

Instructions for Authors

Contact Information

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How Do I?

Determine My Article Type

Categories of Articles

Research

Article Type

Original Investigation

full info

Description

Clinical trial
Meta-analysis
Intervention study
Cohort study
Case-control study
Epidemiologic assessment
Survey with high response rate
Cost-effectiveness analysis
Decision analysis
Study of screening and diagnostic tests
Other observational study

Requirements

- 3000 words
- ≤5 tables and/or figures
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow EQUATOR Reporting Guidelines

Article Type

Caring for the Critically Ill Patient

full info

Description

Original research reports, preferably clinical trials or systematic reviews that address virtually any aspect of critical illness, from prevention and triage, through resuscitation and acute treatment, to rehabilitation and palliative care.

Requirements

- 3000 words
- ≤5 tables and/or figures
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow EQUATOR Reporting Guidelines
- See also requirements for Clinical Trial, Meta-analysis, and Systematic Review

Article Type

Brief Report

full info

Description

Short reports of original studies or evaluations or unique, first-time reports of clinical case series.

It is very rare for this journal to publish case reports.

Requirements

- 1200 words
- 15 references
- ≤3 tables and/or figures
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow EQUATOR Reporting Guidelines

Article Type

Description

Requirements

Research Letter

full info

Concise, focused reports of original research. Can include any of the study types listed under Original Investigation.

- 600 words
- ≤6 references
- ≤2 small tables and/or figures
- No Abstract or Key Points
- Data Sharing Statement
- Follow EQUATOR Reporting Guidelines

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Clinical Review and Education**Article Type****Systematic Review (without meta-analysis)**

full info

Description

This article type requires a presubmission inquiry. See the "full info" below for requirements and contact information.

Critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention.

Systematic Reviews without meta-analysis are published as Reviews; those with meta-analysis are published as Original Investigations (see Meta-analysis).

Requirements

- 3000 words
- 50-75 references
- ≤5 tables and/or figures
- A PRISMA-style flow diagram should be included as an online supplement
- Include a table with ratings of the quality of the studies/evidence
- Subtitle should be "A Systematic Review"
- Structured abstract
- Key Points
- Follow EQUATOR Reporting Guidelines

Article Type**Narrative Review**

full info

Description

This article type requires a presubmission inquiry. See the "full info" below for requirements and contact information.

Up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in these disciplines.

The focus should be an update on current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment.

These reviews should address a specific question or issue that is relevant for clinical practice.

Requirements

- 2000-3500 words
- 50-75 references
- ≤5 tables and/or figures
- 3-part structured abstract
- No Key Points
- Subtitle should be "A Review"

Article Type**Special Communication**

full info

Description

These manuscripts describe an important issue in clinical medicine, public health, health policy, or medical research in a scholarly, thorough, well-referenced, systematic, and evidence-based manner.

Requirements

- 3000 words
- 50 references
- ≤4 tables and/or figures
- Structured abstract
- Requires a presubmission inquiry

Article Type**Clinical Challenge**

full info

Description

Presents an actual patient case with a specific disease or condition with an accompanying clinical image.

Requirements

- "What Would You Do Next?" with 4 single-phrase plausible treatment options describing possible courses of action with 1 being preferred
- Case presentation: 250 words
- Discussion: 500-600 words
- ≤10 references
- ≤3 authors
- 1-2 small figures
- Patient permission required

Article Type**Diagnostic Test Interpretation**

full info

Description

This article requires a presubmission inquiry.

Presentation of the results of a diagnostic test from a single patient with exploration of the clinical application of the test result; intended to help clinicians understand the underlying rationale in ordering tests, interpreting test results, and acting on the diagnostic test findings.

Requirements

- How Do You Interpret These Test Results? (or What Would You Do Next?) with 4 plausible responses
- Case presentation: 200 words
- Discussion: 650 words
- 1 table
- ≤10 references
- ≤3 authors
- Patient permission required

[Back to top](#)**Opinion****Article****Type Viewpoint**

full info

Description

Short opinion-based articles that address an important topic in medicine, public health, research, discovery, prevention, ethics, health policy, or health law and generally are not linked to a specific article.

Requirements

- 1200 words (or 1000 words with 1 small table or figure)
- ≤7 references at submission
- ≤4 authors, with no more than 2 affiliations per author

Article**Type Perspective**

full info

Description

Brief opinion-based commentary, overview, or essay about an important issue in clinical medicine, public health, health policy, or medical research.

Requirements

- 2000 words maximum
- 10-25 references
- 0-2 small tables/figures
- ≤4 authors
- Requires a presubmission inquiry

Humanities

Article**Type****A Piece of My Mind**

full info

Description

Personal vignettes (eg, exploring the dynamics of the patient-physician relationship) taken from wide-ranging experiences in medicine; occasional pieces express views and opinions on the myriad issues that affect the profession.

Requirements

- ≤1600 words
- ≤3 authors
- Patient permission may be needed

Article**Type****Poetry**

full info

Description

Original poems related to the medical experience, whether from the point of view of a health care worker or patient, or simply an observer.

Requirements

- No longer than 44 lines
- 1 author

[Back to top](#)**Correspondence****Article****Type****Letter to the Editor**

full info

Description

Letters discussing a recent article in this journal should be submitted within 4 weeks of the article's publication.

Requirements

- 400 words
- ≤5 references (1 of which should be to the recent article)
- ≤3 authors

Article**Type****Letter in Reply**

full info

Description

Replies by authors of original articles to letters from readers.

Requirements

- 500 words
- ≤6 references
- ≤3 authors

*How Do I?***Determine My Study Type****Study Type****Randomized Clinical Trial**

full info

Description

A trial that prospectively assigns participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, process-of-care changes, and the like.

Requirements

- 3000 words
- ≤5 tables and/or figures, including CONSORT flow diagram
- 50-75 references
- Structured abstract
- Key Points
- Subtitle should be "A Randomized Clinical Trial"
- Trial registration and ID
- Trial protocol
- CONSORT checklist
- Data Sharing Statement
- Follow CONSORT Reporting Guidelines

Study Type**Description****Requirements**

Parallel-Design Double-blind Trial

full info

A randomized trial that prospectively assigns participants to 2 or more groups to receive different interventions. Participants and those administering the interventions are unaware of which intervention individual participants are receiving.

- 3000 words
- ≤5 tables and/or figures, including CONSORT flow diagram
- 50-75 references
- Structured abstract
- Key Points
- Subtitle should be "A Randomized Clinical Trial"
- Trial registration and ID
- Trial protocol
- CONSORT checklist
- Data Sharing Statement
- Follow CONSORT Reporting Guidelines

Study Type**Crossover Trial**

full info

Description

A trial in which participants receive more than 1 of the treatments under investigation, usually in a randomly determined sequence, and with a prespecified amount of time (washout period) between sequential treatments.

Requirements

- 3000 words
- ≤5 tables and/or figures, including CONSORT flow diagram
- 50-75 references
- Structured abstract
- Key Points
- Subtitle should be "A Randomized Clinical Trial"
- Trial registration and ID
- Trial protocol
- CONSORT checklist
- Data Sharing Statement
- Follow CONSORT Reporting Guidelines

Study Type**Equivalence and Noninferiority Trial**

full info

Description

A trial designed to assess whether the treatment or intervention under study (eg, a new intervention) is no worse than an existing alternative (eg, an active control). In these trials, authors must prespecify a margin of noninferiority that is consistent with all relevant studies and within which the new intervention can be assumed to be no worse than the active control.

Requirements

- 3000 words
- ≤5 tables and/or figures, including CONSORT flow diagram
- 50-75 references
- Structured abstract
- Key Points
- Subtitle should be "A Randomized Clinical Trial"
- Trial registration and ID
- Trial protocol
- CONSORT checklist
- Data Sharing Statement
- Follow CONSORT Reporting Guidelines

Study Type
Cluster Trial
full info

Description
A trial that includes random assignment of groups rather than individuals to intervention and control groups.

- Requirements**
- 3000 words
 - ≤5 tables and/or figures, including CONSORT flow diagram
 - 50-75 references
 - Structured abstract
 - Key Points
 - Subtitle should be "A Randomized Clinical Trial"
 - Trial registration and ID
 - Trial protocol
 - CONSORT checklist
 - Data Sharing Statement
 - Follow CONSORT Reporting Guidelines

Study Type
Nonrandomized Clinical Trial
full info

Description
A trial that prospectively assigns groups or populations to study the efficacy or effectiveness of an intervention but in which the assignment to the intervention occurs through self-selection or administrator selection rather than through randomization. Control groups can be historic, concurrent, or both. This design is sometimes called a quasi-experimental design.

- Requirements**
- 3000 words
 - ≤5 tables and/or figures, including a trial flow diagram
 - 50-75 references
 - Structured abstract
 - Key Points
 - Subtitle should be "A Nonrandomized Clinical Trial"
 - Trial registration and ID
 - Trial protocol
 - Data Sharing Statement
 - TREND checklist

Study Type
Meta-analysis
full info

Description
A systematic review that includes a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate.

- Requirements**
- 3000 words
 - ≤5 tables and/or figures
 - 50-75 references
 - Structured abstract
 - Key Points
 - Subtitle should include "A Meta-analysis"
 - Data Sharing Statement
 - Follow PRISMA Reporting Guidelines or MOOSE Reporting Guidelines

Study Type
Cohort Study
full info

Description
An observational study that follows a group (cohort) of individuals who are initially free of the outcome of interest. Individuals in the cohort may share some underlying characteristic, such as age, sex, diagnosis, exposure to a risk factor, or treatment.

- Requirements**
- 3000 words
 - ≤5 tables and/or figures
 - 50-75 references
 - Structured abstract
 - Key Points
 - Data Sharing Statement

- Follow STROBE Reporting Guidelines

Study Type

Case-Control Study

full info

Description

An observational study designed to determine the association between an exposure and outcome in which study participants are selected by outcome. Those with the outcome (cases) are compared with those without the outcome (controls) with respect to an exposure or event. Cases and controls may be matched according to specific characteristics (eg, age, sex, or duration of disease).

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow STROBE Reporting Guidelines

Study Type

Cross-sectional Study

full info

Description

An observational study of a defined population at a single point in time or during a specific interval, in which exposure and outcome are ascertained simultaneously.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow STROBE Reporting Guidelines

Study Type

Case Series

full info

Description

An observational study that describes a selected group of participants with similar exposure or treatment and without a control group. A case series may also involve observation of larger units such as groups of hospitals or municipalities, as well as smaller units such as laboratory samples.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow Reporting Guidelines

Study Type

Economic Evaluation

full info

Description

A study using formal, quantitative methods to compare 2 or more treatments, programs, or strategies with respect to their resource use and expected outcomes. This includes cost-effectiveness, cost-benefit, and cost-minimization analyses.

Requirements

- 3000 words
 - ≤5 tables and/or figures
 - 50-75 references
 - Structured abstract
 - Key Points
 - Data Sharing Statement
 - Follow CHEERS Reporting Guidelines
-

Study Type**Decision Analytical Model**

full info

Description

A mathematical modeling study that compares consequences of decision options by synthesizing information from multiple sources and applying mathematical simulation techniques, usually with specific software. Reporting should address the relevant non-cost aspects of the CHEERS guideline.

Requirements

- 3000 words
- ≤5 tables and/or figures
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow CHEERS Reporting Guidelines

Study Type**Comparative Effectiveness Research**

full info

Description

A study that compares different interventions or strategies to prevent, diagnose, treat, and monitor health conditions to determine which work best for which patients, under what circumstances, and are associated with the greatest benefits and harms.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow ISPOR Reporting Guidelines

Study Type**Genetic Association Study**

full info

Description

A study that attempts to identify and characterize genomic variants that may be associated with susceptibility to multifactorial disease.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow STREGA Reporting Guidelines

Study Type**Diagnostic/Prognostic Study**

full info

Description

A prospective study designed to develop, validate, or update the diagnostic or prognostic accuracy of a test or model.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow STARD Reporting Guidelines or TRIPOD Reporting Guidelines

Study Type**Quality Improvement Study**

full info

Description

A study that uses data to define, measure, and evaluate a health care practice or service to maintain or improve the appropriateness, quality, safety, or value of that practice or service.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow SQUIRE Reporting Guidelines

Study Type**Survey Study**

full info

Description

A survey study includes a representative sample of individuals who are asked to describe their opinions, attitudes, or behaviors. Survey studies should have sufficient response rates (generally ≥60%) and appropriate characterization of nonresponders to ensure that nonresponse bias does not threaten the validity of the findings.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow AAPOR Best Practices for Survey Research
- Optional: Survey instrument as supplemental file

Study Type**Qualitative Study**

full info

Description

A study based on observation and interview with individuals that uses inductive reasoning and a theoretical sampling model and that focuses on social and interpreted, rather than quantifiable, phenomena and aims to discover, interpret, and describe rather than to test and evaluate. This includes mixed-methods studies that combine quantitative and qualitative designs in a sequential or concurrent manner.

Requirements

- 3000 words
- ≤5 tables and/or figures
- 50-75 references
- Structured abstract
- Key Points
- Data Sharing Statement
- Follow SRQR Reporting Guidelines or COREQ Reporting Guidelines

[Back to top](#)**Research****Original Investigation**

These reports typically include randomized trials (see Clinical Trial), intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys with high response rates (see Reports of Survey Research), cost-effectiveness analyses and decision analyses (see Reports of Cost-effectiveness Analyses and Decision Analyses), and studies of screening and diagnostic tests (see also Reports of Diagnostic Tests). Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy. Data included in research reports must be original and should be as timely and current as possible (see Timeliness of Data). Follow EQUATOR Reporting Guidelines.

A structured abstract is required; for more information, see instructions for preparing Abstracts for Reports of Original Data. A list of 3 Key Points is required (see guidance on preparing Key Points). Maximum length: 3000 words of text (not including abstract, tables, figures, acknowledgments, references, and online-only material) with no more than a total of 5 tables and/or figures.

Caring for the Critically Ill Patient

These manuscripts are original research reports, preferably clinical trials, or systematic reviews (see above classifications for manuscript submission requirements by category of article) that address virtually any aspect of critical illness, from prevention and triage, through resuscitation and acute treatment, to rehabilitation and palliative care. Manuscripts that provide new insights into the diagnosis, prognosis, and treatment of critically ill patients, as well as those that explore pathophysiological, technological, ethical, or other related aspects of critical care medicine, are welcome. Follow EQUATOR Reporting Guidelines. For reports of original data and systematic reviews, a structured abstract is required; see instructions for preparing Abstracts for Reports of Original Data or Abstracts for Reviews. A list of 3 Key Points is required (see guidance on preparing Key Points). Maximum length: 3000 words of text (not including abstract, tables, figures, acknowledgments, references, and online-only material) with no more than a total of 5 tables and/or figures.

