Instructions for Authors

*Medicine*® is an open access publication, providing authors with continuous publication of original research across a broad spectrum of medical scientific disciplines and sub-specialties. The *Medicine*® review process emphasizes the scientific, technical and ethical validity of submissions. Novelty or potential for impact are not considered during the manuscript’s evaluation or adjudication.

**What is Open Access?**

Open access (OA) is the practice of providing unrestricted access via online to peer-reviewed scholarly research. Open access journals provide 'gold' open access, meaning immediate open access to all of their articles on the publisher's website. ‘Gold’ open access for individual articles is funded by authors (or their author's institution or funders) who pay an open access publishing fee (APC).

The APC for *Medicine*® is $1400 (USD) for the Creative Commons 4.0 International licenses listed on page 17 of the *Medicine*® Instructions for Authors, with the exception of the CCBY license which is $1750. The APC for a Study Protocol is $1050.

**Scope**

*Medicine*® will publish original research across a broad scope of medical disciplines, including:

- Anesthesiology
- Cardiovascular
- Complementary and alternative medicine
- Critical care and emergency medicine
- Dermatology
- Endocrinology
- Epidemiology
- Gastroenterology and hepatology
- Genetics
- Geriatrics
- Hematology
- Immunology
- Infectious diseases
- Mental health
- Metabolic disorders
- Nephrology
- Neurology
- Nutrition
- Obstetrics and gynecology
- Oncology
- Ophthalmology
- Oral medicine
- Otorhinolaryngology
- Pediatrics
- Public Health
- Pulmonology
- Radiology
- Rheumatology
- Sports and exercise medicine
- Surgery
- Toxicology
- Urology
Table of Contents

I. Online Submission

II. Manuscript Preparation
   a. Necessary Files
      i. Manuscript
      ii. Figures
      iii. Tables
      iv. Reporting Guidelines Checklist and Flow Diagram
   b. Plagiarism
   c. Ethical Experimentation
   d. Non-native Speakers of English
      i. Wolters Kluwer Author Services
   e. Statistical Analysis
   f. Abbreviations, Nomenclature, and Symbols
   g. Statement of Nonduplication
   h. Ownership/Permissions
   i. Product Information
   j. Authorship

III. Reporting Guidelines and Article Types
   a. Reporting Guidelines
   b. Article Types
   c. Study Protocols

IV. Formatting
   a. Style
   b. Title
   c. Authors and Affiliation
   d. Abstract
   e. Introduction/Materials and Methods/Results/Discussion and Conclusions
   f. Acknowledgements
   g. References
   h. Tables
   i. Figures
   j. Figure Legends
   k. Supplemental Content
   l. Letters to the Editor

V. Accepted Manuscripts
   a. Government Employees

VI. Open Access
   a. Archiving in PubMed Central
   b. Creative Commons Licensing

VII. Disclaimer
Online Submission
All manuscripts must be submitted online at: http://www.editorialmanager.com/md

First-time Users
Please click the Register button at http://www.editorialmanager.com/md. Upon successful registration, you will be sent an email providing your username and password. Save this information for future reference. Note: If you have received an email from us with an assigned username and password, or if you are a repeat user, do not register again. Once you have an assigned username and password, you do not have to re-register.

Authors
Please click the Login button from the menu at the top of the page and login to the system as an author. Submit your manuscript according to the author instructions. You will be able to track the progress of your manuscript through the system.
Manuscript Preparation

Necessary Files
- **Manuscript.** A single word processing file, including title, authors, abstract, main text, references and figure legends.
- **Figure(s).** Optional
- **Table(s).** Optional

Plagiarism
As defined by the World Association of Medical Editors ([http://www.wame.org/resources/publication-ethics-policies-for-medical-journals](http://www.wame.org/resources/publication-ethics-policies-for-medical-journals)):

> Plagiarism is the use of others’ published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic).

*Medicine*® is a member of CrossCheck by CrossRef and iThenticate. iThenticate is a plagiarism screening service that verifies the originality of content submitted before publication. iThenticate checks submissions against millions of published research papers, and billions of web content. Authors, researchers and freelancers can also use iThenticate to screen their work before submission by visiting [http://www.ithenticate.com](http://www.ithenticate.com).

