

# Author Guidelines



[- a campaign to provide guidance for researchers when deciding which journal to publish their research in.](#)

## Preparation of Manuscript

Include:

- Forename(s) and surnames of authors (see Authorship section below)
- Author affiliations: department, institution, city, state, country
- Abstract 300 words written both in Italian and in English
- 3–6 keywords
- Running header (shortened title)
- Corresponding author: name, physical address, phone, fax, email
- Reference list
- Double-spacing
- 3-cm margins
- Page numbers
- Clear concise language
- American spelling
- Ensure tables and figures are cited
- Electronic format for text is Microsoft Word
- Use International Systems of Units (SI) symbols and recognized abbreviations for units of measurement
- Do not punctuate abbreviations eg, et al, ie
- Spell out acronyms in the first instance in the abstract and paper
- Word counts are not specified. In general, shorter items range from 1000 to 3000 words and reviews from 3000 to 7,500
- Generic drug names are used in text, tables, and figures
- Suppliers of drugs, equipment, and other brand-name material are credited in parentheses (company, name, city, state, country)
- If molecular sequences are used, provide a statement that the data have been deposited in a publicly accessible database, eg, GenBank, and indicate the database accession number.

## Authorship

Authorship credit should be based on:

- 1) Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;

- 2) Drafting the article or revising it critically for important intellectual content;
  - 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.
- Authors should meet conditions 1, 2, 3, and 4.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship.

All persons designated as authors should qualify for authorship, and all those who qualify should be listed.

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Increasingly, authorship of multicenter trials is attributed to a group. All members of the group who are named as authors should fully meet the above criteria for authorship/contributorship.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript (3). These individuals should fully meet the criteria for authorship/contributorship defined above. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments.

The group should jointly make decisions about contributors/authors before submitting the manuscript for publication. The corresponding author/guarantor should be prepared to explain the presence and order of these individuals. It is not the role of editors to make authorship/contributorship decisions or to arbitrate conflicts related to authorship.

### **Changes to authorship**

ClinicoEconomics does not permit the changing/adding/deleting of authors after submission of the paper.

### **Contributors Listed in Acknowledgments**

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chairperson who provided only general support. Authors should declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the individuals who provided this assistance and the entity that supported it in the published article. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under such headings as “clinical investigators” or “participating investigators,” and their function or contribution should be described—for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared

for study patients.” Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

### **Authorship: Common issues**

#### **Number of authors:**

Consideration should be given to the number of qualified authors needed to take responsibility for the publication. To some extent, this will depend on the complexity of the research and of the publication, but it would be unusual in biomedical research (with few exceptions) to require >10 authors to meet this need. A high number of authors calls into question whether they could all have provided "substantial intellectual contribution." Fewer authors are often preferable, and others can be acknowledged (e.g., as nonauthor contributors or collaborators).

#### **Author sequence:**

Authors should decide how this will be determined at the initiation of the work, including the designation of the lead and corresponding authors, who may or may not be the same person. Final order, however, should be based on authors' actual roles and contributions in the development of the publication (and therefore cannot be agreed upon until this is complete). Those who made the greatest contribution are generally listed first, but alphabetical order may also be used. It may be useful to describe in the contributorship section of the publication whether alphabetical order or some other convention was used to determine author order.

#### **Addition or removal of author:**

In certain circumstances during the development of a publication, it may be necessary to add or remove an author (e.g., if an author fails to provide a substantial contribution or approve the final version of the work). In such cases, all authors should agree to the change. Only in rare cases, such as the work substantially changing in response to reviewer comments, should addition or removal of an author be considered after submission.

#### **Death or incapacity of an author:**

Should an author die after completing a major part of the work, posthumous authorship can be considered if agreed to by all other authors. We suggest, as a first step, seeking advice on correct attribution and process from journal instructions or the editorial office.

If the journal agrees to posthumous authorship but requires submission forms to be signed, then in the case of a sponsor-employed author or a contractor, a supervisor may be the most appropriate proxy. Otherwise, a family member or person with power of attorney should be approached. In all cases, efforts should be made to contact the family of the deceased author to inform them of the intention and request their consent to the listing or acknowledgment.