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Brief Report

These manuscripts are short reports of original studies or evaluations or unique, first-time reports of clinical case series. Follow EQUATOR Reporting Guidelines. A structured abstract is required; for more information, see instructions for preparing Abstracts for Reports of Original Data. A list of 3 Key Points is required (see guidance on preparing Key Points). Recommended length: 1200 words (not including abstract, tables, figures, acknowledgments, references, and online-only material) with no more than a total of 3 tables and/or figures and no more than 15 references. Note: It is very rare for this journal to publish case reports.

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Research Letter

Research Letters are concise, focused reports of original research. These should not exceed 600 words of text and 6 references and may include up to 2 tables or figures. Online supplementary material is only allowed for brief additional and absolutely necessary methods but not for any additional results or discussion. The text should include the full name, academic degrees, and institutional affiliation for each author and the email address for the corresponding author. Other persons who have contributed to the study may be indicated in an Acknowledgment, with their permission, including their academic degrees, affiliation, contribution to the study, and an indication if compensation was received for their role. Letters must not duplicate other material published or submitted for publication. In general, Research Letters should be divided into the following sections: Introduction, Methods, Results, and Discussion. They should not include an abstract or key points, but otherwise should follow all of the guidelines in Manuscript Preparation and Submission Requirements. Letters not meeting these specifications are generally not considered.

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Clinical Review and Education

Reviews

This article type requires a presubmission inquiry to jamams@jamanetwork.org.

The journal will consider 2 types of review articles:

Systematic Reviews

Narrative Review

These types of Review articles differ by the scope and level of analysis of the literature searches and the titles used. Systematic Reviews require a complete systematic search of the literature using multiple databases, covering many years, and grading of the quality of the cited evidence. Narrative Reviews do not require a rigorous literature search but should rely on evidence and should be written by established experts in the field. See below for more detail on each type of Review.

Titles for these Reviews should include a concise description of the main topic. Use specific and not overly broad wording for the title; the type of review should be indicated in the subtitle. For example:

■ Behavioral Treatment of Obesity: A Systematic Review

Behavioral Treatment of Obesity: A Review (note: the word "narrative" is not included in the subtitle)

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Systematic Review (without meta-analysis)

Systematic Reviews are critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. Systematic Reviews without meta-analysis are published as Reviews; those with meta-analysis are published as Original Investigations (see Meta-analysis). Systematic Reviews should address a specific question or issue that is relevant for clinical practice and provide an evidence-based, balanced, patient-oriented review on a focused topic. Follow EQUATOR Reporting Guidelines.

The basic structure of manuscripts reporting Systematic Reviews should include the following: Abstract (structured abstract of no more than 350 words); Introduction (150-250 words); Methods (150-250 words); Results (1000-1250 words, with the following subsections, if appropriate, depending on the specific question or issue addressed: Pathophysiology, Clinical Presentation, Assessment and Diagnosis, Treatment, and Prognosis); Discussion (1000 words); and Conclusions (2-3 sentences).

Maximum length: 3000 words of text (not including abstract, tables, figures, acknowledgments, references, and online-only material), with no more than a total of 5 tables and/or figures and no more than 50-75 references. For an example of a published Systematic Review, see *JAMA*. 2014;312(6):631-640 and below for the general structure of a Systematic Review article. Prospective authors interested in submitting a review manuscript should prepare a detailed outline of the proposed article. There should also be a brief summary of the extent and quality of the literature supporting the proposed review. Alternatively, if a draft of the manuscript has been completed, this can be sent. Prospective authors should also summarize their publication record in the field. Send this information to the editorial office via email to Kristin Walter, MD, at Kristin.Walter@jamanetwork.org.

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Specific Components of a Systematic Review

Key Points (75-100 words)

This feature provides a quick structured synopsis of the Review, following 3 key points: Question, Findings, and Meaning. Limit to no more than 100 words. This is different from the Abstract.

Example

Question: What are the most effective medical treatments for adult chronic sinusitis?

Findings: In this systematic review, symptoms of chronic sinusitis were improved with saline irrigation and topical corticosteroid therapy compared to no therapy. Compared with placebo, 3-week courses of systemic corticosteroids or oral doxycycline were associated with reduced polyp size, and a 3-month course of macrolide antibiotic was associated with improved symptoms in patients without polyps.

Meaning: First-line therapy for chronic sinusitis should begin with daily topical intranasal corticosteroid in conjunction with saline irrigation; subsequent therapies should be based on the patient's polyp status and severity of symptoms.

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Abstract (350 words)

A structured abstract is required; Systematic Review articles should include a structured abstract of no more than 350 words using the headings listed below.

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

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

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

Findings: Include a brief summary of the number of articles included, numbers of various types of studies (eg, clinical trials, cohort studies), and numbers of patients/participants represented by these studies. Summarize the major findings of the review of the clinical issue or topic in an evidence-based, objective, and balanced fashion, with the highest-quality evidence available receiving the greatest emphasis. Provide quantitative data.

Conclusions and Relevance: The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge. Conclusions should be based only on results described in the abstract Findings subsection.

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Introduction (150-250 words)

The first 2 to 3 sentences of the Introduction should draw in readers such that they want to continue reading the article and should establish the importance of the Review. Reviews should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health. The first paragraph should provide a general summary of the clinical problem (eg, obesity). The next paragraph should focus on the specific aspect of the clinical problem the article will explore (eg, treatments for obesity). The epidemiology of the disease or condition should be briefly summarized and generally should include disease prevalence and incidence. The third paragraph should discuss exactly what material will be covered in the Review (eg, obesity treatments reported in trials with a minimum follow-up of 2 years including 80% of the original cohort).

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Methods/Literature Search (150-250 words)

The literature search should be as current as possible, ideally with end dates within a month or two before manuscript submission. A search of the primary literature should be conducted, including multiple bibliographic databases (eg, PubMed/MEDLINE, Embase, CINAHL, PsycINFO). This can be facilitated by collaborating with a medical librarian to help with the search.

Briefly describe characteristics of the literature searched and included in the review, following the PRISMA reporting guidelines, including the bibliographic databases and other sources searched, search terms used, dates included in the search, date the literature search was conducted, screening process, language limitations, and inclusion and exclusion criteria. The rating system used to evaluate the quality of the evidence should be specified (see table below) and the methods used to evaluate quality should be described, including number of quality raters, how agreement on quality ratings was assessed, and how disagreements on quality ratings were resolved.

The highest-quality evidence (eg, randomized clinical trials, meta-analyses, systematic reviews, and high-quality prospective cohort studies) should receive the greatest emphasis. Clinical practice guidelines ordinarily should not be used as a primary component of the evidence base for the systematic review, although relevant guidelines should be addressed in the Discussion section of the article.

The search methods should be described in sufficient detail so the search can be reproduced based on the information provided in the manuscript. A summary of the methods of the literature search including this information should be included in the main article; details can be included in an online-only supplement. A PRISMA-style flow diagram showing this information should also be included as an online-only supplement. In addition, a completed PRISMA checklist should be submitted for the items completed that apply to systematic reviews (the checklist items that apply to meta-analyses do not need to be completed for systematic reviews without meta-analysis). The checklist will be used during review but will not be published.

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Results (1000-1250 words)

First, briefly report the results of the literature search, including the number of articles reviewed and included, numbers of various types of studies (eg, clinical trials, cohort studies) included, and the aggregate numbers of patients included in the reviewed studies. Also provide a brief summary of the quality of the evidence. Details of this information can be included in a PRISMA-style flow diagram and table(s).

Next, the subsections listed below should generally appear in the Results sections of most Reviews although all of these subsections may not be necessary for some topics, depending on the specific question or issue addressed. The word counts following each subsection are suggested to assist with keeping the overall Results section limited to 1000-1250 words.

Pathophysiology (150-250 words). Provide a brief overview of the pathophysiology of the disease. The intent is to provide readers with sufficient background information about the underpinnings of a disease to provide context for the rest of the article.

Clinical Presentation (150-250 words). Briefly describe the clinical characteristics that result in a patient seeking medical care for the condition or what features of the disease should lead a clinician to evaluate or treat it.

Assessment and Diagnosis (250-300 words). Describe the clinical examination for evaluation of the disease and explain the most salient physical examination findings. If laboratory or imaging studies are necessary, pro-

vide the sensitivity and specificity and diagnostic accuracy of these tests and consider providing positive and negative likelihood ratios. Sequences of diagnostic tests are best presented as algorithms or in tables.

Treatment (250-500 words). Treatments should be based on the most recently available and highest level of evidence. Treatment options should be summarized in the text and presented in detail in tables along with an indication of the strength of evidence supporting the individual treatments. In general, treatment recommendations should be supported by a systematic review of the literature, either performed by the author of the Review or published in the form of a high-quality review or guideline. If possible, the costs for various treatments should be provided.

Prognosis (100-150 words). A section outlining the overall prognosis for the condition, once treated, should be included.

Discussion (Approximately 1000 words)

Key findings should be summarized in the first paragraph of the Discussion section. All statements made should be supported by evidence. It is very important to not simply list findings from the studies reviewed. This information is best presented in tables. The Discussion should provide a critical synthesis of data and information based on the results of the review, an assessment of the quality of studies summarized, and a description of how studies can be interpreted and used to guide clinical practice. The limitations of the evidence and of the review should be discussed, and gaps in evidence should be addressed. A discussion of controversial or unresolved issues and topics in need of future research also should be included.

Clinical Practice Guidelines: In the Discussion section, describe current clinical practice guidelines, relevant to the topic of the review, if available, and whether the conclusions of this review agree with, or disagree with, the current clinical practice guidelines. If this is done and there is more than 1 guideline, a table should be prepared comparing the major features that differ between the guidelines. Guideline quality should be discussed using the standards outlined for the JAMA Clinical Guidelines Synopsis.

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Conclusions

Include a 2- to 3-sentence summary of the major conclusions of the review.

Tables

Construct tables that summarize the search results. Tables summarizing treatments should have information organized by category of treatment and then by individual treatments. Columns should include the name of the treatment, strength of evidence supporting the treatment, the treatment's effect (preferably shown as the treatment's effect as compared to control on the measured outcome together with 95% confidence intervals), adverse effects, and very brief comments, if necessary. Lengthy text-based tables should be avoided. Additional or lengthy tables may be published online only, if justified.

Ratings of the quality of the evidence. Tables summarizing evidence should include ratings of the quality of the evidence. Use the rating scheme listed below with ratings of 1-5 for Reviews that include individual studies (modified from the Oxford Centre for Evidence-based Medicine for ratings of individual studies).

Quality Rating Scheme for Studies and Other Evidence	
1	Properly powered and conducted randomized clinical trial; systematic review with meta-analysis
2	Well-designed controlled trial without randomization; prospective comparative cohort trial
3	Case-control studies; retrospective cohort study
4	Case series with or without intervention; cross-sectional study
5	Opinion of respected authorities; case reports

There are several other preferred systems for rating the quality of evidence in Review articles. For Reviews that synthesize findings from numerous studies into a single summary recommendation, use the rating scale shown above or the Oxford Centre for Evidence-based Medicine's Levels of Evidence and Grades of Recommendation or the recommendations in the American College

of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. For reviews that include diagnostic studies, use The Rational Clinical Examination Levels of Evidence table.

Follow additional instructions for preparation and submission of Tables.

Figures

A PRISMA-style flow diagram should be included as an online supplement that summarizes the results of the literature search and the numbers of articles/records/studies and patients/participants represented in the studies identified, screened, eligible, and included in the final review.

Additional figures that illustrate pathophysiology or clinical presentation may be considered. Note: All figures will be re-created. For each proposed illustration, the authors should provide a list of the elements to be included in the illustration; 3-4 relevant recent references; example illustrations, if available; a working figure title and legend; and an explanation of how this new illustration would add to the published literature. We encourage videos, if appropriate, to illustrate a point made or process described in the Review.

Follow additional instructions for preparation and submission of Figures and Video.

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Narrative Review

Narrative Reviews on clinical topics provide an up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in these disciplines. The focus of Narrative Reviews will be an update on current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment. These reviews should address a specific question or issue that is relevant for clinical practice. Narrative Reviews do not require (but may include) a systematic review of the literature search. Recommendations should be supported with evidence and should rely on recent systematic reviews and guidelines, if available, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention.

The basic structure of manuscripts reporting Narrative Reviews should include the following: Abstract (structured abstract of no more than 300 words); Introduction (150-250 words); Methods, if included (150-250 words); Discussion/Observations (1000-1250 words, with the following subsections, if appropriate: Pathophysiology, Clinical Presentation, Assessment and Diagnosis, Treatment, and Prognosis); and Conclusions (2-3 sentences).

Typical length: 2000-3500 words (maximum), with no more than a total of 5 tables and/or figures, and no more than 50-75 references. For an example of this type of article, see *JAMA*. 2015;314(23):2544-2554.

Prospective authors interested in submitting a review manuscript should prepare a detailed outline of the proposed article. There should also be a brief summary of the extent and quality of the literature supporting the proposed review. Alternatively, if a draft of the manuscript has been completed, this can be sent. Prospective authors should also summarize their publication record in the field. Send this information to the editorial office via email to Kristin Walter, MD, at Kristin.Walter@jamanetwork.org.

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Specific Components of a Narrative Review

Abstract (300 words)

Narrative Review articles should include a 3-part structured abstract of no more than 300 words using the headings listed below:

Importance: An overview of the topic and discussion of the main objective or reason for this review.

Observations: The principal observations and findings of the review.

Conclusions and Relevance: The conclusions of the review that are supported by the information, along with clinical applications. How the findings are clinically relevant should be specifically stated.

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Introduction (150-250 words)

The first 2 to 3 sentences of the Introduction should draw in readers in such that they want to continue reading the article and should establish the importance of the Review. Reviews should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health. The first paragraph should provide a general summary of the clinical problem (eg, obesity). The next paragraph should focus on the specific aspect of the clinical problem the article will explore (eg, treatments for obesity). Briefly summarize the epidemiology of the disease. This information should include disease prevalence and incidence and perhaps discussion of the presence and frequency of any relevant subpopulations and any geographic or sea-

sonal variations of the disease if these are relevant. The third paragraph should discuss exactly what material will be covered in the Review (eg, obesity treatments).

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Methods (150-250 words)

A Methods section is not required for Narrative Reviews, but may be included to summarize a literature search that was conducted for this Review. If included, briefly describe the characteristics of the literature searched and included in the review, including the bibliographic databases and other sources searched, search terms used, dates included in the search, date the literature search was conducted, and any process used to evaluate the literature.

Discussion/Observations (1000-1250 words)

The principal observations of the Narrative Review generally should include the subsections listed below, although each section may not be necessary for some topics. The word counts following each subsection are suggested to assist with keeping the overall Observations section limited to 1000-1250 words.

Pathophysiology (150-250 words). Provide a brief overview of the pathophysiology of the disease. The intent is to provide readers with sufficient background information about the underpinnings of a disease to provide context for the rest of the article.

Clinical Presentation (150-250 words). Briefly describe the clinical characteristics that result in a patient seeking medical care for the condition or what features of the disease should lead a physician to evaluate or treat it.

Assessment and Diagnosis (250-300 words). Describe the clinical examination for evaluation of the disease and explain the most salient physical examination findings. If laboratory or imaging studies are necessary, provide the sensitivity and specificity and diagnostic accuracy of these tests and consider providing positive and negative likelihood ratios. Sequences of diagnostic tests are best presented as algorithms or in tables.