Plagiarism is scientific misconduct and will be addressed as such. When plagiarism is detected at any time before publication, the *Medicine*® editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE). For additional information, please visit [http://www.publicationethics.org](http://www.publicationethics.org).

Ethical Experimentation
The report of any research involving human beings or experimental subjects must be accompanied by a statement to be included in the Additional Information section of the submission process, indicating the mechanism used for reviewing the ethics of the research conducted.

Non-native Speakers of English
Authors who are not native speakers of English who submit manuscripts to international journals often receive negative comments from referees or editors about the English–language usage in their manuscripts, and these problems can contribute to a decision to reject a paper. To help reduce the possibility of such problems, we strongly encourage such authors consider using Wolters Kluwer Author Services***.
**Wolters Kluwer Author Services**

Wolters Kluwer, in partnership with Editage, offers a unique range of editorial services to help you prepare a submission-ready manuscript:

- **Premium Editing**: Intensive language and structural editing of academic papers to increase chances of journal acceptance.
- **Advanced Editing**: A complete language, grammar, and terminology check to give you a publication-ready manuscript.
- **Translation with Editing**: Write your paper in your native language and Wolters Kluwer Author Services will translate it into English, as well as edit it to ensure that it meets international publication standards.
- **Plagiarism Check**: Helps ensure that your manuscript contains no instances of unintentional plagiarism.
- **Artwork Preparation**: Save precious time and effort by ensuring that your artwork is viewed favorably by the journal without you having to incur the additional cost of purchasing special graphics software.

For more information regarding Wolters Kluwer Author Services, please visit [http://wkauthorservices.editage.com](http://wkauthorservices.editage.com).

***Note that the use of such a service is at the author’s own expense and risk, and does not guarantee that the article will be accepted.***

**Statistical Analysis**

For manuscripts that report statistics, the Editor requires that the authors provide evidence of statistical consultation (or at least expertise) by either the inclusion of a statistician/epidemiologist among the authors, or in the acknowledgements; a biostatistician may review such manuscripts during the review process.

**In the Methods section:**

- Identify the statistical tests used to analyze the data.
- Indicate the prospectively determined $P$ value that was taken to indicate a significant difference.
- Cite only textbook and published article references to support your choices of tests.
- Identify any statistics software used. (List software name, version, and company in parentheses in the text, not in the reference list.)

**In the Results section:**

- Note that following the American Medical Association style manual (*AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition. New York: Oxford University Press; 2007, page 889), the Journal does not use a zero to the left of the decimal point, because “…statistically it is not possible to prove or disprove the null hypothesis completely when only a sample of the population is tested ($P$ cannot equal 0 or 1, except by rounding).”
- Report actual $P$ values rather than thresholds: not just whether the $P$ value was above or below the significant-difference threshold. Example: write “$P = .18$”, not “$P > .05$” or “$P = NS$.”
- $P$ should be expressed to 2 digits for $P \geq .01$, because expressing $P$ to more than 3 digits does not add useful information. If $P < .001$, it should be expressed as $P < .001$, rather than $P < .0001$ or $P = .00001$ for example. In certain types of studies, it may be important to express $P$ value to more significant digits. Please consult the *AMA Manual of Style* for further direction.
If \( P > .99 \), \( P = .999 \) for example, it should be expressed as \( P > .99 \).

**Abbreviations, Nomenclature and Symbols**
Abbreviations, nomenclature and symbols should conform to those found in the *AMA Manual of Style*. The use of standard international units is encouraged. Abbreviations should be used sparingly and should be spelled out the first time they are used. A list of abbreviations should be included as part of the manuscript following the title page.

**Statement of Non-duplication**
During the Additional Information section of the submission process, all authors must certify that their manuscript is a unique submission and is not being considered for publication by any other source in any medium. Further, the manuscript has not been published, in part or in full, in any form. Work published or presented as an abstract at a professional meeting will be considered.

**Ownership/Permissions**
All figures submitted must be owned solely by the author(s). For Figures not meeting this requirement, authors must obtain permission for the use of the figure by *Medicine*®. Obtaining this permission is the sole responsibility of the author(s). Credit must be included in the figure legend for all figures being printed with permission.

