons to cite such communications (in general, avoid citations to unpublished scientific results).
- Ensure that URLs used as references are active and available (the references should include the date on which the author accessed the URL). Citations to Wikipedia are permitted only if they are used to support statements about popular sentiment about an issue.

## 6. Footnotes

Use footnotes only on the title page and in tables. Do not use footnotes in the text. Footnote symbols, in the order in which they should be used, are \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡, and so on. Do not use numbers or letters.

## 7. Tables

Number tables with Arabic numerals in the order in which they appear in the text. Tables that are meant as appendix material should be numbered as Appendix Table 1, Appendix Table 2, and so on. Label tables with titles that concisely describe the content of the table so that a reader can understand the table without referring to the text. Tables may contain abbreviations that we do not permit in the text but should contain a footnote that explains the abbreviation. Give the units of measure for all numerical data in a column or row. Place units of measure under a column heading or at the end of a side heading only if those units apply to all numerical data in the column or row.

## 8. Figures

Number figures with Arabic numerals in the order in which they appear in the text. Figures that are meant as appendix material should be numbered as Appendix Figure 1, Appendix Figure 2, and so on. Each figure should have a figure legend that begins with a short title. Reduce the length of legends by using phrases rather than sentences. Explain all abbreviations and symbols on the figure, even if an explanation appears in the text. For pictures of histologic slides, give stain and magnification data at

the end of the legend for each part of the figure. If no scale marker appears on the figure, give the original magnification used during the observation, not that of the photographic print.

### C. General Statistical Guidance

This section provides details on Presentation, Multivariable Analyses, Measurement Error, Measures of Effect and Risk, Missing Data, Longitudinal Analyses, and Figures and Tables.

### D. Special considerations for particular types of work

#### 1. Clinical trial registration

*Annals* follows the trials registration policy of the International Committee of Medical Journal Editors (ICMJE). *Annals* only considers trials that have been appropriately registered and will reject those that are not appropriately registered. Authors should consult ICMJE.org for details of the policy, which requires registration of required details in an ICMJE accepted registry before the start of patient enrollment for clinical trials that began enrollment on or after July 1, 2005.

As defined by the ICMJE, a clinical trial is any research project that prospectively assigns people (or a group of people within clustered trials) to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome, and includes but is not limited to drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

Exemptions to this policy are infrequent. However, if you believe that circumstances warrant an exception, we would be willing to consider your request. The issues that contribute to our consideration of such situations are listed below and should be addressed in your request.

A detailed explanation for why the trial was registered late.

- The reason that prompted trial registration.
- The precise date of trial registration and the date the first participant was enrolled.
- The number and percentage of patients, compared to the final sample size, enrolled prior to registration.
- Information from the protocol or IRB application indicating the primary outcome; secondary outcome. The primary outcome/secondary outcome as stated in the trial registration. An explanation for any discrepancies between the primary/secondary outcome in any of the supporting documentation (trial registration, SAP, etc) and as stated in the manuscript.
- Your assurances that no interval analysis was conducted prior to the registration of the trial.
- Any other information you think relevant to the request.

#### 2. Systematic Review and Meta-analysis Registration

*Annals* supports but does not require prospective registration of systematic reviews and meta-analyses in an international registry, such as PROSPERO.

#### 3. Data Sharing and Reproducible Research

Authors should be prepared to provide original study data and statistical code if requested by the editors to assist in the editors' understanding of method used and to evaluate those methods. The editors may also request access to study data during the peer-review process, and if no other

explanations or justification are provided, may cease consideration of a manuscript if the authors cannot or will not provide the data. These data will be treated confidentially and not shared beyond the editorial staff without specific permission from the authors. When statistical code is provided, it should be well-annotated for comprehension (Localio AR, Goodman SN, Meibohm A, et al. Statistical code to support the scientific story. *Ann Intern Med*. 2018. doi:10.7326/M17-3431).

*Annals* requires authors submitting manuscripts reporting the results of a clinical trial to submit a copy of the study protocol with all dated amendments. If the manuscript is accepted for publication, the protocol will be published as a supplement to the article on *Annals.org*. If necessary, *Annals* will consider publication of protocols that redact proprietary information from introduction and background sections.

To encourage transparency and reproducible research (Laine C, Goodman SN, Griswold ME, Sox HC. Reproducible research: moving toward research the public can really trust. *Ann Intern Med*. 2007;146:450-453.) *Annals* publishes a statement with every original research article, systematic review/meta-analysis, and brief research report indicating the authors' willingness to share the following items with the public:

- Study protocol (original and amendments)
- Statistical code used to generate results
- Dataset from which the results were derived

*Annals* strongly encourages but does not typically require the sharing of these items unless the article is reporting the results of a clinical trial in which case sharing of the protocol is required (see above). However, we do require that authors state their willingness to share, and any conditions for sharing. Access to these items may range from completely unrestricted (e.g., free availability of all the items via posting on an open-access Web site) to restricted (e.g., availability of certain portions of the items to approved individuals through written agreements with the author or research sponsor).

Manuscripts submitted to *Annals* that report the results of clinical trials must contain a data sharing statement that meet the ICMJE recommendations as described below.