#### **Change of affiliation:**

If an author changes affiliation before the work is published, his or her affiliation should reflect where the major part of the work was done. The current affiliation and contact details should be listed in a footnote or in the acknowledgment section. Change of affiliation alone is not a valid reason to remove an author from a publication if he or she meets authorship criteria.

#### **Company- or sponsor-employed authors:**

Sponsor-employed scientists and clinicians are often qualified to participate as authors of company-sponsored research publications and should have that opportunity. Such authors should not be denied

authorship because of concerns about perception of bias. Whatever criteria are used to determine authorship should be applied equally to company employees, contractors, and others.

### **Professional writers as authors:**

Professional medical writers who meet applicable authorship criteria should be listed as authors. If writers do not meet authorship criteria, their contribution should be disclosed (e.g., as a nonauthor contributor in the acknowledgment section). Writers who were not involved with study design, data collection, or data analysis and interpretation (e.g., those developing a primary publication from a clinical study report) generally do not meet International Committee of Medical Journal Editors authorship criteria. However, professional writers working on other types of publication (e.g., literature reviews) may qualify as authors.

Please note: The "Authorship: Common issues" section was adapted from Battisti WP, Wager E, Baltzer L, Bridges D, Cairns A, Carswell CI, et al. Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3. *Ann Intern Med.* 2015;163:461-464. doi:[10.7326/M15-0288](https://doi.org/10.7326/M15-0288) Appendix Table 2. Common Issues About Authorship.

### **Related Authors**

Where authors of a paper are related this should be disclosed at the time of submission. Please provide details of the family relationship between such authors.

### **Figures and Tables**

- Submit as separate files and also as one combined file
- Submit figures as JPG files
- Number consecutively
- Provide a descriptive heading/legend
- Place abbreviations immediately below the table
- Use superscript <sup>a, b, c</sup>... as identifiers
- Supply Line Art 900 dpi, Combination (Line Art + Halftone) 900 dpi, Halftone 300 dpi
- Graphics downloaded from Web pages are NOT acceptable
- Submit multi-panel figures, ie with parts labeled a,b,c,d, as one file

### **Clinical Trial Registration**

We require the registration of all clinical trials in a public trials registry at or before the time of first patient enrollment.

### **Letter to the Editor**

Manuscripts submitted as a Letter to the Editor:

- Should relate to a paper previously published in ClinicoEconomics journal and be a concise account of agreement or disagreements with the published paper;
- Have a word count of no more than 750 words;
- Have references formatted in the ClinicoEconomics style.

## Submission of Manuscript

- All manuscripts should be submitted via our email or linked button on the website.
- By doing so you agree to the terms and conditions of submission
- Keep a backup and hard copies of the material submitted

## Reference Style

ClinicoEconomics follow the style adopted by the American Medical Association (AMA),\* (pp39–79) which, in turn, is based on the style developed by the International Committee of Medical Journal Editors in 1978 in Vancouver.

## Reference Management systems

Users of the EndNote<sup>®</sup> software should select the [JAMA reference style](#) when preparing references for ClinicoEconomics Journal.

**Please note** that authors are responsible for the accuracy and completeness of their references.

**Text citations:** Cite references sequentially in text, tables, and legends by superscript Arabic numerals with no parentheses, eg, <sup>1</sup> or <sup>3,4</sup> or <sup>10-15</sup>. Numbers should be placed **after** punctuation marks, eg, <sup>3,4</sup>. **Do not use** Microsoft Word's footnote/endnotes function to build the reference list as this can introduce errors during the typesetting process.

**Reference list:** List items **numerically** in the order they are cited in the text, eg, 4. Kapur NK, Musunuru K. Clinical efficiency and safety of statins in managing cardiovascular risk. *Vasc Health Risk Manag.* 2008;4(2):341–353. **Some commonly used sample references follow.**

## Journal articles

*Standard journal article:*

Kapur NK, Musunuru K. Clinical efficiency and safety of statins in managing cardiovascular risk. *Vasc Health Risk Manag.* 2008;4(2):341–353.