Treatment (250-500 words). Treatments should be based on the most recently available and highest level of evidence. Treatment options should be summarized in the text and presented in detail in tables along with an indication of the strength of evidence supporting the individual treatments. In general, treatment recommendations should be supported by a systematic review or a high-quality guideline. If possible, the costs for various treatments should be provided.

Prognosis (100-150 words). A section outlining the overall prognosis for the condition, once treated, should be included.

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Conclusions

Include a 2- to 3-sentence summary of the major conclusions of the review.

Tables

For most Narrative Reviews, tables should be included that summarize the epidemiology, diagnostic tools, and therapies available for the disease. In some cases, these 3 topics may not all be relevant to the review topic and tables may be appropriately modified to fit the review. Include a fourth table that compares the findings of the review and current clinical practice recommendations or diagnostic and therapeutic uncertainty or controversies.

Table 1: Major epidemiologic and burden of disease facts

Table 2: Major diagnostic tools available

Table 3: Major therapies available

Table 4: Current clinical practice recommendations and/or diagnostic and therapeutic uncertainty, and controversies

Tables summarizing treatments should have information organized by category of treatment and then by individual treatments. Columns may include the treatment, strength of evidence supporting the treatment, the effect of the treatment (preferably shown as the treatment's effect as compared to control on the measured outcome together with 95% confidence intervals), adverse effects, and very brief explanatory comments, if necessary. Lengthy text-based tables should be avoided. Additional or lengthy tables may be published online only, if justified.

Follow additional instructions for preparation and submission of Tables.

Figures

Figures that illustrate pathophysiology or clinical presentation may be included. Note: All figures will be re-created. For each proposed illustration, the authors should provide a list of the elements to be included in the illustration; 3-4 relevant recent references; example illustrations, if available; a working figure title and legend; and an explanation of how this new illustration would add to the published literature. We encourage videos, if appropriate, to illustrate a point made or process described in the Review.

Follow additional instructions for preparation and submission of Figures and Video.

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Special Communication

Note: This journal publishes very few of these types of articles. These manuscripts describe an important issue in clinical medicine, public health, health policy, or medical research in a scholarly, thorough, well-referenced, systematic, and evidence-based manner.

A structured abstract is required. Maximum length: 3000 words of text (not including tables, figures, or references) with no more than a total of 4 tables and/or figures and no more than 50 references. For a recently published example, see *JAMA*. 2019;322(20):1996-2016.

This article type requires a presubmission inquiry to jamams@jamanetwork.org.

Clinical Challenge

Clinical Challenge presents an actual patient scenario about a specific disease or condition with an accompanying clinical image.

Authors should provide 4 single-phrase plausible treatment options describing possible courses of action with one of these being the most correct response for the question "What Would You Do Next?" Manuscripts should include a brief discussion of the relevant clinical issues and provide well-supported (evidence-based) explanations discussing the 4 potential courses of action. For a recently published example, see *JAMA*. 2022;327(24):2448-2449. doi:10.1001/jama.2022.8384.

All diagnostic and treatment recommendations should be supported by referencing recent authoritative texts or journal articles. Preferably, these recommendations should be supported by governmental or multisociety guidelines, clinical trials, meta-analyses, or systematic reviews. The text should have a maximum length of 850 words, consisting of no more than 250 words for the case presentation, question, and 4 one-sentence answers, followed by no more than 600 words that include the diagnosis and a brief discussion. There should be no more than 3 authors. At least 1 of the authors, ideally the corresponding author, should have sufficient expertise and experience with the topic. There should be no more than 10 references, and no more than 2 small figures totaling 3 image components (Figure 1, with no more than 2 components, for the case presentation; and Figure 2, with no more than 1 component, for the diagnosis and discussion).

Please note: If the discussion includes a Figure, the word count for the discussion should be no more than 500 words.

Provide a short title that briefly describes the disease entity or case presentation and does not include the diagnosis. Do not include the patient's race, ethnicity, or country of origin in the title or the first line of the article. If this information is clinically relevant and necessary, it can be included in the case description.

In addition, the JAMA Network Patient Permission form must be completed and signed by the patient (or a family member if the patient has died, is a minor, or is an adult without decisional capacity) and included at the time of manuscript submission. Please read Patient Identification before submitting your manuscript.

The image and case presentation should be from the same patient and must not have been published previously. In some cases, additional figures may be included to accompany the answer explanations (see description of additional figure(s) above). All images submitted should be high-quality .jpg or .tif files. Submit the original version of all image files at the highest resolution possible without labels. In general, the original image file should have a minimum resolution of 350 dpi at a width of about 5 inches. Do not increase the original resolution, resize, or crop the image; where applicable, we will crop to maintain patient confidentiality. If any labels, arrowheads, or A/B panel indicators are desired, provide a separate labeled version of the figure(s) for reference. All labels will be reformatted to journal style.

For more information on how to submit figures, see [Figures](#).

We would like to receive common problems presenting uncommonly, rather than unusual or rare conditions (ie, "zebras"). These cases should be of interest to clinicians; they should be problems that clinicians are likely to encounter and have an outstanding image that illustrates the disorder and contributes to the diagnostic challenge.

Manuscripts not meeting these guidelines will not be considered.

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Diagnostic Test Interpretation

Diagnostic Test Interpretation presents the results of a diagnostic test from a single patient and explores the clinical application of the test result. The Diagnostic Test Interpretation is intended to help clinicians understand the underlying rationale in ordering tests, interpreting test results, and acting on the diagnostic test findings.

The diagnostic test result must be obtained from the care of an actual patient and must include that patient's written permission. The JAMA Network Patient Permission form should be read and completed and signed by the patient (or a family member if the patient has died, is a minor, or is an adult without decisional capacity) and included at the time of manuscript submission. The results of laboratory, pathologic, or radiographic tests are appropriate but clinical images are not. Results of the diagnostic test of interest (and related tests) and the range of reference values should be included after the case. Authors of manuscripts based on clinical images should consult the instructions for Clinical Challenge.

Provide a short title that briefly describes the disease entity or case presentation and does not include the diagnosis. Do not include the patient's race, ethnicity, or country of origin in the title or first line of the article. If this information is clinically relevant and necessary, it can be included in the case description.

Manuscripts for Diagnostic Test Interpretation should have the following sections:

Case presentation. The case presentation should be brief and focus on the diagnostic test in question. At the end of the case presentation the pertinent diagnostic test results and reference ranges should be provided (200 words).

How do you interpret these test results? (or What would you do next?) Four plausible responses should be provided. While most Diagnostic Test Interpretation articles will pose the question "How do you interpret these results?" a subset may more appropriately focus on the next best step regarding workup of the abnormal test result. In these cases, the question "How do you interpret these test results?" can be replaced with "What would you do next?" Either question should be presented in the format of a multiple choice question with a single correct (or best) answer. The answers may be brief phrases or short sentences, should be similar in length, and should be arranged alphabetically by first word in the answer. Response options should not describe treatments (about 50 words).

Test characteristics. A brief review of the diagnostic test should be provided (approximately 200 words). For biomarkers, this should include a brief description of the related physiology. Test accuracy should be reported using sensitivity and specificity or likelihood ratios, and predictive values should be provided for common clinical scenarios. Please use likelihood ratios whenever possible, since they do not depend on disease prevalence. The prevalence of the disease should be stated so that the pretest probability may be estimated. For example, "For patients with a typical disease prevalence of 10%, the predictive values of positive and negative test results are approximately 50% and 1%, respectively." Discussion of the application and utility of the diagnostic test should be based on a high-quality systematic review or authoritative practice guideline. If a more recent, original study supersedes or adds meaningfully to the prior synthesis of research, that article also should be cited. The approximate fee for the test should be provided. For example, some fees for laboratory tests can be obtained from the Medicare fee schedules. Radiology procedure fees can be found at the Medicare Physician Fee Schedule website.

Application of test result to this patient. A brief discussion of how the diagnostic test result will facilitate the next steps in a patient's management should be presented. Please also address the correct answer to the question about test interpretation in this section (200 words).

What Are Alternative Diagnostic Testing Approaches? If there are different testing strategies that can be used to evaluate patients to establish a diagnosis, please discuss them (100 words).

Patient Outcome. Long-term follow-up (most recent as possible) regarding the patient's condition and outcome of treatment is necessary (100 words).

Clinical Bottom Line. Please provide a bulleted list of 3-5 items that reflect the most important message readers should obtain from this article.

The overall text of the manuscript should have a maximum of 850 words, no more than 10 references, and no more than 3 authors. At least 1 of the authors, ideally the corresponding author, should have sufficient expertise and experience with the topic. The case presentation must not have been previously published.

For an example of this article type, see *JAMA*. 2022;327(13):1284-1285. doi:10.1001/jama.2022.2037.

Manuscripts not meeting these guidelines will not be considered.

If there are questions about patient identifiability, please contact the editorial office. Authors interested in submitting a manuscript for Diagnostic Test Interpretation should contact the editorial office prior to manuscript preparation and submission by sending an email to Kristin Walter at kristin.walter@jamanetwork.org.

Opinion

Viewpoint

Viewpoints are short opinion-based articles that address an important topic in medicine, public health, research, discovery, prevention, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented but should not include the findings of new research or data that have not been previously published.

Viewpoints must have no more than 4 authors. Editors encourage diversity of gender, race, ethnicity, geographic location, and discipline for Viewpoint authors, and the first author should have sufficient expertise and experience with the topic to provide an authoritative opinion. The text should include the full name, academic degrees, and no more than 2 institutional affiliations for each author. Maximum length: up to 1200 words of text—or 1000 words of text with 1 small table or figure—and no more than 7 references, which should be as current as possible. Viewpoints not meeting these guidelines will not be considered.

Perspective

Brief opinion-based commentary, overview, or essay about an important issue in clinical medicine, public health, health policy, or medical research. These should be well focused, scholarly, and clearly presented and may include some simple summary, list, or comparison of indicators or trends in a small table or figure but should not include findings of new research or data that have not been previously published.

Perspective manuscripts may have no more than 4 authors. Editors encourage diversity of gender, race, ethnicity, geographic location, and discipline for Perspective authors. Maximum length: up to 2000 words of text, with 1-2 small tables or figures if needed and no more than 25 references, which should be as current as possible.

This article type requires a presubmission inquiry to jamams@jamanetwork.org.

Humanities

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A Piece of My Mind

Most essays published in A Piece of My Mind are personal vignettes (eg, exploring the dynamics of the patient-physician relationship) taken from wide-ranging experiences in medicine; occasional pieces express views and opinions on the myriad issues that affect the profession. If the patient(s) described in these manuscripts is identifiable, a Patient Permission form, which provides consent for publication, must be completed and signed by the patient(s) or family member(s) and submitted with the manuscript. Manuscripts that describe identifiable patients that do not have a signed form will not be reviewed. Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable. Fictional or composite accounts are not permitted.

Manuscripts are not published anonymously or pseudonymously and must have no more than 3 authors. All manuscripts must be submitted formally via the journal's manuscript submission system; we do not review drafts or unfinished manuscripts prior to submission. Length limit: 1600 words.

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Poetry

Poems related to the medical experience, whether from the point of view of a health care worker or patient, or simply an observer, will be considered. Poems should be original, not previously published or under consideration elsewhere, no longer than 44 lines, and with individual lines no longer than 55 characters (including spaces). Authors should submit each poem separately (ie, one poem per submission record, and only one author per poem). Submissions containing multiple poems will be returned with instructions to split into individual files. Do not submit artwork, music/audio, or other accompanying materials, which are not considered. All poems must be submitted online via the online manuscript submission and review system. Authors of poems that are accepted for publication are required to complete Authorship Forms and transfer copyright to the publisher as part of a publishing agreement. An email with links to the Authorship Form will be sent to authors for completion before final acceptance. Author requests to republish poems are generally granted by our permissions department following a formal request.

Questions about submitting poems (but not submissions) may be sent to jamapoems@jamanetwork.org.

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Correspondence

Letter to the Editor

Letters discussing a recent article in this journal should be submitted within 4 weeks of publication of the article.³ Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references, 1 of which should be to the recent article. Letters may have no more than 3 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the email address for the corresponding author. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the original article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgment and editing for style and content. To read more about Letters, see the *AMA Manual of Style*.

Letter in Reply

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

Clinical Trial

These manuscripts include reports of Randomized Clinical Trials, Parallel-Design Double-blind Trials, Crossover Trials, Equivalence and Noninferiority Trials, Cluster Trials, and Nonrandomized Clinical Trials.

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome.⁴ Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, process-of-care changes, and the like. All manuscripts reporting clinical trials, including those limited to secondary exploratory or post hoc analysis of trial outcomes, must include the following:

- Copy of the original trial protocol, including the complete statistical analysis plan and any amendments. The journal recommends using the SPIRIT reporting guidelines when preparing original protocols (see Protocols).
- CONSORT flow diagram (see Figure).
- Completed trial checklist (see Checklist).
- Registry at an appropriate online public clinical trial registry (see Trial Registration requirements).
- A Data Sharing Statement to indicate if data will be shared or not. Specific questions regarding the sharing of data are included in the manuscript submission system.

For additional guidance on reporting Randomized Clinical Trial, Parallel-Design Double-blind Trial, Crossover Trial, Equivalence and Noninferiority Trial, Cluster Trial, and Nonrandomized Clinical Trial, see Study Types.

Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria, or data sources, and how these were selected for the study); the essential features of any interventions; the primary and secondary outcome measures (consistent with those reported in the trial protocol); the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions. For additional guidance, see CONSORT 2025 Statement.¹⁰

A structured abstract is required, and trial registration information (registry name, trial ID, and URL) must be listed at the end of the abstract; for more information, see instructions for preparing Abstracts for Reports of Original Data. A list of 3 Key Points is required (see guidance on preparing Key Points). Maximum length: 3000 words of text (not including abstract, tables, figures, ac-

knowledgments, references, and supplemental material) with no more than a total of 5 tables and/or figures and no more than 50-75 references. The subtitle should include the phrase "A Randomized Clinical Trial" or, for Nonrandomized Clinical Trials, "A Nonrandomized Clinical Trial." To read more about clinical trials, see the *AMA Manual of Style*.

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Trial Registration:

In concert with the ICMJE, JAMA Network requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (ie, the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE).^{4,8,9}

Acceptable trial registries include the following and others listed at <http://www.icmje.org>:

- anzctr.org.au
- clinicaltrials.gov
- isrctn.org
- trialregister.nl
- umin.ac.jp/ctr

All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. Secondary data analyses of primary (parent) clinical trials should not be registered as separate clinical trials, but instead should reference the trial registration number of the primary trial. Please note: for clinical trials starting patient enrollment after July 2005, trials must have been registered before onset of patient enrollment. For trials that began before July 2005 but that were not registered before September 13, 2005, trials must have been registered before journal submission. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract and also in the space provided on the online manuscript submission form.