Clinical trials that begin enrolling participants on or after 1 January 2019 must include a data sharing plan in the trial's registration. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record. Data sharing statements must indicate the following: whether individual deidentified participant data (including data dictionaries) will be shared ("undecided" is not an acceptable answer); what data in particular will be shared; whether additional, related documents will be available (e.g., study protocol, statistical analysis plan); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

Authors of secondary analyses using shared data must attest that their use was in accordance with the terms (if any) agreed to upon their receipt. They must also reference the source of the data using its unique, persistent identifier to provide appropriate credit to those who generated it and allow searching for the studies it has supported. Authors of secondary analyses must explain completely how theirs differ from previous analyses. In addition, those who generate and then share clinical trial data sets deserve substantial credit for their efforts. Those using data collected by others should seek collaboration with those who collected the data. As collaboration will not always be possible, practical, or desired, the efforts of those who generated the data must be recognized.

## III. Manuscript Submission and Review

### A. How to Submit a Manuscript

We accept submissions only through our online manuscript submission system (click here to submit online). Please do not submit manuscripts as electronic mail attachments or by regular mail. *Annals* does not charge author submission or publication fees.

### B. Correspondence between Authors and *Annals*

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If the list of authors changes between submission and final acceptance of an article, it is the corresponding author's responsibility to explain the changes to the editors in writing and to obtain written documentation that all of the authors (including any deleted and added authors) approve of the author changes.

### C. Funding and Disclosures

At the time of manuscript submission, *Annals of Internal Medicine* requires corresponding authors to summarize all authors' disclosures of interest. Failure to provide accurate information about potential disclosures of interest at the time of submission will be viewed as a breach of author responsibility and could negatively affect publication decisions. We provide the summary information collated by the corresponding author to editors and peer reviewers.

As part of the initial submission process, we also ask the corresponding author to attest that the authors had access to all the study data, take responsibility for the accuracy of the analysis, and had authority over manuscript preparation and the decision to submit the manuscript for publication. We do not consider an article unless the corresponding author makes this attestation on behalf of the authors. We also ask the corresponding author to confirm that all authors approve the manuscript and agree to adhere to all terms outlined in *Annals of Internal Medicine* information for authors including terms for copyright (see Section I.D).

In the Methods section of the text, authors must state the funding source for the work and describe the role(s) of the funding organization in the design of the study; the collection, analysis, and interpretation of the data; and the decision to approve publication of the finished manuscript. If the funding source had no such involvement, the authors should state that.

### D. Protocols and Other Materials

Authors of manuscripts that report clinical trial results must submit the original preenrollment protocol (ideally prepared according to the 2013 SPIRIT standards) with any amendments that were

made. All such material must be appropriately dated. For accepted articles reporting clinical trials, *Annals* will publish the protocol as a supplement to the article.

We also encourage submission of a protocol or an active link to a curated site where the protocol may be found if your manuscript reports a cohort, case-control, cross-sectional or systematic review and meta-analysis study for which there is a protocol. *Annals* strongly encourages authors of accepted articles reporting cohort, case-control, cross-sectional or systematic review and meta-analysis studies to post the protocol or provide an active link to it.

If your submission describes the results from a survey or questionnaire, please submit a copy of these materials as it will improve the speed and quality of the review process. Other associated files that you may consider submitting include but are not limited to the following:

- Cover letter with specific points that you want to make to the editors
- Studies related to the submission that have been accepted for publication or published
- Reviews of this submission from other journals

### **E. Preprint Servers, Related Work, Duplicate Publication, and Use of Previously Published Material in Submitted Manuscripts**

*Annals of Internal Medicine* does not automatically exclude a manuscript from consideration for publication solely because the authors posted it on a preprint server prior to submission to the journal for peer review. However, authors should recognize that dissemination of a study as a preprint can influence the priority for its subsequent publication. Authors who choose to post their work on a preprint server should choose one that clearly identifies preprints as not peer-reviewed work, includes authors' disclosures of interests, has a commenting mechanism, assesses that the work meets basic ethical standards before posting the preprint, and has a mechanism for identifying published articles related to the preprint. When submitting a manuscript to *Annals*, authors must inform the journal whether or not the work is posted on a preprint server, with a link to any preprint(s). If authors choose to post a preprint of an article before submitting the manuscript to *Annals of Internal Medicine*, they should not update that preprint during the peer review process. If the article is accepted for publication in *Annals*, authors must agree not to revise the preprint and to cite/link to the published article.

Manuscripts are considered for publication with the understanding that no part of their contents are under consideration for publication elsewhere; have not been published or posted elsewhere; and will not be posted or published elsewhere, except in abstract form or with the express consent of the Editor and Publisher.

Authors should give full details on any possible previous or duplicate publication of any content of the manuscript in the cover letter. They should include copies of published papers and manuscripts of papers that are in preparation, under review, or in press that contain data or other content that appears in the submitted manuscript. Editors use these materials when making judgments about duplicate publication.

Previous publication of a small fraction of the content of a manuscript does not necessarily preclude its being published in *Annals*, but the editors need information about previous or in process publications when deciding how to use space in the journal efficiently. The editors regard authors' failure to disclose possible prior or concurrent publication as a breach of scientific ethics. We usually do not consider abstracts, posters, monographs, or detailed technology reports as duplicate prior publications that preclude submission. However, we usually deem other duplicative material (e.g., articles, reviews, perspectives) that is submitted; in press; or published in another peer review, easily

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## F. Confidentiality

The staff at *Annals* keeps author correspondence confidential, unless it is intended for publication (e.g., as a comment on a published article). We also ask that authors and reviewers keep editorial correspondence confidential, and that authors refrain from sharing either the correspondence itself or the essence of its content with individuals who are not their collaborators. Maintaining such confidentiality helps ensure that editors can offer advice that is in the best interests of authors' papers without concern for how it might be considered or used by others.