Abbreviate names of journals according to the journals list in PubMed

(<http://www.ncbi.nlm.nih.gov/sites/entrez?db=PubMed>)

List **all** authors if six or less, otherwise list **first three only**, followed by "et al.": Brandén E, Gnarpe J, Hillerdal G, et al. Detection of Chlamydia pneumoniae on cytospin preparations from bronchiolar lavage in COPD patients and in lung tissue from advanced emphysema. *Int J Chron Obstruct Pulmon Dis.* 2007;2(4):643–650.

*Group as author:*

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension.* 2002;40(5):679–686.

*Both personal authors and an organization as author:*

Munakata M, Honma H, Akasi M; for J-STOPMetS Study Group. Sexual dysfunction in 1,274

European men suffering from lower urinary tract symptoms. *Vasc Health Risk Manag.* 2007;4(2):415–420.

*Volume with no issue but a supplement:*

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache.* 2002;42 (Suppl 2):S93–S99.

*Issue with supplement:*

Glaser TA. Integrating clinical trial data into clinical practice. *Neurology.* 2002;58(12 Suppl 7):S6–S12.

*Volume with part:*

Abend SM, Kulish N. The psychoanalytic method from an epistemological viewpoint. *Int J Psychoanal.* 2002;83(Pt 2):491–495.

*Issue with part:*

Ahrar K, Madoff DC, Gupta S, Wallace MJ, Price RE, Wright KC. Development of a large animal model for lung tumors. *J Vasc Interv Radiol.* 2002;13(9 Pt 1):923–928.

*Issue with no volume:*

Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop.* 2002;(401):230–238.

*No volume or issue:*

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

*Type of article indicated as needed:*

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

*Article published electronically ahead of the print:*

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood.* 2002 Nov 15;100(10):3828–3831. Epub 2002 Jul 5.

*Foreign language:*

Virchow R. Aetiologie der neoplastischen Geschwulst/Pathogenie der neoplastischen Geschwulste [Etiology and pathology of cancerous tumors]. *Die Krankhaften Geschwulste.* Berlin: Verlag von August Hirschwald; 1865:57–101. German.

## **Books and other monographs**

*Personal author(s):*

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

*Editor(s), compiler(s) as author:*

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

*Author(s) and editor(s):*

Breedlove GK, Schorfheide AM. *Adolescent Pregnancy*. 2nd ed. Wiecezorek RR, ed. White Plains (NY): March of Dimes Education Services; 2001.

*Chapter in a book:*

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The Genetic Basis of Human Cancer*. New York: McGraw-Hill; 2002:93–113.

*Conference proceedings (published):*

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

*Conference proceedings (unpublished):*

Eisenberg J. Market forces and physician workforce reform: why they may not work. Poster presented at: Annual Meeting of the Association of American Medical Colleges; October 28; 1995; Washington, DC.

*Patent:*

Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

**Other published material**

*Newspaper article:*

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

*Prescribing information:*

Ampyra® (dalfampridine) extended release tablets [prescribing information]. New York: Acorda Therapeutics, Inc; 2010.

*Package insert:*

Coumadin® (warfarin sodium) [package insert]. Princeton, NJ: Bristol-Myers Squibb; 2010.

*Dissertation:*

Etsey AN. Effects of Regular Ingestion of Natural Cocoa on Testicular Histology in Streptozotocin-Induced Diabetic Rats [dissertation]. Accra: University of Ghana; 2009.

*Clinical trial:*

Pfizer. A study in patients with non-small cell lung cancer testing if erlotinib plus SU011248 (sunitinib) is better than erlotinib alone (SUN1058). Available from: <http://www.clinicaltrials.gov/ct2/show/NCT00265317>. NLM identifier: NCT00265317. Accessed August 1, 2011.

## **Unpublished material**

### *In press:*

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

## **Electronic material**

### *Journal article on the Internet:*

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>. Accessed April 3, 2003.

### *Homepage/Website:*

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>. Accessed August 29, 2003.

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\*Iverson C, Christiansen S, Flanagin A, et al. *AMA Manual of Style: A Guide for Authors and Editors*. 10th ed. New York, NY: Oxford University Press; 2007.