These requirements apply to the following materials:

- Previously published materials such as figures and adapted tables or direct quotations of more than 50 words; these require permission from copyright holder (usually the original publisher).
- Unpublished data (ie, from a personal conversation or a manuscript in preparation); these require permission from the appropriate investigator.
- Photographs revealing unmasked faces; these require permission from the subject(s) of the photograph.

**Product Information**
Medications, materials, and devices must be identified by full nonproprietary name as well as brand name if appropriate and the manufacturer's name. Place this information in parentheses in the text, not in a footnote.

**Authorship**

Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the work. For example (in the case of a research report) they should have contributed to the conception, design, analysis and/or interpretation of data.

- Honorary or guest authorship is not acceptable.
- Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.
Changes to Authorship

Medicine® considers the final author list to be complete at the time of the first revision submission. Please be sure to check that all authors are properly listed on the revision submission, this includes the spelling of an author’s name, their designated degrees, and order of authors listed.

Medicine® has a strict policy on changes to authorship after acceptance of the article and will only consider changes in the most extraordinary situations once the article is accepted.
Reporting Guidelines and Article Types

Reporting Guidelines

*Medicine*® article types are based upon key reporting guidelines, as defined by the EQUATOR Network. Authors should prepare their manuscripts in accordance with the appropriate guidelines(s) and/or checklist(s) for each type of article. We ask that you use the checklist and flow diagram templates for the guidelines outlined below available at [http://www.editorialmanager.com/md](http://www.editorialmanager.com/md) in the “Files & Resources” section of the home page.

The appropriate checklist (and flow diagram, if applicable) must be included with each submission.

For further information regarding reporting guidelines, authors should consult the EQUATOR Network web site ([http://www.equator-network.org](http://www.equator-network.org)), which maintains a useful, up-to-date list of guidelines as they are published, with links to articles and checklists.

Article Types

Clinical Trial/Experimental Study (CONSORT Compliant)

Reports of randomized trials must conform to the revised CONSORT guidelines and should be submitted with their protocols and a completed CONSORT checklist. All reports of clinical trials must include a summary of previous research findings and explain how the submitted trial affects this summary of previous findings. Cluster randomized trials should be reported according to extended CONSORT guidelines. Randomized trials reporting harms must be described according to extended CONSORT guidelines. All reports of randomized trials should include a section entitled “Randomization and masking” within the methods section. For information regarding CONSORT guidelines, please visit [http://www.consort-statement.org](http://www.consort-statement.org).

Observational Study (STROBE Compliant)*

Observational research comprises several study designs and many topic areas. The STROBE statement should be used when reporting such research. The STROBE recommendations apply to the three main analytical designs used in observational research: cohort, case-control, and cross-sectional studies. The STROBE statement consists of a 22-item checklist. For information regarding STROBE guidelines, please visit [http://www.strobe-statement.org](http://www.strobe-statement.org).

*Please note that *Medicine*® uses a customized version of the STROBE checklist, available only at [http://www.editorialmanager.com/md](http://www.editorialmanager.com/md) in the “Files & Resources” section of the home page.

Systematic Review and Meta-Analysis (PRISMA Compliant)

Systematic reviews and meta-analyses must be reported according to PRISMA guidelines, an evidence-based minimum set of items created to help authors improve the reporting of systematic reviews and meta-analyses. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. For information regarding PRISMA guidelines, please visit [http://www.prisma-statement.org](http://www.prisma-statement.org).

Meta-Analysis of Observational Studies in Epidemiology (MOOSE Compliant)

Diagnostic Accuracy Study (STARD Compliant)

Investigators reporting studies of diagnostic accuracy should adhere to the STARD statement, part of the STARD initiative to improve the accuracy and completeness of reporting of studies of diagnostic accuracy, to allow readers to assess the potential for bias in a study (internal validity) and to evaluate a study’s generalizability (external validity). The STARD statement consists of a 25-item checklist and recommends the use of a flow diagram to describe the design of the study and the flow of patients. For information regarding STARD guidelines, please visit http://www.stard-statement.org.