## G. Acknowledgment of Receipt

We acknowledge all manuscripts and assign each a unique, confidential manuscript number. We provide all authors with instructions for checking the status of the manuscript online. To check the status of your manuscript online, [click here](#).

## H. Internal Review by Editors and External Peer Review

At least 1 Editor and 1 Associate Editor read each manuscript. Together, they decide whether to send the paper to outside reviewers. If a paper is rejected without external review, authors are notified electronically within 1 to 2 weeks of receipt. We retain copies of rejected manuscripts for 60 days, after which we delete them from our system.

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We send the reviewers' comments to authors whether or not we accept the article. On occasion, we reject an article but invite a resubmission that addresses specific concerns of the editors. We aim to accept a high percentage of reinvited articles and specify conditions that the authors must meet before we will accept the manuscript. We determine whether to send the reinvited manuscript for further external peer review or internal editorial and statistical review on a case-by-case basis.

## J. Fast-Track Review and Publication

Authors may request expedited review for manuscripts of very high quality that report findings that are likely to immediately affect practice or policy. We give priority for fast-tracking to large clinical trials and manuscripts reporting results likely to have an immediate impact on patient safety. If authors think that their manuscript warrants expedited review and publication, they should contact the Editor in Chief ([claine@acponline.org](mailto:claine@acponline.org)) with their request and rationale. They should also include an electronic version of the manuscript and, for trials, the protocol and registry identification number.

Within 2 business days, the editors judge whether a manuscript is suitable for *Annals'* expedited review, and advise authors regarding electronic submission of their article. Editors send expedited papers for peer review. They generally provide decisions and suggestions for any revision no later than 1 month after manuscript submission. Editors request that authors of expedited manuscript address initial suggestions for revisions very carefully to help avoid the need for additional revisions, and that, if feasible, authors return revised manuscripts within 2 weeks. Expedited material is usually published electronically at Annals.org within 3 weeks of final acceptance, with print publication 8 weeks later.

Not all manuscripts reviewed via the fast track mechanism will be found suitable for rapid publication. Some manuscripts reviewed through this process may require substantial revision and cannot be published until a satisfactory revision is available.

### **K. Submitting an Appeal**

The editors expect appeals infrequently and seldom reverse their original decisions. Many rejections involve editors' judgments of priority that authors usually cannot address through an appeal. However, authors who think that their manuscripts were erroneously rejected may e-mail an appeal letter to the editor who handled the manuscript. The letter should detail the author's concern and state how the manuscript could be revised or clarified to address key problems mentioned by editors and reviewers. Editors only consider appeals that are submitted within 2 months of the manuscript's rejection and consider appeals only once. Upon receiving the appeal, editors may confirm their decision to reject the manuscript, invite a revised manuscript, or seek additional peer review or statistical review of the original manuscript.

## **IV. What to Expect after Acceptance**

### **A. Post acceptance Copyediting and Proofs**

All accepted manuscripts are copyedited to improve clarity and achieve consistency of style and formatting of journal content. Authors will have the opportunity to approve revisions made during the copyediting process. Editors will work with authors to arrive at agreement when authors do not find the revisions acceptable, but *Annals* reserves the right not to publish a manuscript if discussion with the author fails to reach a solution that satisfies the editors.

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### **B. Author Forms and Disclosures of Interest**

If editors invite the authors to revise a manuscript after peer review, we ask each author, including the corresponding author, to complete his or her own International Committee of Medical Journal Editors (ICMJE) disclosure of interest form. Information about this form, which all ICMJE member journals have adopted, is available at ICMJE.org. At the time of manuscript acceptance, we ask authors to confirm and update, if necessary, their online disclosure statements. At the time of publication, the completed disclosure forms become available for readers to view on Annals.org.

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### C. Scheduling of Accepted Papers and Proofs

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In addition to being accountable for the parts of the work they have done, authors should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

The name of at least one specific author should be listed on the byline even when the article is identified as coming from a group. When a multiauthor group has conducted the work, it is prudent for the group to decide who will be an author before the work is started and confirm who is an author before submitting the manuscript for publication. All members of the group named as authors should meet criteria for authorship, including approval of the final manuscript, and they should be prepared to take public responsibility for the work. They will also be expected as individuals to complete disclosure of interest and author forms. Information on how the National Library of Medicine handles group authorship is available at [www.nlm.nih.gov/pubs/factsheets/authorship.html](http://www.nlm.nih.gov/pubs/factsheets/authorship.html). In order to properly acknowledge and index the names of group members, there should be a note accompanying the group name on the byline. This note should list all group members and note whether they are authors or non-author contributors/collaborators.

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obtain institutional review board approval before the start of the study, they should so state and explain the circumstances. If the study was exempt from review, the authors must state that such exemption complied with the policy of their local institutional review board. They should affirm that study participants gave their informed consent or state that an institutional review board approved conduct of the research without explicit consent from the participants.

If patients are identifiable from illustrations, photographs, pedigrees, case reports, or other study data, the authors must attest in writing that they have obtained signed release from each such individual (or copies of the figures with the appropriate release statement) giving permission for publication with the manuscript. To maintain confidentiality about the identity of subjects, authors should not submit these permission forms to the journal but must keep them on record.