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Protocols:

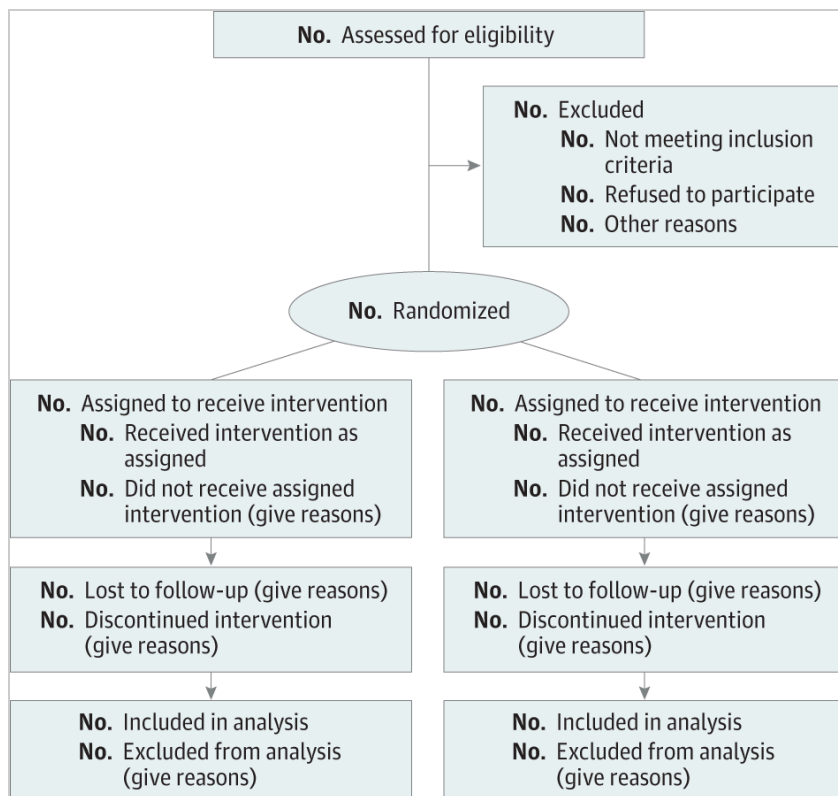
Authors of manuscripts reporting clinical trials must submit trial protocols (including the complete statistical analysis plan) along with their manuscripts. Protocols in non-English languages should be translated into English. This should include the original approved protocol and statistical analysis plan, and all subsequent amendments to either document. Do not submit a summary version that was published as an article in another journal. If the manuscript is accepted, the protocol and statistical analysis plan will be published as a supplement.

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CONSORT Flow Diagram and Checklist:

Manuscripts reporting the results of randomized trials must include the CONSORT flow diagram showing the progress of patients throughout the trial. The CONSORT checklist also should be completed and submitted with the manuscript.¹⁰

Figure. Profile of a Randomized Clinical Trial



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Meta-analysis

These manuscripts are systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention, and that includes a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within several months of manuscript submission. Authors of reports of meta-analyses of clinical trials should submit the PRISMA flow diagram and checklist. Authors of meta-analyses of observational studies should submit the MOOSE checklist. Follow EQUATOR Reporting Guidelines.

A structured abstract is required; for more information, see instructions for preparing Abstracts for Meta-analysis. A list of 3 Key Points is required (see guidance on preparing Key Points). Maximum length: 3000 words of text (not including abstract, tables, figures, acknowledgments, references, and online-only material), with no more than a total of 5 tables and/or figures and no more than 50-75 references. The subtitle should include the phrase "A Meta-analysis." To read more about meta-analyses, see the *AMA Manual of Style*.

Other Observational Studies

These manuscripts include Cohort Study, Case-Control Study, Cross-sectional Study, Case Series, Economic Evaluation, Decision Analytical Model, Comparative Effectiveness Research, Genetic Association Study, Diagnostic/Prognostic Study, Quality Improvement Study, Survey Study, and Qualitative Study. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions or exposures; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy. Data included in research reports must be original and should be as timely and current as possible (see Timeliness of Data). Follow EQUATOR Reporting Guidelines.

A structured abstract is required; for more information, see instructions for preparing Abstracts for Reports of Original Data. A list of 3 Key Points is required (see guidance on preparing Key Points). Maximum length: 3000 words of text (not including abstract, tables, figures, acknowledgments, references, and supplemental material) with no more than a total of 5 tables and/or figures and no more than 50-75 references.

How Do I?

Format My Manuscript

Manuscript Preparation and Submission Requirements

Manuscript Submission

All manuscripts must be submitted online via the online manuscript submission and review system.

At the time of submission, complete contact information (affiliation, postal/mail address, email address, and telephone numbers) for the corresponding author is required. First and last names, email addresses, and institutional affiliations of all coauthors are also required. After the manuscript is submitted, the corresponding author will receive an acknowledgment confirming receipt and a manuscript number. Authors will be able to track the status of their manuscripts via the online system. After manuscript submission, all authors of papers under consideration for publication will be sent a link to the Authorship Form to complete and submit. See other details in these instructions for additional requirements.^{2,4}

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Copies of Previous Editorial and Reviewer Comments

As recommended by the ICMJE, "if the manuscript has been submitted previously to another journal, it is helpful to include the previous editors' and reviewers' comments with the submitted manuscript, along with the authors' responses to those comments."⁴ It is not uncommon for manuscripts to have been submitted to and peer reviewed by other journals and sharing this information will not bias an editor's decision for this journal. Thus, authors are encouraged to submit these previous comments in their entirety and indicate how they have revised the manuscript in response to these comments, which may expedite the review process. In the submission system, there is a file type for Previous Peer Review and Editorial Comments.

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Cover Letter

Include a cover letter and complete contact information for the corresponding author (affiliation, postal/mail address, email address, and telephone number) and whether the authors have published, posted, or submitted any related papers from the same study (see Previous Publication, Related Manuscripts and Reports, and Preprints).

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Manuscript Style

Manuscripts should be prepared in accordance with the *AMA Manual of Style*, 11th edition,² and/or the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.⁴

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Manuscript Components

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

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Recommended File Sizes

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

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Manuscript File Formats

For submission and review, please submit the manuscript as a Word document. Do not submit your manuscript in PDF format.

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

Title Page

The title page should be the first page of your manuscript file. It should include a manuscript title; the full names, highest academic degrees, and affiliations of all authors (if an author's affiliation has changed since the work was done, the new affiliation also should be listed); name and complete contact information for corresponding author; and manuscript word count (not including title, abstract, acknowledgment, references, tables, and figure legends).

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Title

Titles should be concise, specific, and informative.^{2(p8)} Please limit the length of titles to 100 characters (including spaces) for reports of research and other major articles and 60 characters for shorter article types such as opinion articles and Letters as well as for subtitles to major articles. For scientific manuscripts, do not use overly general titles, declarative titles, titles that include the direction of study results, or questions as titles. For reports of clinical trials, meta-analyses, and systematic reviews, include the type of study as a subtitle (eg, A Randomized Clinical Trial, A Meta-analysis, A Systematic Review). For reports of other types of research, do not include study type or design in the title or subtitle. Depending on the context, avoid inclusion of specific locations (eg, state, province, or country) and specific years. To read more about titles, see the *AMA Manual of Style*.

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Key Points

In the manuscript, include a separate section called "Key Points" before the Abstract.

This feature provides a quick structured synopsis of the findings of your manuscript (required only for research and review manuscripts), following 3 key points: Question, Findings, and Meaning. Limit this section to 75-100 words or less.

Question: Focused question based on the study hypothesis or goal/purpose. Limit to 1 sentence.

Findings: Results of the study/review. Include the design (eg, clinical trial, cohort study, case-control study, meta-analysis). Focus on primary outcome(s) and finding(s). Do not emphasize secondary outcomes. Report basic numbers only but state if results are statistically significant or not significant; do not include results of statistical tests or measures of variance (see example below). Can include 1 to 2 sentences.

Meaning: Key conclusion and implication based on the primary finding(s). Limit to 1 sentence.

Example of Research Article

Question: What is the immunogenicity of an inactivated influenza A vaccine with and without adjuvant?

Findings: In this randomized clinical trial that included 980 adults, the proportion achieving an effective antibody response was 84% with adjuvant vs 2% without adjuvant, a significant difference.

Meaning: In an influenza pandemic the use of an adjuvant with inactivated influenza A vaccine may be warranted.

Example of Review Article

Question: What are the most effective medical treatments for adult chronic sinusitis?

Findings: In this systematic review, symptoms of chronic sinusitis were improved with saline irrigation and topical corticosteroid therapy compared to no therapy. Compared with placebo, 3-week courses of systemic corticosteroids or oral doxycycline were associated with reduced polyp size, and a 3-month course of macrolide antibiotic was associated with improved symptoms in patients without polyps.

Meaning: First-line therapy for chronic sinusitis should begin with daily topical intranasal corticosteroid in conjunction with saline irrigation; subsequent therapies should be based on the patient's polyp status and severity of symptoms.

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Abstracts

Include a structured abstract for reports of original data, meta-analyses, and systematic reviews. Abstracts should be prepared in JAMA Network style—see instructions for preparing abstracts below. Abstracts are not required for Editorials, Viewpoints, and special features. No information should be reported in the abstract that does not appear in the text of the manuscript. To read more about abstracts, see the *AMA Manual of Style*.

Abstracts for Reports of Original Data:

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

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

Objective: State the precise objective or study question addressed in the report (eg, "To determine whether..."). If more than 1 objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

Design: Describe the basic design of the study and include the specific study type (eg, randomized clinical trial, cohort, cross-sectional, case-control, case series, survey, meta-analysis, bibliometric analysis). State the years of the study and the duration of follow-up. For older studies (eg, those completed >3 years ago), add the date of the analysis being reported. If applicable, include the name of the study (eg, the Framingham Heart Study). As relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

Setting: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, multicenter, population-based, primary care or referral center(s), etc.

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

Note: The preceding 3 sections are usually combined for accepted papers during the editing process as "Design, Setting, and Participants," but for manuscript submission these sections should be kept separate.

Intervention(s) (for clinical trials) or Exposure(s) (for observational studies): The essential features of any interventions, or exposures, should be described, including their method and duration. The intervention, or exposure, should be named by its most common clinical name, and nonproprietary drug names should be used.

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

Results: Summary demographic information (eg, characteristics such as sex and age) and the number of study participants should be reported in the first sentence of the Results paragraph. The main outcomes of the study should be reported and quantified, including final included/analyzed sample. When possible, present numerical results (eg, absolute numbers and/or rates) with appropriate indicators of uncertainty, such as confidence intervals. Include absolute numbers and/or rates with any ratio measures and avoid redundant reporting of relative data (eg, % increase or decrease). Use means and standard deviations (SDs) for normally distributed data and medians and ranges or interquartile ranges (IQRs) for data that are not normally distributed. Avoid solely reporting the results of statistical hypothesis testing, such as *P* values, which fail to convey important quantitative information. For most studies, *P* values should follow the reporting of comparisons of absolute numbers or rates and measures of uncertainty (eg, 0.8%, 95% CI –0.2% to 1.8%; *P* =.13). *P* values should never be presented alone without the data that are being compared. See also Reporting Standards and Data Presentation. Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence in-

tervals. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. If predictive value or accuracy is reported, prevalence or pretest likelihood should be given as well. All randomized clinical trials should include the results of intention-to-treat analysis as well. In intervention studies, the number of patients withdrawn because of adverse effects should be given. Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate. All surveys should include response/participation rates.

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

Trial Registration: For clinical trials only (not nontrial observational studies), the name of the trial registry, registration number, and URL of the registry must be included. See Trial Registration.

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Abstracts for Meta-analysis:

Manuscripts reporting the results of meta-analyses should include an abstract of no more than 350 words using the headings listed below. The text of the manuscript should also include a section describing the methods used for data sources, study selection, data extraction, and data synthesis. Each heading should be followed by a brief description:

Importance: A sentence or 2 explaining the importance of the systematic review question that is used to justify the meta-analysis.

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

Data Sources: Succinctly summarize data sources, including years searched. The search should include the most current information possible, ideally with the search being conducted within several months before the date of manuscript submission. Potential sources include computerized databases and published indexes, registries, meeting abstracts, conference proceedings, references identified from bibliographies of pertinent articles and books, experts or research institutions active in the field, and companies or manufacturers of tests or agents being reviewed. If a bibliographic database is used, state the exact indexing terms used for article retrieval, including any constraints (for example, English language or human study participants). If abstract space does not permit this level of detail, summarize sources in the abstract including databases and years searched, and place the remainder of the information in the Methods section.

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

Data Extraction and Synthesis: Describe guidelines (eg, PRISMA, MOOSE) used for abstracting data and assessing data quality and validity. The method by which the guidelines were applied should be stated (for example, independent extraction by multiple observers). Indicate whether data were pooled using a fixed-effect or random-effects model.

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

Results: Provide the number of studies and patients/participants in the analysis and state the main quantitative results of the review. When possible, present numerical results (eg, absolute numbers and/or rates) with appropriate indicators of uncertainty, such as confidence intervals. Include absolute numbers and/or rates with any ratio measures and avoid redundant reporting of relative data (eg, % increase or decrease). Use means and standard deviations (SDs) for normally distributed data and medians and ranges or interquartile ranges (IQRs)

for data that are not normally distributed. Avoid solely reporting the results of statistical hypothesis testing, such as *P* values, which fail to convey important quantitative information. For most studies, *P* values should follow the reporting of comparisons of absolute numbers or rates and measures of uncertainty (eg, 0.8%, 95% CI –0.2% to 1.8%; *P* = .13). *P* values should never be presented alone without the data that are being compared. See also Reporting Standards and Data Presentation. Meta-analyses should state the major outcomes that were pooled and include odds ratios or effect sizes and, if possible, sensitivity analyses. Evaluations of screening and diagnostic tests should include sensitivity, specificity, likelihood ratios, receiver operating characteristic curves, and predictive values. Assessments of prognosis should summarize survival characteristics and related variables. Major identified sources of variation between studies should be stated, including differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates.

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

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Abstracts for Systematic Reviews or Special Communications:

Systematic Review articles should include a structured abstract of no more than 350 words using the headings listed below.

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

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

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

Findings: Include a brief summary of the number of articles included, numbers of various types of studies (eg, clinical trials, cohort studies), and numbers of patients/participants represented by these studies. Summarize the major findings of the review of the clinical issue or topic in an evidence-based, objective, and balanced fashion, with the highest-quality evidence available receiving the greatest emphasis. Provide quantitative data.

Conclusions and Relevance: The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge. Conclusions should be based only on results described in the abstract Findings subsection.

Abstracts for Narrative Reviews or Special Communications:

Narrative Review articles should include a 3-part structured abstract of no more than 300 words using the headings listed below:

Importance: An overview of the topic and discussion of the main objective or reason for this review.

Observations: The principal observations and findings of the review.

Conclusions and Relevance: The conclusions of the review that are supported by the information, along with clinical applications. How the findings are clinically relevant should be specifically stated.