Quality Improvement Study (SQUIRE Compliant)*

The SQUIRE statement helps authors write excellent, usable articles about quality improvement in health care so that findings may be easily discovered and widely disseminated. The SQUIRE statement consists of a 19-item checklist. The SQUIRE guidelines are not exclusive of other guidelines. For example, an improvement project or effectiveness study that used a randomized controlled trial design should consider using both the CONSORT and the SQUIRE guidelines. In these cases, both checklists should be uploaded as a single document. For more information regarding SQUIRE guidelines, please visit http://squire-statement.org/.

*Please note that Medicine® uses a customized version of the SQUIRE checklist, available only at http://www.editorialmanager.com/md in the “Files & Resources” section of the home page.

Economic Evaluation Study (CHEERS Compliant)

Developed by the ISPOR Quality Improvement in Cost-Effectiveness Research Task Force, the CHEERS statement supports the quality, consistency, and transparency of health economic and outcomes research reporting in the biomedical literature. The CHEERS statement includes a 24-item checklist. For more information regarding CHEERS guidelines, please visit http://www.ispor.org/taskforces/EconomicPubGuidelines.asp.

Clinical Case Report (CARE Compliant)

The CARE guidelines provide a framework to support the need for completeness, transparency and data analysis in case reports and data from the point of care. The main tools of CARE are the CARE Statement, CARE checklist, and a Case Report Writing Template. These products offer a rationale and a standardized format for authors to prepare more complete and transparent case reports. For more information regarding CARE guidelines, please visit http://www.care-statement.org/.

Study Protocols

Study protocols enable more information to be available on current studies, while promoting collaboration and helping to prevent unnecessary duplication of work. Medicine® will charge an article publishing fee (APC) of $1050 to publish a Study Protocol under the CCBY license. Study protocols will be published without peer review if the study receives ethics approval and a grant from a major funding body.

Study Protocols must abide by the following criteria in order to be considered for publication:

- Papers must be for proposed or ongoing research and dates must be included in the manuscript. Articles that report work previously completed will not be considered.
- Study protocols must have ethics approval and funding in order to be considered (proof required).
- All considerations must adhere to the following EQUATOR guidelines.
- PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols)
- SPIRIT (Standard Protocol Items for Randomized Trials)

- Registration is mandatory for any clinical trial. Approved registries for clinical trials need to meet all of the ICMJE Clinical Trial Registration guidelines. Trial Registration numbers will need to be included in the abstract.
- Provided is a list of the WHO International Primary Registries and ClinicalTrials.gov

Study Protocols are fully-citable and will be available freely online. Publishing your Study Protocol in Medicine® does not commit you to submitting any additional or final publications of the study to the journal.

More information on study protocols can be found on the Study Protocol FAQ page.

Clinical Trial Study Protocol (SPIRIT Compliant)
The protocol of a clinical trial is essential for study conduct, review, reporting, and interpretation. SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) is an international initiative that aims to improve the quality of clinical trial protocols by defining an evidence-based set of items to address in a protocol. The journal will consider Clinical Trial Study Protocols of proposed or ongoing trials (provided they have not completed patient recruitment at the time of submission).

Clinical Trial Study Protocols will usually be published without further peer review if the study has received institutional IRB and ethics approval, and peer-review and grant funding from a major extramural funding body (**see list below). We are unable to consider Clinical Trial Study Protocols without ethics or IRB approval or major extramural funding at the time of submission. All clinical trials must be registered at an appropriate online public registry, and registration information should be included with the submission.

Protocols of clinical trials should follow the SPIRIT guidelines. For more information regarding the SPIRIT guidelines, please visit http://www.spirit-statement.org/

Systematic Review and Meta-Analysis Study Protocol (PRISMA-P Compliant)*
Systematic reviews should build on a protocol that describes the rationale, hypothesis, and planned methods of the review; few reviews report whether a protocol exists. Detailed, well-described protocols can facilitate the understanding and appraisal of the review methods, as well as the detection of modifications to methods and selective reporting in completed reviews.

Systematic Review and Meta-Analysis Study Protocols will usually be published without further peer review if the study has received peer-review and grant funding from a major extramural funding body (**see list below). We are unable to consider Study Protocols without major extramural funding at the time of submission. All systematic reviews and meta-analyses must be registered at an appropriate online public registry (eg, PROSPERO; http://www.crd.york.ac.uk/PROSPERO/), and registration information should be included with the submission.