### **C. Scientific Misconduct and Breaches of Journal Policy or Ethical Standards**

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### **D. Reader Comments and Responsibility to Respond to Them**

Readers can post comments at our Web site to published articles any time after publication. To do so, use the "Comment" tab that appears to the left of the html version of the relevant article. Readers wishing to comment must have access to the article. Access may be obtained if the article is free, the reader is a subscriber/member, the reader is accessing the article via an institutional subscription, or the person purchased pay per view access. For details regarding formatting requirements for Comments, see the table in Section II.A Article Types.

Only those comments posted within 8 weeks of the article's publication will be eligible to be considered for publication in the *Annals* Letters section. Exceptions will be made if a late comment notes a factual error that requires correction. *Annals* will ask authors of the article to draft a response to comments selected for the Letters section. Authors have a responsibility to review comments about their articles: They should consider responding to any that they believe warrant response, and must promptly respond to comments that raise questions about possible errors in the manuscript. Authors' responses to comments that raise questions about possible errors should either acknowledge and correct the error or confirm that no error was present.

# Appendix

## Article Types – More Information

### ARTICLE TYPE: ORIGINAL RESEARCH

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<b>Original Research</b>	Reports of original analyses of data on prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention of disease. [Peer reviewed]
Title	Indicate the study design in the title (e.g., add “randomized trial” or “cost-effectiveness analysis” to the full title of the manuscript).
Abstract	≤ 275 words, structured  Structure (all study designs except cost-effectiveness studies): Background, Objective, Design, Setting, Patients (or Participants), Interventions (if any), Measurements, Results, Limitations, Conclusion  Structure for cost-effectiveness studies:  Background, Objective, Design, Data Sources, Target Population, Time Horizon, Perspective, Intervention, Outcome Measures, Results of Base-Case Analysis, Results of Sensitivity Analysis, Limitations, Conclusion  At the end of the abstract state: <ul style="list-style-type: none"><li>▪ <b>Registration:</b> If the study is registered, specify the registry and the study’s unique registration number at the end of the abstract.</li><li>▪ <b>Funding Source:</b> State the sources of funding. If none, state so.</li></ul>
Text	≤ 3500 words (excludes abstract and references) Please note that if accepted for publication, the Editors may request shortening even if manuscript falls below this limit.  Structure: Introduction, Methods, Results, Discussion <b>Funding Source:</b> Identify the funding source for the study and its role in the study’s design, conduct, and reporting. Put this information under the last subheading of the Methods section and title the subhead “Role of the Funding source.”  <b>IRB Approval:</b> Confirm that an Institutional Review Board approved the study prior to data collection. If an Institutional Review Board did not review the study, provide documentation that not seeking Institutional Review Board review was in accordance with the policy of your institution.
References	75 or fewer bibliographic references
Tables/figures	No more than 4-6 tables or figures (combined)
Reporting guidelines	Follow relevant reporting recommendations. The <a href="#">EQUATOR</a> site includes the following guidelines, which <i>Annals</i> endorses:  Controlled Trials: CONSORT Cost-effectiveness Analyses: CHEERS Diagnostic Test Studies: STARD 2015

Observational Studies: STROBE  
Molecular Epidemiology: STROBE-ME  
Qualitative Research: COREQ  
Genetic Risk Prediction Studies: GRIPS  
Quality Improvement Studies: SQUIRE  
Multivariable Prediction Model for Individual Prognosis Or Diagnosis:  
TRIPOD

Protocol

We encourage authors to submit the study protocol that was approved by the Institutional Review Board. In the case of trials, authors should submit the original trial protocol approved by the Institutional Review Board and subsequent amendments. Make sure that these documents are dated appropriately.

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## ARTICLE TYPE: SYSTEMATIC REVIEWS AND META-ANALYSES

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**Reviews:  
Systematic Reviews  
and Meta-analyses**      Reviews that systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis, prognosis, or therapy. For information on the types of reviews *Annals* publishes see: The Editors. Reviews: Making Sense of an Often Tangled Skein of Evidence. *Ann Intern Med*, Jun 2005; 142: 1019 – 1020. [Peer reviewed]

Abstract      ≤ 275 words

Structure: Background, Purpose, Data Sources(must include start and end search dates), Study Selection, Data Extraction, Data Synthesis, Limitations, Conclusions

At the end of the abstract state:

- Registration: If the study is registered, specify the registry and the study's unique registration number at the end of the abstract.
- Funding Source: State the source of funding. If none, state so.

Title      Add "A systematic review" or "A systematic review and meta-analysis" as a subtitle.

Text      ≤ 4000 words (excludes abstract and references), note that if accepted for publication the editors may request shortening even if manuscript falls below this limit

Structure: Introduction, Methods, Results, Conclusions

Methods: Subheadings should be: Data Sources and Searches; Study Selection; Data Extraction and Quality Assessment; and Data Synthesis and Analysis. For studies that present numerical data and use statistical inference, include a section under Methods that describes the methods and specific statistical software used for the statistical analysis.

Funding Source: Identify the funding source for the study and its role in the study's design, conduct, and reporting. Put this information under the last subheading of the Methods section and title the subhead "Role of the Funding source."

References      No limit, although if includes more than 100 references, the references may need to be in an electronic only appendix

Tables/figures      Aim to include no more than 4 tables or figures (combined) within the body of the manuscript. Additional tables and figures can be included as appendix material. Among the tables and figures should be a flow diagram that depicts the search and selection processes and evidence tables.