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Ratings of the quality of the evidence

Tables summarizing evidence should include ratings of the quality of the evidence. Use the rating scheme listed below with ratings of 1-5 for Reviews that include individual studies (modified from the Oxford Centre for Evidence-based Medicine for ratings of individual studies).

Quality Rating Scheme for Studies and Other Evidence

1	Properly powered and conducted randomized clinical trial; systematic review with meta-analysis
---	--

2	Well-designed controlled trial without randomization; prospective comparative cohort trial
3	Case-control studies; retrospective cohort study
4	Case series with or without intervention; cross-sectional study
5	Opinion of respected authorities; case reports

There are several other preferred systems for rating the quality of evidence in Review articles. For Reviews that synthesize findings from numerous studies into a single summary recommendation, use the rating scale shown above or the Oxford Centre for Evidence-based Medicine's Levels of Evidence and Grades of Recommendation or the recommendations in the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. For reviews that include diagnostic studies, use The Rational Clinical Examination Levels of Evidence table.

Follow additional instructions for preparation and submission of Tables.

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Abbreviations

Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text. To read more about abbreviation use, see the *AMA Manual of Style*.

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Units of Measure

Laboratory values are expressed using conventional units of measure, with relevant Système International (SI) conversion factors expressed secondarily (in parentheses) only at first mention. Articles that contain numerous conversion factors may list them together in a paragraph at the end of the Methods section. In tables and figures, a conversion factor to SI should be presented in the footnote or legend. The metric system is preferred for the expression of length, area, mass, and volume. For more details, see the Units of Measure conversion table on the website for the *AMA Manual of Style*.²

To read more about units of measure, click [here](#).

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Names of Drugs, Devices, and Other Products

Use nonproprietary names of drugs, devices, and other products and services, unless the specific trade name of a drug is essential to the discussion.^{2(pp567-569)} In such cases, use the trade name once and the generic or descriptive name thereafter. Do not include trademark symbols. To read more about names of drugs, see the *AMA Manual of Style*.

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Gene Names, Symbols, and Accession Numbers

Authors describing genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee. Before submission of a research manuscript reporting on large genomic data sets (eg, protein or DNA sequences), the data sets should be deposited in a publicly available database, such as NCBI's GenBank, and a complete accession number (and version number if appropriate) must be provided in the Methods section or Acknowledgment of the manuscript. To read more about gene nomenclature, see the *AMA Manual of Style*.

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Reproduced and Re-created Material

JAMA does not republish text, tables, figures, or other material from other publishers, except under rare circumstances. Please delete any such material and replace with originals.

The submission and publication of content created by artificial intelligence, language models, machine learning, or similar technologies is discouraged, unless part of formal research design or methods, and is not permitted without clear description of the content that was created and the name of the model or tool, version and extension numbers, and manufacturer. Authors must take responsibility for the integrity of the content generated by these models and tools. See also Use of AI in Publication and Research.

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References

Authors are responsible for the accuracy and completeness of their references and for correct text citation. Number references in the order they appear in the text; do not alphabetize. In text, tables, and legends, identify references with superscript arabic numerals. When listing references, follow AMA style and abbreviate names of journals according to the journals list in PubMed. List all authors and/or editors up to 6; if more than 6, list the first 3 followed by "et al." Note: Journal references should include the issue number in parentheses after the volume number.

Examples of reference style:

1. Youngster I, Russell GH, Pindar C, Ziv-Baran T, Sauk J, Hohmann EL. Oral, capsulized, frozen fecal microbiota transplantation for relapsing *Clostridium difficile* infection. *JAMA*. 2014;312(17):1772-1778.
2. Murray CJL. Maximizing antiretroviral therapy in developing countries: the dual challenge of efficiency and quality [published online December 1, 2014]. *JAMA*. doi:10.1001/jama.2014.16376
3. Centers for Medicare & Medicaid Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act. <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4221> (<http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4221>). Accessed January 30, 2012.
4. McPhee SJ, Winker MA, Rabow MW, Pantilat SZ, Markowitz AJ, eds. *Care at the Close of Life: Evidence and Experience*. New York, NY: McGraw Hill Medical; 2011.

For more examples of electronic references, [click here](#).

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Tables and Figures

Restrict tables and figures to those needed to explain and support the argument of the article and to report all outcomes identified in the Methods section. Number each table and figure and provide a descriptive title for each. Every table and figure should have an in-text citation. Verify that data are consistently reported across text, tables, figures, and supplementary material.

See also [Tables and Figures](#).

Frequency data should be reported as "No. (%)," not as percentages alone (exception, sample sizes exceeding ~10,000). Whenever possible, proportions and percentages should be accompanied by the actual numerator and denominator from which they were derived. This is particularly important when the sample size is less than 100. Do not use decimal places (ie, xx%, not xx.xx%) if the sample size is less than 100. Tables that include results from multivariable regression models should focus on the primary results. Provide the unadjusted and adjusted results for the primary exposure(s) or comparison(s) of interest. If a more detailed description of the model is required, consider providing the additional unadjusted and adjusted results in supplementary tables.

Tables have a minimum of 2 columns. Comparisons must read across the table columns.

Do not duplicate data in figures and tables. For all primary outcomes noted in the Methods section, exact values with measures of uncertainty should be reported in the text or in a table and in the Abstract, and not only represented graphically in figures.

Pie charts and 3-D graphs should not be used and should be revised to alternative graph types.

Bar graphs should be used to present frequency data only (ie, numbers and rates). Avoid stacked bar charts and consider alternative formats (eg, tables or splitting bar segments into side-by-side bars) except for comparisons of distributions of ordinal data.

Summary data (eg, means, odds ratios) should be reported using data markers for point estimates, not bars, and should include error bars indicating measures of uncertainty (eg, SDs, 95% CIs). Actual values (not log-transformed values) of relative data (for example, odds ratios, hazard ratios) should be plotted on log scales.

For survival plots, include the number at risk for each group included in the analysis at intervals along the x-axis scale. For any figures in which color is used, be sure that colors are distinguishable.

All symbols, indicators, line styles, and colors in statistical graphs should be defined in a key or in the figure legend. Axes in statistical graphs must have labels. Units of measure must be provided for continuous data.

Note: All figures are re-created by journal graphics experts according to reporting standards using the JAMA Network style guide and color palette.

Tables

- Number all tables in the order of their citation in the text.
- Include a brief title for each table (a descriptive phrase, preferably no longer than 10 to 15 words).
- Include all tables at the end of the manuscript file.
- Refer to Categories of Articles for limits on the number of tables.
- NOTE: Do not embed tables as images in the manuscript file or upload tables in image formats, and do not upload tables as separate files.

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Table Creation

Use the table menu in the software program used to prepare the text. Tables can be built de novo using Insert→Table or copied into the text file from another document (eg, Word, Excel, or a statistical spreadsheet).

Avoid using tabs, spaces, and hard returns to set up the table; such tables will have to be retyped, creating delays and opportunities for error.

Tables should be single-spaced and in a 10- or 12-point font (do not shrink the point size to fit the table onto the page). Do not draw extra lines or rules—the table grid will display the outlines of each cell.

Missing data and blank space in the table field (ie, an empty cell) may create ambiguity and should be avoided; use abbreviations such as NA for not applicable or not available. Each piece of data needs to be contained in its own cell. Do not try to align cells with hard returns or tabs; alignment will be imposed in the production system if the manuscript is accepted. To show an indent, add 2 spaces.

When presenting percentages, include numbers (numerator and denominator).

Include statistical variability where applicable (eg, mean [SD], median [IQR]). For additional detail on requirements for data presentation in tables, see Statistical Methods and Data Presentation.

Place each row of data in a separate row of cells, and note that No. (%) and measures of variability are presented in the same cell as in the example Table 1 below:

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Table 1. Baseline Values in the Editors' Health Study

Clinical Values	Intervention (n=200)	Control (n=201)
No. (%) with data	175 (88)	180 (90)
Weight, mean (SD), kg	70 (12)	68 (12)
Cholesterol, mean (SD), mg/dL	212 (10)	214 (13)
Blood pressure, mean (SD), mm Hg		
Systolic	118 (20)	117 (19)
Diastolic	70 (13)	69 (20)

SI conversion factors: To convert cholesterol to mmol/L, multiply values by 0.0259.

Note that JAMA Network journals report laboratory values in conventional units. In a table, provide a footnote with the conversion factor to SI units. For a calculator of SI and conventional units, see the *AMA Manual of Style*.²

To present data that span more than 1 row, merge the cells vertically. For example, in Table 2 the final column presents the *P* value for overall age comparisons.

Table 2. Blood Pressure Values Stratified by Age

Age Range, y	Blood Pressure, mm Hg	P Value
18-34	115/70	.08
35-50	125/75	
51-80	129/79	

The table should be constructed such that the primary comparison reads horizontally. For example, see Table 3 (incorrect) and Table 4 (correct).

Table 3. Patient Data by Study Group

Treatment Group	Blood Pressure, mm Hg	Mean (SD) Heart Rate, Beats/min	Hospital Stay, Mean (SD), d
Placebo	140/80	77 (10)	8 (2)
Drug, 10 mg/d	130/75	75 (10)	8 (1)
Drug, 20 mg/d	128/72	75 (9)	7 (2)

Table 4. Patient Data by Study Group

	Placebo	Drug, 10 mg/d	Drug, 20 mg/d
Blood pressure, mm Hg	140/80	130/75	128/72
Heart rate, mean (SD), beats/min	77 (10)	75 (10)	75 (9)
Hospital stay, mean (SD), d	8 (2)	8 (1)	7 (2)

If a table must be continued, repeat the title and column headings on the second page, followed by "(continued)."

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Table Footnotes

Footnotes to tables may apply to the entire table, portions (eg, a column), or an individual entry.

The order of the footnotes is determined by the placement in the table of the item to which the footnote refers.

When both a footnote letter and reference number follow data in a table, set the superscript reference number first followed by a comma and the superscript letter.

Use superscript letters (a, b, c) to mark each footnote and be sure each footnote in the table has a corresponding note (and vice versa).

List abbreviations in the footnote section and explain any empty cells.

If relevant, add a footnote to explain why numbers may not sum to group totals or percentages do not add to 100%.

For more detail on the components and recommended structure of tables, see the *AMA Manual of Style*.²

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Figures

Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. The number of figures should be limited. Avoid complex composite or multipart figures unless justified. See Categories of Articles for limits on the number of figures and/or tables according to article type.

For initial manuscript submissions, figures must be of sufficient quality and may be embedded at the end of the file for editorial assessment and peer review. If a revision is requested and before a manuscript is accepted, authors will be asked to provide figures that meet the requirements described in Figure File Requirements for Publication.

Graphs, charts, some illustrations, titles, legends, keys, and other elements related to figures in accepted manuscripts will be re-created and edited according to JAMA Network style and standards prior to publication. Online-only figures will not be edited or re-created (see Online-Only Supplements and Multimedia).

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Image Integrity

Preparation of scientific images (clinical images, radiographic images, micrographs, gels, etc) for publication must preserve the integrity of the image data. Digital adjustments of brightness, contrast, or color applied uniformly to an entire image are permissible as long as these adjustments do not selectively highlight, misrepresent, obscure, or eliminate specific elements in the original figure, including the background. Selective adjustments applied to individual elements in an image are not permissible. Individual elements may not be moved within an image field, deleted, or inserted from another image. Cropping may be used for efficient image display or to deidentify patients but must not misrepresent or alter interpretation of the image by selectively eliminating relevant visual information. Juxtaposition of elements from different parts of a single image or from different images, as in a composite, must be clearly indicated by the addition of dividing lines, borders, and/or panel labels.

The submission and publication of images created by artificial intelligence, machine learning tools, or similar technologies is discouraged, unless part of formal research design or methods, and is not permitted without clear description of the content that was created and the name of the model or tool, version and extension numbers, and manufacturer. Authors must take responsibility for the integrity of the content generated by these models and tools. See also Use of AI in Publication and Research.

When inappropriate images or image adjustments are detected by the journal staff, authors will be asked for an explanation and will be requested to submit the image as originally captured prior to any adjustment, cropping, or labeling. Authors may be asked to resubmit the image prepared in accordance with the above standards.

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Acceptable Figure Files for Initial Submission and Review

Each figure for the main article may be uploaded as a separate file or appended to the end of the manuscript with the figure titles and legends. Online-only figures must be combined into the PDF of the online-only supplement (see Online-Only Supplements and Multimedia). Note: If a revision is requested and before acceptance, authors must upload each figure for the main article as a separate file and follow the instructions in Figure File Requirements for Publication.

See the Table of Figure Requirements for additional guidance for specific types of figures for suggested resolution and file formats. In general each figure should be no larger than 1 MB.

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Figure File Requirements for Publication

Each figure for the main article must be uploaded as a separate file. Online-only figures must be combined into the PDF of the online-only supplement (see Online-Only Supplements and Multimedia).

See the Table of Figure Requirements for additional guidance and file formats for specific types of figures.

Files created by vector programs are best for accurately plotting and maintaining data points. JAMA Network journals are unable to use file formats native to statistical software applications to prepare figures for publication; most statistical software programs allow users to save or export files in digital vector formats.

Images created digitally (by digital camera or electronically created illustrations) must meet the minimum resolution requirements at the time of creation. Electronically increasing the resolution of an image after creation causes a breakdown of detail and will result in an unacceptable poor-quality image. Each component of a composite image must be uploaded separately at submission and individually meet the minimum resolution requirement.

Color photographs should be submitted in RGB mode using profiles such as Adobe RGB or sRGB. Digital cameras capture images in RGB. Do not change any color settings once the file is on the computer. Black-and-white photographs (eg, radiographs, ultrasound images, CT and MRI scans, and electron micrographs) can be submitted in either RGB or grayscale modes.

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Figure Titles and Legends (Captions)

At the end of the manuscript, include a title for each figure. The figure title should be a brief descriptive phrase, preferably no longer than 10 to 15 words. A figure legend (caption) can be used for a brief explanation of the figure or markers if needed and expansion of abbreviations. For photomicrographs, include the type of specimen, original magnification or a scale bar, and stain in the legend. For gross pathology specimens, label any rulers with unit of measure. Digitally enhanced images must be clearly identified in the figure legends as enhanced or manipulated, eg, computed tomographic scans, magnetic resonance images, photographs, photomicrographs, x-ray films.

Figures With Labels, Arrows, or Other Markers

Photographs, clinical images, photomicrographs, gel electrophoresis, and other types that include labels, arrows, or other markers must be submitted in 2 versions: one version with the markers and one without. Provide an explanation for all labels, arrows, or other markers in the figure legend. The Figure field in the File Description tab of the manuscript submission system allows for uploading of 2 versions of the same figure.

Number of Figures

Refer to Categories of Articles because there may be a limit on the number of figures by article type.