Protocols of systematic review and meta-analyses should follow the PRISMA-P guidelines. For more information regarding the PRISMA-P guidelines, please visit http://www.prisma-statement.org/Extensions/Protocols.aspx

*Please note that Medicine® uses a customized version of the PRISMA-P checklist, available only at http://www.editorialmanager.com/md in the “Files & Resources” section of the home page.

**Examples of major funding agencies including, but not limited to:
Academy of Finland (Finland)  
BIOTEC (Thailand)  
California Institute for Regenerative Medicine (US)  
Canadian Institutes of Health Research (Canada)  
Centre National de la Recherche Scientifique (France)  
Consejo Superior de Investigaciones Científicas (Spain)  
Consiglio Nazionale delle Ricerche (Italy)  
Danmarks Grundforskningsfond (Denmark)  
Deutsche Forschungsgemeinschaft (Germany)  
FAPESP (Brazil)  
Fondazione Telethon (Italy)  
Fonds zur Forderung der wissenschaftlichen Forschung (Austria)  
Fonds voor Wetenschappelijk Onderzoek (Belgium)  
Health Research Board (Ireland)  
Howard Hughes Medical Institute (US)  
Indian Council of Medical Research (India)  
INSERM (France)  
International Human Frontier Science Program Organization (International)  
Israel Science Foundation (Israel)  
Max Planck Society (Germany)  
Medical Research Council (UK)  
National Health Service (UK)  
National Institutes of Health (US)  
National Science Foundation (US)  
Nederlandse Organisatie voor Wetenschappelijk Onderzoek (Netherlands)  
Rockefeller Foundation (US)  
South African Medical Research Council (South Africa)  
Swedish Foundation for Strategic Research (Sweden)  
Swedish Research Council (Sweden)  
Swiss National Science Foundation (Switzerland)  
Wellcome Trust (UK)
**Formatting**

**Style**
- Text should be 1.5-s spaced.
- Typeface should be Times/Times New Roman or similar serif typeface.
- Do not use a sans serif typeface (e.g., Arial/Helvetica).
- Body text size should be no smaller than 10 pt and no larger than 12 pt.
- Page size should be US Letter.
- To assist reviewers, please include page numbers in the manuscript file.

**Title**
Manuscripts must be submitted with both a full title and a short title, which will appear at the top of the PDF upon publication if accepted. Only the full title should be included in the manuscript file; the short title will be entered during the online submission process.

The full title should be specific, descriptive, concise, and comprehensible to readers outside the subject field. Avoid abbreviations if possible. Where appropriate, authors should include the species or model system used (for biological papers) or type of study design (for clinical papers).

**Authors and Affiliation**
All author names should be listed in the following order:

- First names (or initials, if used),
- Middle names (or initials, if used), and
- Last names (surname, family name)
- Medical and/or highest academic degrees (e.g., MD, PhD)

Each author should list an associated department, university, or organizational affiliation and its location, including city, state/province (if applicable), and country.

When a large group or center has conducted the work, the author list should include the individuals whose contributions meet the authorship criteria defined above, as well as the group name. If the article has been submitted on behalf of a consortium, all author names and affiliations should be listed at the end of the article in the Acknowledgements section.

One author should be designated as the corresponding author, and his or her email address should be included on the manuscript cover page. This information will be published with the article if accepted.


**Abstract**
A structured abstract should be no more than 350 words, summarizing the problem being considered, how the study was performed, the salient results, and the principal conclusions. Specific instructions regarding abstract structure are often included in the relevant reporting guidelines checklist.
Introduction/Materials and Methods/Results/Discussion and Conclusions

The overall structure of your manuscript text should be in compliance with the corresponding reporting guideline. For example, a CONSORT compliant manuscript should include the following sections, as defined by the CONSORT checklist:

- Introduction
- Methods
- Results
- Discussion
- Other Information

Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an ‘Acknowledgements’ section. Additionally, if the article has been submitted on behalf of a consortium, all author names and affiliations should be listed at the end of the article in the Acknowledgements section. Authors should also disclose whether they had any writing assistance.