Reporting guidelines      Follow relevant reporting recommendations. The [EQUATOR](#) includes the following guidelines:

[PRISMA](#) reporting guideline for systematic reviews and meta-analysis  
[MOOSE](#) reporting guidelines for meta-analysis of observational studies  
[ENTREQ](#) reporting guideline for synthesis of qualitative research

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A **Rapid Review** is a form of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner (1).

A **Living Review** is a systematic review that is routinely up-dated at defined intervals, incorporating relevant new evidence as it becomes available. Both rapid reviews and traditional systematic reviews may become living reviews. Living reviews are: underpinned by continual surveillance and screening of evidence; immediately include any newly identified important evidence (data, studies or information); and are supported by up-to-date communication about the status of the review and any new evidence being incorporated (2). Core methods of living systematic reviews are similar to those of systematic reviews though living reviews should additionally include explicit, transparent and predefined decisions on: How frequently new evidence is sought and screened, and when and how new evidence is incorporated into the review (3).

### Protocol Registration

Authors should post or register their protocol on an institutional, government, WHO, Open Science Framework, or PROSPERO registry website prior to manuscript submission. They should include the registry name and dated protocol when submitting the manuscript. If the review is not registered with PROSPERO and *Annals* accepts the review for publication, authors will be asked to apply for retrospective PROSPERO registration. If there is a valid reason that a protocol cannot be posted on such sites the authors should submit the protocol with the manuscript and, if accepted for publication, *Annals* will publish the protocol as a supplement.

### Format

Authors should follow the general *Annals* format requirements for Systematic Reviews and Meta-analyses (see “Information for Authors” at [www.annals.org](http://www.annals.org)). Rapid reviews, including rapid reviews intended to be “living” reviews, should have the following: clearly formulated questions; methods sections that describe sources and searches, selection criteria, data extraction and assessment, and synthesis methods; results that synthesize rather than catalog evidence, with flow charts and other graphics as necessary; and discussions that mention limitations of the review. In the instance of a living review, the methods section should define the review as a living review, and search sections should describe ongoing surveillance methods and periodicity. Methods sections should specify modified methods of the rapid review or the living rapid review, such as: not posting the protocol to PROSPERO; limiting searches to English language literature; searching only a few databases; searching preprint servers; crowd-distributed screening or extraction; limiting searches or inclusion by date; use of automation (e.g. text mining) for screening; or single reviewer extraction or assessment;. “Living” reviews that include searches of preprint servers and protocols should describe planned methods for tracking, screening and appraising records found in such searches, as well as planned methods for reappraisal of records that are subsequently published.

### Updates for Living Systematic Reviews: Surveillance Comments, Alert of New Evidence, Major Update

*Annals* asks authors of living reviews to commit to the following: periodic posting of surveillance searches and alerts of new evidence and submission of new articles for consideration when

substantive new evidence (see below) is identified. Editors will review these commitments on an annual basis and communicate with authors regarding their continuation. Surveillance Comments and Alerts of New Evidence should include no more than 5 authors who take responsibility for providing the updated information on behalf of the authors of the initial article.

### ***Surveillance Comment***

*Annals* will require authors of Living reviews to post a comment to the initial review on a periodic basis (i.e. the interval specified in the reviews' methods) that describes the results of updates of searches. If no new evidence was identified, this comment will serve to alert readers that an updated search was performed that identified no new eligible evidence.

### ***Alert of New Evidence***

If new evidence was identified that does not substantively change conclusions of the published parent rapid review, authors should cite and briefly describe and critique the new evidence. Review of new evidence should always include assessment of its risk of bias using methods cited in the published systematic review. If not, new methods of critique must be clearly stated. Minor updates should be brief but should try to contextualize for readers what the new evidence adds to existing evidence. Minor updates should not include major re-analyses of data; new methods of synthesis of multiple pieces of evidence; or sequential or simple cumulative meta-analyses. Alerts will be published in the letters section of the journal and will be indexed by NLM and linked to the NLM citation of the initial review. These alerts can include updated evidence tables and flow charts as supplements to the published letter .

### ***Major Updates***

When new evidence is substantive (large well designed study(s) when previous literature was inconsistent or lesser quality or multiple new studies of varying size and quality body) that changes the nature or strength of the conclusions or when synthesis of evidence requires major changes in methods, authors should submit a new article for review and publication. Authors should first consult editors regarding whether the accumulated evidence is substantive enough to warrant a major update. The majority of methods and search strategies do not need to be repeated with updates though new flow diagrams are needed. Review of new evidence should always include assessment of its quality or risk of bias and use methods cited in the published parent systematic review. If not, new methods of critique must be clearly stated. Updates with substantive new evidence should focus on synthesis of evidence, and should not just be a cataloging of individual pieces of evidence. Updates might involve reclassifications or new groupings of data as well as additional classifications of data (new tests or interventions). Any changes in methods with updates (e.g. a meta-analysis when previous versions of the review have only included narrative synthesis) will need to be described in the updated review; such changes likely indicate the need for a major update. The updated "living" review should follow the format requirements specified above for the initial version of the review.

If the authors do not provide updates at pre-specified intervals, the editors may alert readers that no updates were provided and may discontinue agreement to consider future updates.

### ***"Living" Clinical Guidelines***

"Living" guidelines or other formal recommendation documents that are based on a living systematic review should follow an analogous approach for updates as described for "living" reviews. Briefly, the methods section of the initial guideline should describe the planned updating methodology and the

different levels of updates will similarly be handled as surveillance comments, alerts letters, or new guideline articles based on whether new evidence is identified and, if so, whether it substantively changes the nature or strength of the recommendations.