General Figure Guidelines

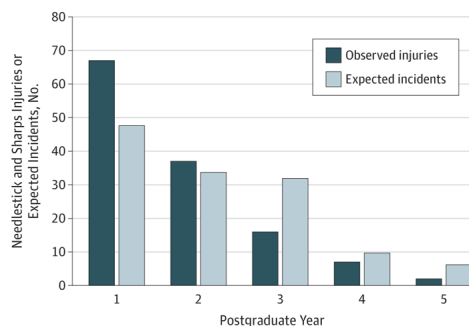
- Primary outcome data should not be presented in figures alone. Exact values with measure of variability should be reported in the text or table as well as in the abstract.
- All symbols, indicators (including error bars), line styles, colors, and abbreviations should be defined in a legend.
- Each axis on a statistical graph must have a label and units of measure should be labeled.
- Do not use pie charts, 3-D graphs, and stacked bar charts as these are not appropriate for accurate statistical presentation of data and should be revised to another figure type or converted to a table.
- Error bars should be included in both directions, unless only 1-sided variability was calculated.
- Values for ratio data—odds ratios, relative risks, hazard ratios—should be plotted on a log scale. Values for ratio data should not be log transformed.
- For footnotes, use letters (a, b, c, etc) not symbols.
- Do not submit figures with more than 4 panels unless otherwise justified.
- See the *AMA Manual of Style* for more guidance on figure types and components.

For images featuring patients or other identifiable persons, it is not acceptable to use black bars across the eyes in an attempt to deidentify. Cropping may be acceptable as long as the condition under discussion is clearly visible and necessary anatomic landmarks display. If the person in the image is possibly identifiable (not only by others but also by her/himself), permission for publication is required (see Patient Identification).

Table of Figure Requirements

Figure Type

Bar graph



Correct Usage and Creation

To present frequency data (numbers or percentages). Each bar represents a category.

Bar graphs are typically vertical but when categories have long titles or there are many of them, they may run horizontally.

The scale on the frequency axis should begin at 0, and the axis should not be broken.

If the data plotted are a percentage or rate, error bars may be used to show statistical variability.

Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

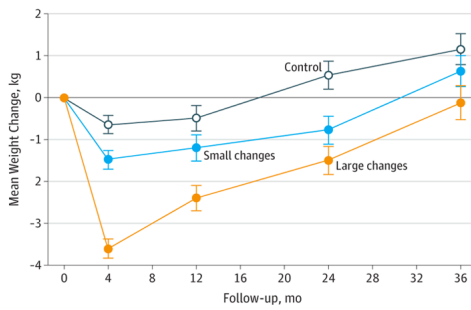
Figure Type

Line graph

Correct Usage and Creation

To demonstrate the relationship between 2 or more quantitative variables, such as changes over time.

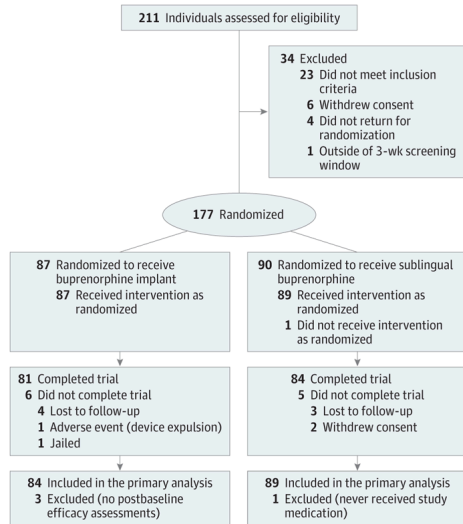
The dependent variable appears on the vertical axis (y) and the independent variable on the horizontal axis (x); the axes should be continuous, not broken.



Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

Figure Type
Flow diagram



Correct Usage and Creation

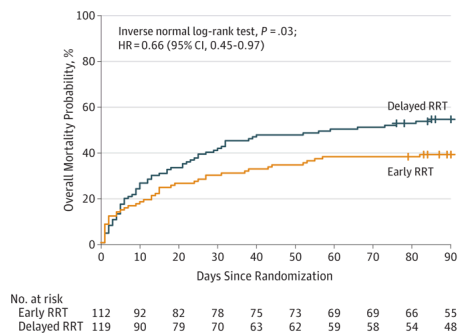
To show participant recruitment and follow-up or inclusions and exclusions (such as in a systematic review).

Follow EQUATOR Reporting Guidelines

Acceptable File Formats for Initial Submission: .ai, .docx, .emf, .eps, .jpg, .pdf, .ppt

Acceptable File Formats for Revision and Publication: .ai, .docx, .emf, .eps, .pdf

Figure Type
Survival plot



Correct Usage and Creation

To display the proportion or percentage of individuals (represented on the y-axis) remaining free of or experiencing a specific outcome over time (represented on the x-axis).

The curve should be drawn as a step function (not smoothed).

The number of individuals followed up for each time interval (number at risk) should be shown underneath the x-axis.

Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

Figure Type
Box-and-whisker plot (box plot)

Correct Usage and Creation

To show data distribution from 1 or more groups, particularly aggregate/summary data.

Each element should be described (the ends of the boxes, the middle line, and the whiskers). Data points that fall beyond the whiskers are typically shown as circles.

Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

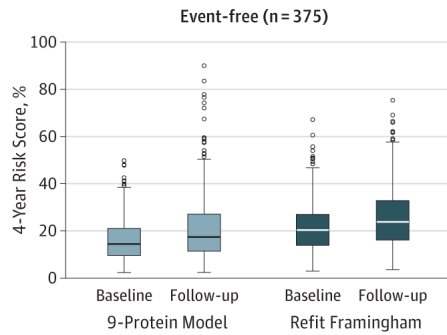
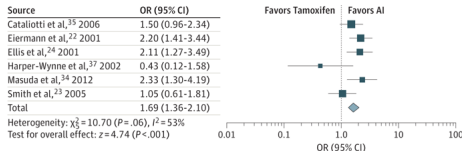


Figure Type
Forest plot



Correct Usage and Creation

To illustrate summary data, particularly in meta-analyses and systematic reviews.

The data are presented both tabularly and graphically.

The sources (with years and citations, when relevant) should comprise the first column.

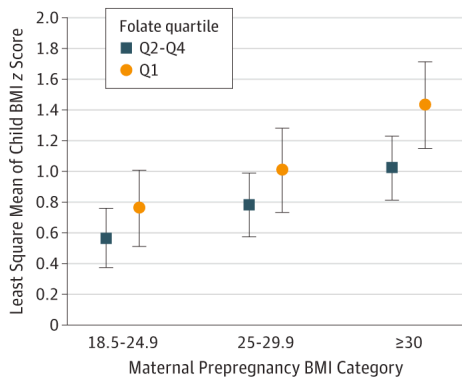
Provide indicators of both directions of results at the top of the plot on either side of the vertical line (eg, favors intervention).

Typically, proportionally sized boxes represent the weight of each study and a diamond shows the overall effect at the bottom of the plot.

Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

Figure Type
Dot plot



Correct Usage and Creation

To display quantitative data other than counts or frequencies on a single scaled axis according to categories on a baseline (horizontal or vertical). Point estimates are represented by discrete data markers, preferably with error bars (in both directions) to designate variability.

Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

Figure Type
Scatterplot

Correct Usage and Creation

To show individual data points plotted according to coordinate values with continuous, quantitative x- and y-axis scales.

A curve that is generated mathematically may be fitted to the data to summarize the relationship among the variables.

Acceptable File Formats for Initial Submission: .ai, .bmp, .docx, .emf, .eps, .jpg, .pdf, .ppt, .psd, .tif, .wmf, .xls

Acceptable File Formats for Revision and Publication: .ai, .emf, .eps, .pdf, .wmf, .xls

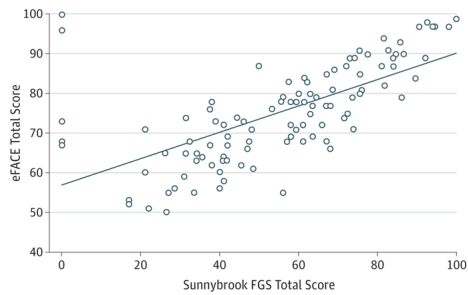
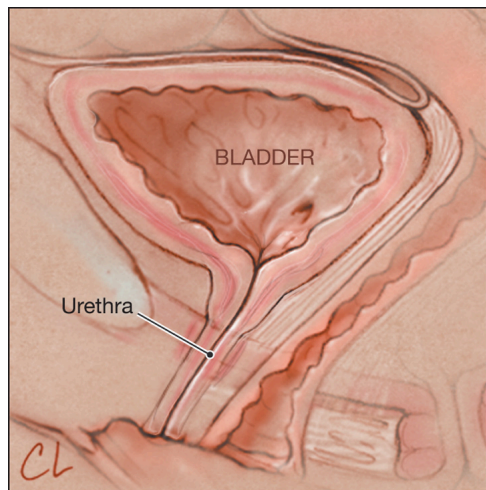


Figure Type
Illustration



Correct Usage and Creation

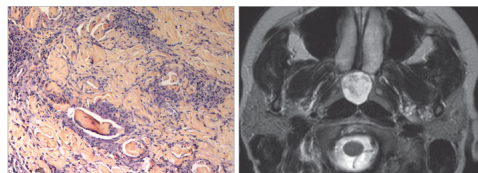
To explain physiological mechanisms, describe clinical maneuvers and surgical techniques, or provide orientation to medical imaging.

Required minimum resolution for publication: ≥ 350 ppi

Acceptable File Formats for Initial Submission: .ai, .docx, .eps, .jpg, .pdf, .ppt, .psd., tif

Acceptable File Formats for Revision and Publication: .ai, .eps, .jpg, .pdf, .psd, .tif

Figure Type
Photographs and other clinical images



Correct Usage and Creation

To display clinical findings, experimental results, or clinical procedures, including medical imaging, photomicrographs, clinical photographs, and photographs of biopsy specimens.

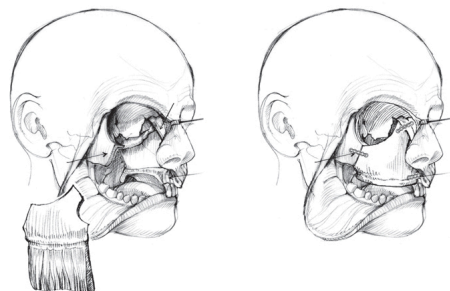
Legends for photomicrographs should include details about the type of stain used and magnification.

Required minimum resolution for publication: ≥ 350 ppi

Acceptable File Formats for Initial Submission: .eps, .jpg, .pdf, .ppt, .psd, .tif

Acceptable File Formats for Revision and Publication: .eps, .jpg, .psd, .tif

Figure Type
Line drawings



Correct Usage and Creation

To illustrate anatomy or procedures.

Line drawings are almost always black and white.

Required minimum resolution for publication: ≥ 600 ppi

Acceptable File Formats for Initial Submission: .docx, .jpg, .pdf, .ppt, .psd, .tif

Acceptable File Formats for Revision and Publication: .jpg, .psd, .tif

Online-Only Supplements and Multimedia

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

Online-only material will undergo editorial and peer review with the main manuscript. If the manuscript is accepted for publication and if the online-only material is deemed appropriate for publication by the editors, it will be posted online at the time of publication of the article as additional material provided by the authors. This material will not be edited or formatted; thus, authors are responsible for the accuracy and presentation of all such material.

Online-only material should be submitted in a single Word document with pages numbered consecutively. Each element included in the online-only material should be cited in the text of the main manuscript (eg, eTable in the Supplement) and numbered in order of citation in the text (eg, eTable 1, eTable 2, eFigure 1, eFigure 2, eMethods). The first page of the online-only document should list the number and title of each element included in the document.

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Online-Only Text

Online-only text should be set in Times New Roman font, 10 point in size, and single-spaced. The main heading of the online-only text should be in 12 point and boldface; subheadings should be in 10 point and boldface.

Online-Only References

All references cited within the online-only document must be included in a separate reference section, including those that also were cited in the main manuscript. They should be formatted just as in the main manuscript and numbered and cited consecutively in the online-only material.

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Online-Only Tables

Online-only tables should be inserted in the document and numbered consecutively according to the order of citation as eTable 1, eTable 2, etc. All online-only tables should be cited in the relevant text of the main manuscript. The text and data in online tables should be Arial font, 10 point in size, and single-spaced. The table title should be set in Arial font, 12 point, and bold. Headings within tables should be set in 10 point and bold. Table footnotes should be set in 8 point and single-spaced. See also instructions for Tables above. If a table runs on to subsequent pages, repeat the column headers at the top of each page. Wide tables may be presented using a landscape orientation.

If data are better displayed in a separate Excel file, this can be submitted, provided that the Excel file is cited as an eTable and is numbered in the order cited in the text. If multiple Excel files of data are submitted, these should be placed in a single Excel file, with multiple tabs (sheets) at the bottom of the file. The first tab (sheet) should include a table of contents with eTable numbers and titles, and the subsequent tabs (sheets) should be labeled as eTable 1, eTable 2, etc. Please note: the journal is not a data repository; large data sets should be deposited into publicly accessible data repositories, and a link should be provided in the Methods or Results section and the Data Sharing Statement.

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Online-Only Figures

Online-only figures should be inserted in the document and numbered consecutively according to the order of citation as eFigure 1, eFigure 2, etc. All online-only figures should be cited in the relevant text of the main manuscript. Figure titles should be set in Arial font, 12 point, bold, and single-spaced. Text within figures should be set as Arial font, 10 point. Figure legends should be set in 8 point and single-spaced. Graphs and diagrams should be exported directly out of the software application used to create them in a vector file format, such as .wmf, and then inserted into the Word document. Image file formats such as .jpg, .tif, and .gif are generally not suitable for graphs. Photographs, including all radiological images, should be prepared as .jpg (highest option) or .tif (uncompressed) files at a resolution of 300 dpi and width of 3-5 inches, but the resolution of photographic files with an original resolution <300 dpi should not be increased digitally to achieve a 300-dpi resolution. Photographs should be inserted in the document with the "Link to File" button turned off. Wide figures may be presented using a landscape orientation.

Video

For editorial and review of an initial submission, submit videos according to the following specifications:

- Acceptable file formats: .mov, .wmv, .mpg, .mpeg, .mp4, or .avi
- Maximum file size: ≤25 MB
- Preferred dimensions: 1920x1080 (HD) or greater (4k UHD footage is acceptable)
- Minimum dimensions: 640 pixels wide by 360 pixels deep
- Recommended frame rate: 24 fps (or 23.976 fps), 25 and 30 fps (or 29.97 fps)
- Maximum length: ≤5 minutes
- Desired aspect ratio: 4:3 (standard) or 16:9 (widescreen)
- If compression is required to reduce file size for uploading, please use a minimum bit rate of 10,000 kbit/s – 20,000 kbit/s
- When filming, please use a landscape orientation, not a portrait orientation. This is especially important when filming video or taking photographs with a smartphone or a mobile device.

Verify that the videos are viewable in QuickTime or Windows Media Player before uploading.

For each video, provide an in-text citation (eg, Video 1). At the end of the manuscript file, include a title (a brief phrase, preferably no longer than 10 to 15 words) and a caption that includes the file format and a brief explanation for each video. The same title and caption must be entered in the designated fields in the manuscript submission system when uploading each video. If multiple video files are submitted, number them in the order in which they should be viewed.

If patient(s) are identifiable in the video, authors must submit a Patient Permission form completed and signed by each patient. See also Patient Identification.