References

The style of references conforms to the guidelines set forth by the AMA Manual of Style. For Specific examples and information regarding references, see the manual or visit online: http://www.amamanualofstyle.com. EndNote users can access a direct download of the JAMA style at http://www.editorialmanager.com/md. Authors using other forms of reference management software should use JAMA style.

- All references cited in the text must be both listed and cited by the reference number (footnotes are not accepted).
- Each reference should be cited in the text, tables, or figures in consecutive numerical order by means of superscript arabic numerals. Use superscript numerals outside periods and commas, inside colons and semicolons. When more than 2 references are cited at a given place in the manuscript, use hyphens to join the first and last numbers of a closed series; use commas without space to separate other parts of a multiple citation (eg, As reported previously,1,3-8,19...The derived data were as follows3,4,12:)
- References should be numbered consecutively in the order in which they are cited in the text.
- References in tables and in figure legends must appear in the reference page(s).
- In listed references, use the author’s surname followed by initials without periods. (eg, Doe JF)
- For references with 6 or fewer authors, list all authors. For references with more than 6 authors, list the first 3 authors followed by “et al.”
  - 1 author       Doe JF.
  - 2 authors      Doe JF, Roe JP III.
  - 6 authors      Doe JF, Roe JP III, Coe RT Jr, Loe JT Sr, Poe EA, van Voe AE.
  - >6 authors     Doe JF, Roe JP III, Coe RT Jr, et al.
- Full-page ranges should be given in expanded form (eg, 426–429, not 426–9).
- If non-English-language titles are translated into English, bracketed indication of the original language should follow the title.
- Abbreviate and italicize names of journals according to the style in PubMed; refer to the National Library of Medicine (NLM) Journals Database (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals) if needed.
• In references to journals that have no volume or issue numbers, use the issue date, as shown in example 1 below. If there is an issue number but no volume number, use the style shown in example 2. Conversely, if there is a volume number but no issue number, follow example 3.
  1. Author(s). Article Title. Journal Name. Month Year:inclusive pages.
  2. Author(s). Article Title. Journal Name. Year;(Issue No.):inclusive pages.
  3. Author(s). Article Title. Journal Name. Year;vol:inclusive pages.
• Papers "submitted for publication" but not yet accepted and citations such as "personal communication" or "unpublished data" are not acceptable as listed references and instead should be included parenthetically in the text. This material, with its date, should be noted in the text as “unpublished data” as follows: (J. F. Doe, MD, unpublished data, January 2010).
• Papers denoted "in press" (accepted for publication) should appear in the references.
• Authors are responsible for the accuracy and completeness of the references.

Tables
Create tables using the table formatting and editing feature of your word processing software. Do not use Excel or comparable spreadsheet programs. Tables should be self-explanatory and should supplement, rather than duplicate, the material in the text.

• Tables are text-only items. Do not embed images within the table file.
• Each table file should include the table title, appropriate column heads, and any legends.
• Save each table in a separate word processing document file and upload individually.
• Do not embed tables within the manuscript file.
• Tables are numbered with arabic numerals (1, 2, 3, etc.) when there is more than one. Do not use roman numerals.
• Cite tables consecutively in the manuscript, and number them in the order in which they are discussed.
• Abbreviations are not permitted in table titles. Any abbreviation(s) used in the body of the table, including dashes, must be defined in a footnote to the table, listed in reading order.
• Many tables include information from other articles and series of patients. In these tables, include the name of the first author of the previous series, and include the reference number and year alongside the author's name. Each series mentioned in a table must be listed in the Reference section.
• For further information on table formatting, please see the AMA Manual of Style.

Figures
To ensure the highest-quality reproduction of figures, please follow these guidelines carefully. For further information, please see the “Creating Digital Artwork” file available at http://www.editorialmanager.com/md in the “Files & Resources” section of the home page.

*Medicine*® is not responsible for the quality of images; it is the responsibility of the authors to submit publication-quality, high-resolution images. If you have questions, consult a graphics specialist. The term “Figures” refers to both photographic and computer-generated graphs and charts.