1. Khangura S, Konnyu K, Cushman R, Grimshaw J, Moher D. Evidence summaries: the evolution of a rapid review approach. *Syst Rev.* 2012;1:10. doi:10.1186/2046-4053-1-10

2. Elliott JH, Turner T, Clavisi O, Thomas J, Higgins JP, Mavergames C, Gruen RL. Living systematic reviews: an emerging opportunity to narrow the evidence-practice gap. *PLoS Med.* 2014 Feb 18;11(2):e1001603. doi: 10.1371/journal.pmed.1001603. PMID: 24558353; PMCID: PMC3928029.

3. Elliot JH, Synott A, Turner T, Shemilt I, Thomas J on behalf of The Living Systematic Review Network. Living systematic review: 1. Introduction- the why, what, how, and when. *J Clin Epidemiology.* 2017; 91:23-30. DOI:<https://doi.org/10.1016/j.jclinepi.2017.08.010>.

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## ARTICLE TYPE: CLINICAL GUIDELINES

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<b>Clinical Guidelines</b>	Official recommendations from professional organizations on issues related to clinical practice and health care delivery. <i>Annals</i> is most interested in publishing the primary guideline documents but will also consider synopses of guidelines when the primary document is published elsewhere. Synopses should focus on those issues of most relevance to generalist clinicians. [Peer reviewed]
Abstract	≤ 275 words, structured
	Structure: Use the following subheadings: Description, Methods and Recommendations
Title	Include the name of the responsible organization in the title and identify the article as a clinical guideline.
Text, References, Tables/Figures	<u>Primary Guideline Reports</u> : <i>Annals</i> is flexible with length, reference, and other format requirements given the variability in the format of guidelines developed by different organizations. However, if guidelines are lengthy (>4000 words), we may require the production of an executive summary document with the full document published as a digital-only appendix. A concise table or concise graphic summarizing the recommendations and other key points is desirable.  <u>Guideline Synopses</u> : Guideline Group members followed by key references should be listed at the end. For additional information on guideline synopses please see: Laine C, Taichman D, Mulrow C. <a href="#">Trustworthy Clinical Guidelines</a> . <i>Ann Intern Med</i> . 2011; 154(11):774-775.
Authors	The name of at least one specific author should be listed on the byline even when the article is identified as coming from a group. If groups members should be identified as authors or non-author contributors. All individuals named as authors should meet authorship criteria (see section <a href="#">V. A. Authorship</a> ) and must complete author forms and disclosure of interest forms.
Reporting guidelines	We expect authors to include standard reporting elements suggested by the guideline groups ( <a href="#">Institute of Medicine: Clinical Practice Guidelines We Can Trust</a> , <a href="#">Guidelines International Network: Toward International Standards for Clinical Practice Guidelines</a> ). Guidelines that meet standards will fare more favorably than those that do not.

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## ARTICLE TYPE: POSITION PAPERS

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<b>Position Papers</b>	Official statements from professional organizations on issues related to clinical practice, health care delivery, and public health. [peer reviewed]
Abstract	≤ 275 words, unstructured
Title	Include the name of the responsible organization in the title and identify the article as a position paper.
Text	≤ 4000 words (excludes abstract and references). Papers >4000 words may be considered at the discretion of the editors, but will generally require an Executive Summary document of ≤ 1500 words with the full document published as a digital-only appendix. In such cases, the total word count (executive summary plus digital-only appendix) may not exceed 6000 and material in the Executive Summary should not be repeated in the appendix.  Position papers should include the following sections: Introduction, Methods, Recommendations/Position Statements, Conclusion
Authors	The name of at least one specific author should be listed on the byline even when the article is identified as coming from a group. If groups members should be identified as authors or non-author contributors. All individuals named as authors should meet authorship criteria (see section <a href="#">V. A. Authorship</a> ) and must complete author forms and disclosure of interest forms.

## ARTICLE TYPE: RESEARCH AND REPORTING METHODS

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<b>Research and Reporting Methods</b>	Articles related to research methods or reporting standards. [Peer reviewed]
Abstract	≤ 275 words Abstract format and word limits depend on the content of the article. If article is a narrative overview, the abstract should be unstructured. If article presents <a href="#">original research</a> or a <a href="#">systematic review</a> , follow those guidelines for structured abstract.
Text	3500 (excludes references), note that if accepted for publication the editors may request shortening even if manuscript falls below this limit Note: Research and Reporting Methods articles that present original data (e.g., <a href="#">original research</a> or <a href="#">systematic reviews/meta-analyses</a> ) should follow our guidance for the pertinent article type.
References	75 or fewer bibliographic references
Tables/Figures	Aim to include no more than 4 tables or figures (combined) within the body of the manuscript. Additional tables and figures can be included as appendix material.

## ARTICLE TYPE: NARRATIVE REVIEWS

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<b>Reviews: Narrative</b>	Review articles without detailed structured methods to identify, collect, appraise and interpret information that are often summarized descriptively in a narrative form. Narrative reviews are especially suitable for describing cutting-edge and evolving developments and underlying theory. For information on the types of reviews <i>Annals</i> publishes see: The Editors. Reviews: Making Sense of an Often Tangled Skein of Evidence. <i>Ann Intern Med</i> , Jun 2005; 142: 1019 – 1020. [Peer reviewed]
Abstract	≤ 275 words, unstructured
Title	Add “A narrative review” as a subtitle
Text	≤ 3500 words (excludes abstract and references) note that if accepted for publication the editors may request shortening even if manuscript falls below this limit
References	75 or fewer bibliographic references
Tables/figures	No more than 4 tables or figures (combined)
	Include a box listing 3 to 7 take-home points that link back to the original questions that the review set out to answer.