If the author does not hold copyright to the video, the author must obtain permission for the video to be published in the journal. This permission must be for unrestricted use in all print, online, and licensed versions of the journal.

NOTE: If your manuscript and accompanying videos are accepted for publication, the video files will be placed into a journal video frame and will be edited by JAMA Network video production staff according to journal style. In addition, a JAMA Network staff person may contact you to resubmit your videos to meet our production specifications. For example, a larger size may be needed, and if your videos were submitted with embedded text such as titles, annotations, labels, or captions, we will ask you to remove the text at this stage and resubmit the video without text, and JAMA Network video production will re-create all text using our house style.

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Guidelines for Optimal Video Quality

- Use plenty of diffuse light; avoid shadows.
- When filming, please use a landscape orientation, not a portrait orientation. This is especially important when filming video or taking photographs with a smartphone or a mobile device.
- Use the appropriate white-balance based on your lighting conditions. Different cameras have different settings, but most have presets for incandescent (yellow) light, fluorescent light, daylight, and tungsten light. Please make sure to select the correct one so that the color of your footage renders accurately.
- Do not overexpose the image; a bit underexposed is preferable.
- Use a tripod. This is especially important in close-ups.
- Avoid excessive zooming. Use the optical zoom only; do not use a digital zoom.
- Turn off all camera special effects.
- Avoid using autofocus. Manual focus is more accurate. Keep the camera at a fixed distance from the subject.
- Instruct people on camera to speak clearly and face the camera when speaking. Try to avoid large movements while speaking or immediately after speaking. Allow pauses before and after speaking for easier editing.
- If the situation permits, ensure that individuals being filmed are not wearing white clothing or clothing with busy patterns or stripes, especially shirts, jackets, and ties. Subdued medium blue, brown, tan, beige, and green colors all work well for shirt and clothing choices.
- Do not include an introduction by the physician as a "talking head" explaining a procedure. All footage should be of the procedure or relevant subject matter only.
- Record a few extra seconds before and after each cut or after changing the camera's position. This allows for easier editing.

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Additional Considerations for Filming Surgical Procedures

- Coordinate with the surgical staff to establish a vantage point for the camera that has a clear view of the surgical field.
- Before the procedure, if the situation permits, identify the surgical staff's positions for access into and out of the surgical field to ensure there is no immediate obstruction of the camera.
- During the procedure, avoid typical obstructions of the camera's main view such as arms reaching across the field or soiled surgical sponges. Where possible, keep the heads, hands, and any instruments away from the immediate sightline of the camera. This will ensure that all moments of the procedure are captured in full view and focus.
- If the situation permits a choice of glove type, use brown or tan. White gloves reflect bright light; vividly colored surgical gloves can distract the viewer from the teaching point of the video.
- If the situation permits, avoid rapid movements for procedural steps that should be noticed and understood. To demonstrate a key moment or use of an instrument, movement that is deliberate and steady will allow a standard camera to focus properly.

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Audio

For editorial and review of an initial submission, submit audio files according to the following minimum requirements:

- Acceptable file formats: .mp3, .wav, or .aiff
- Maximum file size: 25 MB
- To achieve the best quality, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono.
- Maximum length: ≤5 minutes
- Sampling rate should be either 44.1 kHz or 48 kHz.
- Bit rate should be either 16 or 24 bit.
- To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

For each audio file, provide an in-text citation. At the end of the manuscript, include a title (a brief phrase, preferably no longer than 10-15 words) and a caption that includes the file format and a brief explanation for each audio.

NOTE: If your manuscript is accepted for publication, JAMA Network video production staff may contact you to request an original uncompressed audio file in .wav or .aiff format. There is no maximum file size requirement for publication at this stage.

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What to Expect

After Submission

Editorial and Peer Review

Authors will be sent notifications of the receipt of manuscripts and editorial decisions by email. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system. Authors should not disclose the fact that their manuscript has been submitted to anyone, except coauthors and contributors, without permission of the editor.

All submitted manuscripts are reviewed initially by one of the editors. Manuscripts are evaluated according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, information is important, and topic has general interest to readers of this journal. From these basic criteria, the editors assess a paper's eligibility for publication. Manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to expert consultants for peer review. The journal uses a single-anonymized peer review process: peer reviewer identities are kept confidential (unless reviewers choose to reveal their names in their formal reviews); author identities are made known to reviewers. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal editors. Reviewers are instructed to not submit confidential manuscripts, abstracts, or other text into a chatbot, language model, or similar tool. At submission, authors may choose to have manuscripts that are not accepted by the journal referred to one of the JAMA Network specialty journals and/or JAMA Network Open along with reviewers' comments (if available). Information from submitted manuscripts may be systematically collected and analyzed as part of research to improve the quality of the editorial or peer review process. Identifying information remains confidential. Final decisions regarding manuscript publication are made by an editor who does not have any relevant conflicts of interest.

The JAMA Network Advantage

At the time of manuscript submission, authors may preselect the option to have their manuscript and reviewers' comments automatically referred to one of the JAMA Network specialty journals if the manuscript is not accepted by *JAMA*.

JAMA-EXPRESS

JAMA-EXPRESS provides rapid peer review and publication of major clinical trials and other original research studies that have immediate or public health importance. Authors who wish to have manuscripts considered for *JAMA-EXPRESS* should send the manuscript file and a request letter to jamaexpress@jamanetwork.org or call (312) 464-4444. Authors will be notified promptly whether the manuscript is approved for rapid peer review. Authors of those manuscripts determined not to qualify for rapid review may be invited to submit the manuscript for further consideration under the standard review process.

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Appeals

Authors may appeal decisions. All appeals are reviewed by the editor in chief, on a case-by-case basis, or a designated editor if the editor in chief is recused from the review.

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What to Expect

After Revision/Acceptance

Authorship Form and Publishing Agreement

All authors are required to complete an Authorship Form and Publishing Agreement. See Authorship Criteria and Contributions.

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Editing

Accepted manuscripts are edited in accordance with the *AMA Manual of Style*,² and returned to the corresponding author (or her/his designee) for approval. Authors are responsible for all statements made in their work, including changes made during editing and production that are authorized by the corresponding author.

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Embargo

Authors should not disclose the fact that their manuscript has been accepted to anyone, except coauthors and contributors, until it is published without permission of the editor or as described in the guidance on Previous or Planned Meeting Presentation or Release of Information and Embargo Policy.

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Publication

If accepted for publication, all articles are published quickly in one of *JAMA*'s weekly print/online issues; selected articles are published Online First.

What to Expect

After Publication

Postpublication Correspondence

For accepted manuscripts, the corresponding author will be asked to respond to letters to the editor.

Reprints/e-Prints

Reprints and e-prints may be ordered online when the edited manuscript is sent for approval to the corresponding author.

Corrections

Requests to publish corrections should be sent to the editorial office. Errors and requests for corrections are reviewed by editors and authors, and, if warranted, a Correction notice summarizing the errors and corrections is published promptly and linked online to the original article, and the original article is corrected online with the date of correction.¹⁵

Author CME

First and last authors of peer-reviewed articles are eligible to receive CME credit. See CME From the JAMA Network.

What to Expect

About Previous Release of Information, Embargo, and Access

Previous Publication, Related Manuscripts and Reports, and Preprints

Manuscripts are considered with the understanding that they have not been published previously and are not under consideration by another publication.

Copies of all related or similar manuscripts and reports by the same authors (ie, those containing substantially similar content or using the same, similar, or a subset of data) that have been previously published or posted electronically or are under consideration elsewhere must be provided at the time of manuscript submission. All related previously published articles should be cited as references and described in the submitted manuscript along with explanation of how the submitted manuscript differs from the related previously published article(s).

Manuscripts that have been previously posted on a preprint server may be submitted for consideration for publication. When the manuscript is submitted, authors must provide information about the preprint, including a link to it and a description of whether the submitted manuscript has been revised or differs from the preprint.

See also Previous or Planned Meeting Presentation or Release of Information and Research Article Public Access, Depositing in Repositories, and Discoverability.

Previous or Planned Meeting Presentation or Release of Information

Meeting presentation: A complete manuscript submitted to the journal following or prior to presentation at a scientific meeting or publication of preliminary findings elsewhere (ie, as an abstract) is eligible for consideration for publication. Authors considering presenting or planning to present the work at an upcoming scientific meeting should indicate the name and date of the meeting on the manuscript submission form. For accepted papers, the editors may be able to coordinate publication with the meeting presentation. Authors of submitted papers, including those accepted but not yet published, should not disclose the status of such papers during such meeting presentations that occur before the work is published. Authors who present information contained in a manuscript that is under consideration by this journal during scientific or clinical meetings should not distribute complete reports (ie, copies of manuscripts) or full data presented as tables and figures to conference attendees or journalists. Publication of abstracts in print and online conference proceedings, as well as posting of slides or videos from the scientific presentation on the meeting website, is acceptable. However, for manuscripts under consideration by this journal, publication of full reports in meeting proceedings or online, issuing detailed news releases reporting the results of the study that go beyond the meeting abstract, or participation in formal news conferences will ordinarily jeopardize chances for publication of the submitted manuscript in this journal.⁵ Media coverage of presentations at scientific meetings will not jeopardize consideration, but direct release of information through press releases or news media briefings may preclude consideration of the manuscript by this journal.⁵ Rare instances of papers reporting public health emergencies should be discussed with the editor. Authors submitting manuscripts or letters to the editor regarding adverse drug or medical device reactions, reportable diseases, etc, should also report this information to the relevant government agency.

Authors should not release information about accepted manuscripts via social media until publication.

See also Previous Publication, Related Manuscripts and Reports, and Preprints. For more information, see the *AMA Manual of Style*.

Embargo Policy

Authors should not disclose the fact that their manuscript has been accepted to anyone, except coauthors and contributors, without permission of the editor until it is published. All information regarding the content and publication date of accepted manuscripts is strictly confidential. Unauthorized prepublication release of accepted manuscripts and information about planned publication date may result in rescinding the acceptance and rejecting the paper. This policy applies to all categories of articles, including research, review, opinion, correspondence, etc. Information contained in or about accepted articles cannot appear in print, audio, video, or digital form or be released by the news media until the specified embargo release date.^{2,5} See also Previous or Planned Meeting Presentation or Release of Information.

Research Article Public Access, Depositing in Repositories, and Discoverability

The journal makes all *JAMA* research articles free public access 6 months after publication on the journal website.

Authors of research articles may deposit the accepted version (ie, the peer-reviewed manuscript that you submitted on which this decision is based) of the manuscript in a repository of your choice on or after the date of publication provided that it links to the final published version on the journal website. You may not deposit the published article (version of record), which is the final copyedited, formatted, and proofed version published by the journal. The journal will deposit a copy of the published research article into PubMed Central (PMC) at the time of publication, where it will be publicly available 6 months after publication. A few weeks after publication, you may obtain your PMCID on the PMC site at: <https://www.ncbi.nlm.nih.gov/pmc/pmctopmid/>. These options apply only to research articles. Non-research articles may not be deposited into repositories.

In addition, the journal will add metadata to all articles to ensure web-based search engine discoverability and will provide publicly discoverable information about your article to PubMed/Medline and numerous other bibliographic databases on the day of publication.

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Editorial Policies for Authors

Author Responsibilities

Authorship and Disclosures

Most of the JAMA Network journals' editorial policies for authors are summarized in these instructions. Citations and links to the *AMA Manual of Style: A Guide for Authors and Editors*² and other publications with additional information are also provided.

Authorship Criteria and Contributions

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.² One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. According to the guidelines of the International Committee of Medical Journal Editors (ICMJE),⁴ authorship credit should be based on the following 4 criteria:

1. substantial contributions to conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; and
2. drafting of the work or reviewing it critically for important intellectual content; and
3. final approval of the version to be published; and
4. agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Each author should be accountable for the parts of the work he or she has done. In addition, each author should be able to identify which coauthors are responsible for specific other parts of the work and should have confidence in the integrity of the contributions of any coauthors.

All those designated as authors should meet all 4 criteria for authorship, and all who meet the 4 criteria should be identified as authors. Those who do not meet all 4 criteria should be acknowledged (see Acknowledgment Section).

All authors (ie, the corresponding author and each coauthor) must read, complete, and submit an electronic Authorship Form with required statements on Authorship Responsibility, Criteria, and Contributions; Confirmation of Reporting Conflicts of Interest and

Funding; and Publishing Agreement.^{2(pp128-133)} In addition, authors are required to identify their specific contributions to the work described in the manuscript. Requests by authors to designate equal contributions or shared authorship positions (eg, co-first authorship) may be considered if justified and within reason.⁶ An email with links to the Authorship Form will be sent to authors for completion after manuscripts have been submitted.

For reports of original data, authors' specific contributions will be published in the Acknowledgment section (see Manuscript Preparation and Submission Requirements, Acknowledgment section).² All other persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, or writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions and affiliations in an Acknowledgment in the manuscript. Written permission to include the names of individuals in the Acknowledgment section must be obtained.

Nonhuman artificial intelligence, language models, machine learning, or similar technologies do not qualify for authorship. If these models or tools are used to create content or assist with writing or manuscript preparation, authors must take responsibility for the integrity of the content generated by these tools. Authors should report the use of artificial intelligence, language models, machine learning, or similar technologies to create content or assist with writing or editing of manuscripts in the Acknowledgment section or Methods section if this is part of formal research design or methods. See also Use of AI in Publication and Research, Reproduced and Re-created Material, and Image Integrity.

The authors also must certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere (see also About Previous Release of Information, Embargo, and Access).² Authors of manuscripts reporting original data or systematic reviews must provide an access to data statement from 1 or 2 named authors, often the corresponding author (see also Data Access, Responsibility, and Analysis). If requested, authors should be prepared to provide the data and must cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees.

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Role of the Corresponding Author

A single corresponding author (or coauthor designee in the event that the corresponding author is unavailable) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited manuscript and proof, make decisions regarding release of information in the manuscript to the news media or federal agencies, handle all postpublication communications and inquiries, and will be identified as the corresponding author in the published article.

The corresponding author also is responsible for ensuring that the Acknowledgment section of the manuscript is complete (see Acknowledgment Section) and that the conflict of interest disclosures reported in the Acknowledgment section of the manuscript are accurate, up-to-date, and consistent with the information provided in each author's potential conflicts of interest section in the Authorship Form (see Conflicts of Interest and Financial Disclosures).

The corresponding author also must complete the Acknowledgment statement part of the Authorship Form confirming that all persons who have contributed substantially but who are not authors are identified in the Acknowledgment section and that written permission from each person acknowledged has been obtained (see Acknowledgment Section).

Requests for co-corresponding authors will be considered on a very limited basis if justified, but no more than 2 co-corresponding authors will be permitted. In such cases, a primary corresponding author must be designated as the point of contact responsible for all communication about the manuscript and article, manage the tasks described above, and will be listed first in the corresponding author section.⁶ To read more about the role and responsibilities of corresponding authors, see the *AMA Manual of Style*.