Creating and Saving

• Art should be created/scanned, saved and submitted as TIFF, EPS, or MS Office (DOC, PPT, XLS) files.
• Figures are numbered with arabic numerals (1, 2, 3, etc.) when there is more than one.
• Each file should be saved as the appropriate figure number (eg, Figure 1.tif). Do not include the author name in figure file name.
• Art should be created or scaled to the size intended for publication.
• Use scale markers in the image for electron micrographs, and indicate the type of stain used.
• Image orientation should be the same as intended for publication.
• Artwork generated from office suite programs such as CorelDRAW, MS Word, MS PowerPoint and artwork downloaded from the Internet (low resolution JPEG or GIF files) cannot be used.

Formatting Specifications

• File formats appropriate for figures: TIFF, EPS, or MS Office (DOC, PPT, XLS) files.
• All figures must be designated GRAYSCALE (black and white) or RGB (color).
• Electronic photographs, radiographs, CT scans, and scanned images must have a resolution of at least 300 dpi (dots per inch). Line art (purely black and white figures with no shades of gray) must have a resolution of at least 1200 dpi. Figures that do not meet the resolution requirement will be returned if necessary.
• Digital art files should be cropped to remove non-printing borders (such as unnecessary white or black space around an image) and should not include embedded “legend” text, figure titles, or figure numbers.
• Composite figures may be either submitted as one single print-quality image that is neatly labeled with uppercase letters using Arial/Helvetica bold font or submitted as separate panels (without labels), eg, Figure 1A.tif, Figure 1B.tif, to be combined during production if accepted for publication.

Submitting

• Attach a separate file for each individual art submission.
• Do not embed figures in the manuscript file.
• Label figures using the Description field provided in the Attach Files section of Editorial Manager (eg, Figure 1, Figure 2). This provides a label for each figure in the PDF generated by Editorial Manager.
• Cite figures consecutively in the manuscript, and number them in the order in which they are discussed.
• Editorial Manager will automatically perform a quality check of all figures submitted, and designate images as either “pass” or “fail.”
• Ensure the file format is either TIFF, EPS, PDF or MS Office (DOC, PPT, XLS) files, and the resolution is at least 300 dpi.
• Carefully review the PDF conversion of your submission files to ensure that the figures uploaded without error and appear as intended.

If you experience any difficulties uploading figure images, or have questions regarding submission specifications, please contact the Editorial Office via email: medicine@wolterskluwer.com

Figure Legends

• Legends for all figures should be brief and specific, and should appear on a separate page at the end of the manuscript document, following the list of references. Legends should indicate the figure number and must be numbered correctly.
• All symbols or abbreviations appearing in an illustration must be defined in the legend; arrows appearing in a figure should be mentioned in the legend.
• Legends for composite figures should be formatted as a single legend containing necessary information about each part/panel (not separated).
• Credit for any previously published illustration must be given in the corresponding legend, and must appear in the style stipulated by the original copyright holder.
• For further information on figure legend formatting, please see the AMA Manual of Style.

Supplemental Content
Authors may submit supplemental digital content to enhance their article’s text. Supplemental digital content may include text documents like questionnaires, graphs, tables, figures, and videos. Supplemental digital content will not appear in the article itself but will appear online, accessible by a URL embedded in the article. Supplemental digital content files are not copy edited; they will be presented digitally as submitted.

Supplemental content should include a sequential number if submitting more than one (1, 2, 3, etc.). Cite all supplemental digital content consecutively in the text. Citations should include the type of material submitted, should be clearly labeled as “Supplemental Digital Content” or “Supplemental Video,” and should provide a brief description of the supplemental content.

Citation Examples:

(see Video, Supplemental Video, which demonstrates the degrees of flexibility in the elbow)

(see Table, Supplemental Content, which illustrates the rise in cost of knee replacement surgery)

Provide a separate set of legends for supplemental digital content at the end of the text, following the figure legend. List each legend in the order in which the material is cited in the text.

Legend Examples:

Supplemental Video. Video that demonstrates the degrees of flexibility in the elbow, 5 minutes, 10MB.

Supplemental Digital Content. Table that illustrates the rise in cost of knee replacement surgery.