## ARTICLE TYPE: ACADEMIA AND THE PROFESSION

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<b>Academia and the Profession</b>	Descriptions and evaluations of innovations in medical education, training, professionalism, and career development. [Peer reviewed]
Abstract	≤ 275 words Abstract format and word limits depend on the content of the article. If article is a narrative overview, the abstract should be unstructured. If article presents <a href="#">original research</a> or a <a href="#">systematic review</a> , follow those guidelines for structured abstract.
Text	≤ 3500 (excludes references), note that if accepted for publication the editors may request shortening even if manuscript falls below this limit  Note: Academia and the Profession articles that present original data (e.g., <a href="#">original research</a> or <a href="#">systematic reviews /meta-analyses</a> ) should follow our guidance for pertinent article type.
References	75 or fewer bibliographic references
Tables/figures	Aim to include no more than 4 tables or figures (combined) within the body of the manuscript. Additional tables and figures can be included as appendix material.

**ARTICLE TYPE: AD LIBITUM**

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**Ad Libitum** Poetry, original work not previously published elsewhere [Peer reviewed]  
Text ≤ 80 lines

## ARTICLE TYPE: EDITORIALS

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<b>Editorials</b>	Commentary on current topics or on papers published elsewhere in the issue. [Typically solicited and reviewed by Editors]
Abstract	None
Text	1000 words maximum (excludes references)
References	10 or fewer bibliographic references
Tables/Figures	Typically no tables or figures but occasional exception at the editors' discretion

## ARTICLE TYPE: GRAPHIC NARRATIVE

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<b>Graphic Narrative/ Comic</b>	Original graphic narratives, comics, animation/video, and other creative forms addressing medically relevant topics. We encourage work capturing the experiences of those who provide and receive care, be they poignant, thought-provoking, or just plain entertaining. [Peer reviewed]
Abstract	None
Notes	<p>Both color and black-and-white submissions are acceptable and should be provided as a complete, single PDF file no larger than 30 Mb. (A larger file for higher resolution of accepted work may be submitted later if necessary.) We cannot accept submissions of hard copy work, but can accept videos. <i>Annals</i> cannot accept scripts without artwork or art samples without a story.</p> <p><i>Annals</i> will not consider work that has been previously published or posted online, but may consider work that has been previously posted in part in certain venues at the editors' discretion.</p> <p>Submissions accepted for publication will generally be published in electronic-only form on <a href="#">Annals.org</a>.</p>

## ARTICLE TYPE: HISTORY OF MEDICINE

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<b>History of Medicine</b>	Essays, reports, or biographic sketches related to the history or evolution of medicine. [Peer reviewed]
Abstract	≤ 275 words, unstructured
Text	≤ 3200 words (excludes references), note that if accepted for publication the editors may request shortening even if manuscript falls below this limit
References	75 or fewer bibliographic references
Tables/Figures	1 table or figure

## ARTICLE TYPE: IDEAS AND OPINIONS

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<b>Ideas and Opinions</b>	Essays representing opinions, presenting hypotheses, or considering controversial issues. [Sometimes solicited by editors, typically peer reviewed]
Abstract	None
Text	1000 words maximum (excludes references)
References	10 or fewer bibliographic references
Tables/Figures	Typically no tables or figures but occasional exception at the editors' discretion

## ARTICLE TYPE: IN THE BALANCE

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<b>In the Balance</b>	Pairs of essays that each take contrary views on unsettled questions related to the practice of medicine. [Typically solicited by editors, typically peer reviewed]
Abstract	None
Text	1000 words maximum (excludes references)
References	10 or fewer bibliographic references
Tables/figures	Typically no tables or figures but occasional exception at the editors' discretion

## ARTICLE TYPE: BRIEF RESEARCH REPORTS

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<b>Brief Research Reports</b>	Brief research reports. Concise reports of original data that are limited in scope and/or preliminary in nature. [Peer reviewed]
Authors	Typically 5 or fewer, although exceptions made at editors' discretion
Abstract	None
Text	700 words maximum (excludes references)  Structure: Background, Objective, Methods and Findings, Discussion, and References
References	5 or fewer bibliographic references
Tables/Figures	Maximum of 2 tables or figures (combined)
Reporting guidelines	For adverse drug events, follow ADR reporting guideline: Edwards IR, Aronson JK. <a href="#">Adverse drug reactions: definitions, diagnosis, and management</a> . Lancet. 2000;356:1255-9. [PMID: <a href="#">11072960</a> ]

## ARTICLE TYPE: CASE REPORTS

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<b>Case Reports/Series</b>	Case reports/series. Reports presenting a single patient or a series of patients using a structured format (Background, Objective Case Report, Discussion, References). These reports should be descriptive in nature and refrain from including inferential analyses. [Peer reviewed]
Authors	Typically 5 or fewer, although exceptions made at editors' discretion
Abstract	None
Text	700 words maximum (excludes references)  Structure: Background, Objective, Case Report, Discussion, and References
References	5 or fewer bibliographic references
Tables/Figures	Maximum of 2 tables or figures (combined)
Reporting guidelines	For adverse drug events, follow ADR reporting guideline: Edwards IR, Aronson JK. <a href="#">Adverse drug reactions: definitions, diagnosis, and management</a> . Lancet. 2000;356:1255-9. [PMID: <a href="#">11072960</a> ]