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Changes in Authorship

Authors should determine the order of authorship among themselves and should settle any disagreements before submitting their manuscript. Changes in authorship (ie, order, addition, and deletion of authors) should be discussed and approved by all authors. Any requests for such changes in authorship after initial manuscript submission and before publication should be explained in writing to the editor in a letter or email from all authors.^{2(pp128-133)}

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Name Change Policy

The JAMA Network recognizes that authors may change their names for personal reasons, and the editors respect authors' rights to autonomy and privacy in this regard. Authors who request confidential name changes after publication because of changes in identity, marital status, religion, or other reasons may have their names changed in articles without indication of the reason for the change and without a formal correction notice. If an author prefers this change to be public, a formal Correction notice can be issued, with or without the reason per author preference. The journal will not request the approval of coauthors, but the requesting author may wish to notify coauthors if this change will affect subsequent citations to the article. The requester may be asked to notify the corresponding author about this change to the published article; alternatively, the journal may inform the corresponding author of this change (without explaining the reason for the change). The journal will make this change to the online and PDF versions of the published article and will notify postpublication indexes and databases as a standard process but cannot guarantee when or if the change will be reflected in these indexes and databases.

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Group Authorship

If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship as described above, and all group member authors must complete Authorship Forms.⁶ If all members of a group do not meet all authorship criteria, a group must designate 1 or more individuals as authors or members of a writing group who meet full authorship criteria and requirements and who will take responsibility for the group.^{2,6} Group names should appear at the end of the byline and should not be interspersed within the list of individually named authors. Group authors may not be included for article types with limited numbers of authors (eg, opinion articles).

For articles with a large number of authors (eg, >50), a long list of authors will not fit in the byline of a print/PDF version of the article. In such cases, a group byline will be recommended with the individual names of each author listed at the end of the article. All author names would still be individually indexed, displayed, and easily searchable in bibliographic records such as PubMed.⁶

Nonauthor Collaborators: Other group members who do not meet the criteria for authorship (eg, investigators, advisors, assistants) may be identified. For group author manuscripts, a Nonauthor Collaborator Template (with names, academic degrees, institution, location, role/contribution, and subgroup) must be completed during revision. The template will be available to authors with the request for revision. The collaborators will be published in an online Supplement based on this template and will be deposited to PubMed.

To read more about authorship, [click here](#).

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Conflicts of Interest and Financial Disclosures

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Although many universities and other institutions and organizations have established policies and thresholds for reporting financial interests and other conflicts of interest, the JAMA Network requires complete disclosure of all relevant financial relationships and potential financial conflicts of interest, regardless of amount or value. For example, authors of a manuscript about hypertension should report all financial relationships they have with all manufacturers and owners of products, devices, tests, and services used in the management of hypertension, not only those relationships with entities whose specific products, devices, tests, and services are mentioned in the manuscript. **If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office.**

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For all reports (regardless of funding source) containing original data, at least 1 named author (eg, the principal investigator), and no more than 2 authors, must indicate that she or he "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis."⁷ This exact statement should be included in the Acknowledgment section at the end of the manuscript. Modified statements or generic statements indicating that all authors had such access are not acceptable. In addition, for all reports containing original data, the names and affiliations of all authors (or other individuals) who conducted and are responsible for the data analysis must be indicated in the Acknowledgment section of the manuscript. If the individual who conducted the analysis is not named as an author, a detailed explanation of his/her contributions and reasons for his/her involvement with the data analysis should be included.

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Authors of secondary analyses of shared data should fully describe the source of the data in the Methods section, cite the data source (preferably with a unique, persistent identifier), and provide credit to those who generated the original data via a formal reference, if appropriate.⁴

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Requirements for Reporting

EQUATOR Reporting Guidelines

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Causal language (including use of terms such as effect and efficacy) should be used only for randomized clinical trials. For all other study designs (including meta-analyses of randomized clinical trials), methods and results should be described in terms of association or correlation and should avoid cause-and-effect wording. To read more about use of causal language, see the *AMA Manual of Style*.

Timeliness of Data

Research reports should be timely and current and should be based on data collected as recently as possible. Manuscripts based on data from randomized clinical trials should be reported as soon as possible after the trial has ended, ideally within 1 year after follow-up has been completed.

For cohort studies, the date of final follow-up should be no more than 5 years before manuscript submission. Likewise, data used in case-control or cross-sectional studies should have been collected as recently as possible, but no more than 5 years before manuscript submission. Manuscripts in which the most recent data have been collected more than 5 years ago ordinarily will receive lower priority for publication; thus, authors of such manuscripts should provide a detailed explanation of the relevance of the information in light of current knowledge and medical practice as well as the most recent date(s) of analysis of the study.

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Statistical Methods and Data Presentation

General Considerations

Authors are encouraged to consult "Reporting Statistical Information in Medical Journal Articles."¹ In the Methods section, describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to reproduce the reported results. Such description should include appropriate references to the original literature, particularly for uncommon statistical methods. For more advanced or novel methods, provide a brief explanation of the methods and appropriate use in the text and consider providing a detailed description in an online supplement.

In the reporting of results, when possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty, such as confidence intervals (see Reporting Standards and Data Presentation). Avoid relying solely on statistical hypothesis testing, such as the use of *P* values, which fails to convey important quantitative information. For observational studies, provide the numbers of observations. For randomized trials, provide the numbers randomized. Report losses to observation or follow up (see Missing Data). For multivariable models, report all variables included in models, and report model diagnostics and overall fit of the model when available (see Statistical Procedures).

Define statistical terms, abbreviations, and symbols, if included. Avoid nontechnical uses of technical terms in statistics, such as correlation, normal, predictor, random, sample, significant, trend. Do not use inappropriate hedge terms such as marginal significance or trend toward significance for results that are not statistically significant. Causal language (including use of terms such as effect and efficacy) should be used only for randomized clinical trials. For all other study designs (including meta-analyses of randomized clinical trials), methods and results should be described in terms of association or correlation and should avoid cause-and-effect wording.

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Sample Size Calculations

For randomized trials, a statement of the power or sample size calculation is required (see the EQUATOR Network CONSORT Guidelines). For observational studies that use an established population, a power calculation is not generally required when the sample size is fixed. However, if the sample size was determined by the researchers, through any type of sampling or matching, then there should be some justification for the number sampled. In any case, describe power and sample size calculations at the beginning of the Statistical Methods section, following the general description of the study population.

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Descriptive Statistics

It is generally not necessary to provide a detailed description of the methods used to generate summary statistics, but the tests should be briefly noted in the Methods section (eg, ANOVA or Fisher exact test).

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Statistical Procedures

Identify regression models with more than 1 independent variable as multivariable and regression models with more than 1 dependent variable as multivariate. Report all variables included in models, as well as any mathematical transformations of those variables. Provide the scientific rationale (clinical, statistical, or otherwise) for including variables in regression models.

For regression models fit to dependent data (eg, clustered or longitudinal data), the models should account for the correlations that arise from clustering and/or repeated measures. Failure to account for such correlation will result in incorrect estimates of uncertainty (eg, confidence intervals). Describe how the model accounted for correlation. For example, for an analysis based on generalized estimating equations, identify the assumed correlation structure and whether robust (or, sandwich) variance estimators were used. Or, for an analysis based on mixed-effects models, identify the assumed structure for the random effects, such as the level of random intercepts and whether any random slopes were included. Fixed-effects estimation should be described as conditional likelihood. Avoid the term fixed effects for describing covariates.

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Missing Data

Report losses to observation, such as dropouts from a clinical trial or those lost to follow-up or unavailable in an observational study. If some participants are excluded from analyses because of missing or incomplete data, provide a supplementary table that compares the observed characteristics between participants with complete and incomplete data. Consider multiple imputation methods to impute missing data and include an assessment of whether data were missing at random. Approaches based on "last observation carried forward" should not be used.

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Primary Outcomes, Multiple Comparisons, and Post Hoc Comparisons

Both randomized and observational studies should identify the primary outcome(s) before the study began, as well as any pre-specified secondary, subgroup, and/or sensitivity analyses. Comparisons arrived at during the course of the analysis or after the study was completed should be identified as post hoc. For analyses of more than 1 primary outcome, corrections for multiple testing should generally be used. For secondary outcomes, address multiple comparisons or consider such analyses as exploratory and interpret them as hypothesis-generating. The reporting of all outcomes should match that included in study protocols. For randomized clinical trials, protocols with complete statistical analysis plans should be cited in the Methods section and submitted as online supplementary content. Randomized clinical trials should be primarily analyzed according to the intention-to-treat approach. Deviations from strict intention-to-treat analysis should be described as "modified intention-to-treat," with the modifications clearly described.

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Statistical Analysis Subsection

At the end of the Methods section, briefly describe the statistical tests used for the analysis. State any a priori levels of significance and whether hypothesis tests were 1- or 2-sided. Also include the statistical software used to perform the analysis, including the version and manufacturer, along with any extension packages (eg, the svy suite of commands in Stata or the survival package in R). Do not describe software commands (eg, SAS proc mixed was used to fit a linear mixed-effects model). If analysis code is included, it should be placed in the online supplementary content.

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Reporting Standards and Data Presentation

Analyses should follow EQUATOR Reporting Guidelines and be consistent with the protocol and statistical analysis plan, or described as post hoc.

When possible, present numerical results (eg, absolute numbers and/or rates) with appropriate indicators of uncertainty, such as confidence intervals. Include absolute numbers and/or rates with any ratio measures and avoid redundant reporting of relative data (eg, % increase or decrease). Use means and standard deviations (SDs) for normally distributed data and medians and ranges or interquartile ranges (IQRs) for data that are not normally distributed. Avoid solely reporting the results of statistical hypothesis testing, such as *P* values, which fail to convey important quantitative information. For most studies, *P* values should follow the reporting of comparisons of absolute numbers or rates and measures of uncertainty (eg, 0.8%, 95% CI -0.2% to 1.8%; *P*=.13). *P* values should never be presented alone without the data that are being compared. If *P* values are reported, follow standard conventions for decimal places: for *P* values less than .001, report as "*P*<.001"; for *P* values between .001 and .01, report the value to the nearest thousandth; for *P* values greater than or equal to .01, report the value to the nearest hundredth; and for *P* values greater than .99, report as "*P*>.99." For studies with exponentially small *P* values (eg, genetic association studies), *P* values may be reported with exponents (eg, $P=1\times 10^{-5}$). In general, there is no need to present the values of test statistics (eg, *F* statistics or χ^2 results) and degrees of freedom when reporting results.

For secondary and subgroup analyses, there should be a description of how the potential for type I error due to multiple comparisons was handled, for example, by adjustment of the significance threshold. In the absence of some approach, these analyses

should generally be described and interpreted as exploratory, as should all post hoc analyses.

For randomized trials using parallel-group design, there is no validity in conducting hypothesis tests regarding the distribution of baseline covariates between groups; by definition, these differences are due to chance. Because of this, tables of baseline participant characteristics should not include *P* values or statements of statistical comparisons among randomized groups. Instead, report clinically meaningful imbalances between groups, along with potential adjustments for those imbalances in multivariable models. To read more about statistical tests and data presentation, see the *AMA Manual of Style*.

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Reporting Demographic Information for Study Participants

Researchers are encouraged to report studies that include diverse and representative participants and to indicate participant inclusion and exclusion criteria and how the findings generalize to the population(s) that are the focus of or are compatible with the research question. Aggregate, deidentified demographic information (eg, age, sex, race and ethnicity, and socioeconomic indicators) should be reported for all research reports along all prespecified outcomes. Demographic variables collected for a specific study should be reported in the Methods section. Demographic information assessed should be reported in the Results section, either in the main article or in an online supplement or both. If any demographic characteristics that were collected are not reported, the reason should be stated. Summary demographic information (eg, baseline characteristics of study participants) should be reported in the first line of the Results section of Abstracts.

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Reporting Age

Study inclusion or exclusion criteria by age or age group should be defined in the Methods section. Stratification by age groups should be based on relevance to disease, condition, or population (eg, <5 or >65 years). The ages for study participants should be reported in aggregate (ie, mean and SD or median and IQR or range) in the Results section.

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Reporting Sex and Gender

The term *sex* should be used when reporting biological factors and *gender* should be used when reporting gender identity or psychosocial/cultural factors. The methods used to obtain information on sex, gender, or both (eg, self-reported, investigator observed or classified, or laboratory test) should be explained in the Methods section.¹² The distribution of study participants or samples should be reported in the Results section, including for studies of humans, tissues, cells, or animals. All participants should be reported, not just the category that represents the majority of the sample. Studies that address pregnancy should follow these recommendations, and if the gender identity of participants was not assessed, use the terms *pregnant participants*, *pregnant individuals*, *pregnant patients*, etc, as appropriate.

In research articles, follow recommendations to include all representative populations in study design, data analyses, results, and interpretation of findings. Report sex or gender of study participants, including how sex or gender was defined and assessed. Whenever possible, all main outcomes should be reported by sex or gender (or both if appropriate). In nonresearch reports, choose gender-neutral and sex-neutral terms that avoid bias, suit the material under discussion, and are not confusing to readers. See the Sex and Gender Equity in Research (SAGER) guidelines for additional guidance.

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Reporting Race and Ethnicity

The Methods section should include an explanation of who identified participant race and ethnicity and the source of the classifications used (eg, self-report or selection, investigator observed, database, electronic health record, survey instrument).

If race and ethnicity categories were collected for a study, the reasons that these were assessed also should be described in the Methods section. If collection of data on race and ethnicity was required by the funding agency, that should be noted.

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Race and ethnicity of the study population should be reported in the Results section.

For additional information, see "Updated Guidance on Reporting Race and Ethnicity in Medical and Science Journals" and the Summary Guide for Preferred Terms When Reporting Race and Ethnicity.

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For all manuscripts reporting data from studies involving human participants or animals, formal review and approval, or formal review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the Methods section.^{2(pp226)} For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed.¹³ For investigations of humans, state in the Methods section the manner in which informed consent was obtained from the study participants (ie, oral or written) and whether participants received a stipend. Authors of research studies involving humans should not make independent determinations of exemption or exclusion of IRB or ethical review; they should cite the institutional or regulatory policy for that determination and indicate if the data are deidentified and publicly available or protected by prior consent or privacy safeguards. Editors may request that authors provide documentation of the formal review and recommendation from the institutional review board or ethics committee responsible for oversight of the study.

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Patient Identification

A signed statement of informed consent to publish patient descriptions, photographs, video, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) i/n such written descriptions, photographs, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section of the manuscript. Such persons should be offered the opportunity to see the manuscript before its submission.^{2(pp229-232)}

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Methods Section

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- Indicate the methods used to address missing data.
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- Describe methods or analyses included to address and manage AI-related methodologic bias and inaccuracy of AI-generated content.
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- Provide a data sharing statement, including if code will be shared.

Results Section

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- Report the results of analyses to address methodologic bias and population representation.
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Discussion Section

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- Discuss the potential for inaccuracy of AI-generated content and what was done to identify and manage this.
- Discuss generalizability of findings across populations and results of analyses performed to explore the performance of the AI model in vulnerable or underrepresented subgroups.

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Journal Policies

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