Supplemental Content Size and File Type Requirements

• Supplemental digital content may be presented in any format (PDF is preferred), and should indicate the article title and first author for clarity.
• Supplemental video files should be submitted following these requirements:
  o .wmv, .mov, .flv, .qt, .mpg, .mpeg, .mp4 formats only
  o Video files should be formatted with a 320 x 240 pixel minimum screen size.
  o Videos should not exceed 10 minutes in runtime.
  o Videos must include embedded audio narration in English.
  o Video files too large to upload in Editorial Manager should be submitted via a file transfer website, such as You Send It (https://www.yousendit.com) to medicine@wolterskluwer.com

For more information, please review LWW’s requirements for submitting Supplemental Digital Content: http://links.lww.com/A142.

Letters to the Editor
Letters can be responses to articles or other letters published in the journal, or brief comments about issues of importance in general medicine. Letters submitted to the Editor should contain a brief and thoughtful analysis of
an original article. Please note that publication is not guaranteed. References, if appropriate, can be provided. Letters to the Editor should be no longer than 500 words.

Letters to the Editor will be posted on the *Medicine* Authors Correspondence Blog and are citable but not indexed in the journal. Authors of the original article may be invited to write a response to one or more letters if the editors deem a response is warranted.

Email letters to medicine@wolterskluwer.com rather than submitting through Editorial Manager.
Accepted Manuscripts

Page Proofs / Electronic Proofs
Authors will receive notification via email that the PDF (portable document format) proofs of their article are available. Authors are urged to carefully examine the proofs, correct any inadequacies or inaccuracies, and answer all queries. Only the most critical changes to the accuracy of the content will be made. Changes that are stylistic or are a reworking of previously accepted material will be disallowed. Rewriting sections of text, adapting tables and figures, and/or adding/subtracting references are not permitted at this point in the process. Within 48 hours, corrections or approval should be sent to the Production Editor; a message summarizing the corrections may be sent by email or fax.

Government Employees
If the Work or a portion of it has been created in the course of any author's employment by the United States Government, check the "Government" box at the end of this form. A work prepared by a government employee as part of his or her official duties is called a "work of the U.S. Government" and is not subject to copyright. If it is not prepared as part of the employee's official duties, it may be subject to copyright.

Government Employees work that has to be published in the public domain will complete the License to Publish in its entirety; however, in the Schedule B will select “Government.”
Open Access

Article Processing Charge
The APC for Medicine® is $1400 (USD) for the Creative Commons 4.0 International licenses listed below, with the exception of the CCBY license which is $1750.

Archiving in PubMed Central
Upon publication, Medicine® deposits all articles in PubMed Central. This complies with the policies of funding agencies, such as the National Institutes of Health (NIH) in the United States, the Wellcome Trust, and the Research Councils in the United Kingdom, and the Deutsche Forschungsgemeinschaft in Germany, which request or require deposition of the published articles that they fund into publicly available databases.

Creative Commons Licensing
Medicine® provides authors the choice of applying any of the Creative Commons 4.0 licenses defined below, to be determined after acceptance:

Attribution: CC-BY
This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. This is the most accommodating of licenses offered.

Attribution-ShareAlike: CC BY-SA
This license lets others remix, tweak, and build upon your work even for commercial purposes, as long as they credit you and license their new creations under the identical terms. All new works based on yours will carry the same license, so any derivatives will also allow commercial use.

Attribution-NoDerivs: CC BY-ND
This license allows for redistribution, commercial and noncommercial, of your work as long as it is passed along unchanged and in whole, with credit to you.

Attribution-NonCommercial: CC BY-NC
This license lets others remix, tweak, and build upon your work noncommercially, and although their new works must also acknowledge you and be noncommercial, they don’t have to license their derivative works on the same terms.

Attribution-NonCommercial-ShareAlike: CC BY-NC-SA
This license lets others remix, tweak, and build upon your work noncommercially, as long as they credit you and license their new creations under the identical terms.

Attribution-NonCommercial-NoDerivs: CC BY-NC-ND
This license is the most restrictive of the six main licenses, only allowing others to download your works and share it with others as long as they credit you, but they can’t change the work in any way or use it commercially.
Disclaimer
The statements and opinions expressed in Medicine® are those of the individual contributors, editors, or advertisers, as indicated, and do not necessarily represent the views of the other editors or the publisher. Unless otherwise specified, the authors and publisher disclaim any responsibility or liability for such material.

Editorial Office Contact
Email: medicine@wolterskluwer.com