## ARTICLE TYPE: LETTERS: COMMENTS

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<b>Letters: Comments</b>	Readers who wish to comment on material published in <i>Annals</i> can do so by posting a comment to the article on <a href="http://www.annals.org">www.annals.org</a> . <i>Annals</i> only considers for publication correspondence about published articles submitted in this manner. Readers can submit a comment any time after publication, but only those submitted within 8 weeks of an article's publication will be considered for publication. Exceptions will be made if a late comment notes a factual error that requires correction. Readers wishing to comment must have access to the article. Two months after publication, editors review all posted comments and select some for publication in the Letters section of <i>Annals</i> . All comments submitted after October 1, 2021 and selected for publication will be published online only.[no external peer review]
Authors	Typically 5 or fewer, although exceptions may be made at editors' discretion
Abstract	None
Text	400 words maximum (excludes references)
References	5 or fewer bibliographic references
Tables/figures	None
Other considerations	Name, current appointment, place of work, and e-mail address are required with the submission, and will be published with your response. Those posting comments must declare potential conflicts of interests.

To submit a comment, use the "Comment" tab that appears to the left of the html version of the relevant article on [www.annals.org](http://www.annals.org). To avoid redundancy, we urge readers to read previously posted comments before submitting their own. The editorial team moderates comments and posts them at their discretion. *Annals* will not post comments that are anonymous, contain factual inaccuracies, use noncollegial or unprofessional language, personally attack individuals, are not directly relevant to the published article, or do not follow general format requirements. Except in rare circumstances at the discretion of the editorial team, once posted a comment cannot be revised or deleted. Readers wishing to comment must have access to the article. Access may be obtained if the article is free, the reader is a subscriber/member, the reader is accessing the article via an institutional subscription, or the person purchased pay per view access.

Authors have a responsibility to review comments about their articles: They should consider responding to any that they believe warrant response, and must promptly respond to comments that raise questions about possible errors in the manuscript. Authors' responses to comments that raise questions about possible errors should either acknowledge and correct the error or confirm that no error was present. *Annals* will ask authors of the article to draft a response to comments selected for the Letters section.

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## ARTICLE TYPE: MEDICINE AND PUBLIC ISSUES

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<b>Medicine and Public Issues</b>	Articles related to the economic, ethical, sociologic, or political environment in medicine. [Peer reviewed]
Abstract	≤ 275 words; unstructured
Text	≤ 2500 words (excludes abstract and references), note that if accepted for publication the editors may request shortening even if manuscript falls below this limit
References	50 or fewer bibliographic references
Tables/Figures	Aim to include no more than 4 tables or figures (combined) within the body of the manuscript. Additional tables and figures can be included as appendix material.

## ARTICLE TYPE: ON BEING A DOCTOR

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<b>On Being a Doctor</b>	Short personal essays about the experiences of physicians , original work not previously published elsewhere [Peer reviewed]
Abstract	None
Text	1500 words maximum (excludes references)
References	Typically includes no references, but can include up to 5 if necessary.
Other Considerations	Authors should specify in their cover letter whether the essay is nonfiction, fiction, or a fictionalized account of true events.

If the essay is nonfiction, we ask that the authors mask the identity of people. In addition, the editors feel it is important for authors to show the manuscript to all persons described in the essay and to obtain their permission to publish the material.

Although *Annals* does not require signed permission from the subjects of essays, we do require the authors to state in writing whether they obtained the subjects' permission. If the author has not obtained permission, he or she should explain the reasons for its absence in a cover letter that accompanies the manuscript. We will consider nonfiction material that does not have the subject's permission at the editors' discretion.

## ARTICLE TYPE: ON BEING A PATIENT

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<b>On Being a Patient</b>	Short essays about the experiences of being a patient , original work not previously published elsewhere [Peer reviewed]
Abstract	None
Text	1500 words maximum (excludes references)
References	Typically includes no references, but can include up to 5 if necessary.
Other Considerations	Authors should specify in their cover letter whether the essay is nonfiction, fiction, or a fictionalized account of true events.

If the essay is nonfiction, we ask that the authors mask the identity of people. In addition, the authors should show the manuscript to all persons described in the essay and to obtain their permission to publish the material.

Although *Annals* does not require signed permission from the subjects of essays, we do require the authors to state in writing whether they obtained the subjects' permission. If the author has not obtained permission, he or she should explain the reasons for its absence in a cover letter that accompanies the manuscript. We will consider nonfiction material that does not have the subject's permission at the editors' discretion.

## ARTICLE TYPE: PERSONAE (COVER PHOTO)

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<b>Personae (cover photo)</b>	Photographs that capture the personality of people in the context of their daily lives. [reviewed by editors]
Other Considerations	Submit vertically oriented black-and-white photographs in JPG or TIF format at a resolution no less than 300 dpi.

Photographs submitted in hard copy will not be returned.

The photographer must obtain subjects' written permission to publish the photograph unless the photograph was taken in a public venue. If taken in a public venue, the photographer should state in a cover letter that he or she obtained verbal permission to take the photograph.

The photographer need not be a physician. Anyone can submit photographs for consideration in this section.

ACP holds copyright on published photographs.

*Annals* offers a yearly \$500 photography prize.