General Information

JAMA Pediatrics, formerly known as Archives of Pediatrics & Adolescent Medicine (and before that, the American Journal of Diseases of Children), is the oldest continuously published pediatric journal in the country, dating back to 1911. It is an international peer-reviewed journal published 12 times per year; the online version is published every Monday. A Middle Eastern edition of JAMA Pediatrics is published bimonthly. The Editor in Chief is Frederick P. Rivara, MD, MPH, the Seattle Children's Guild Endowed Chair in Pediatrics and Professor of Pediatrics at the University of Washington, Seattle.

Editorial Office Contact Information

JAMA Pediatrics, Department of Pediatrics, Child Health Institute, University of Washington, 6200 NE 74th St, Ste 120B, Seattle, WA 98115-8160, USA; telephone: (206) 685-3573; fax: (866) 541-3890; jamapeds@jamanetwork.org.

Editorial Policies for Authors

Most of JAMA Pediatrics' editorial policies for authors are summarized in these instructions. Citations to editorials with additional information are also provided.

Authorship Criteria and Contributions and Authorship Form

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Per the guidelines of the International Committee of Medical Journal Editors (ICMJE),1 authorship credit should be based only on (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; and (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met.

All authors (ie, the corresponding author and each coauthor) must complete and submit an Authorship Form with signed statements on Authorship Responsibility, Criteria, and Contributions; Confirmation of Reporting Conflicts of Interest and Funding; and either Copyright Transfer/Publishing Agreement or Federal Employment.2(pp128-133) In addition, authors are required to identify their contributions to the work described in the manuscript. Authorship Forms will be sent to authors for completion after manuscripts have been submitted (see sample Authorship Form).

For reports of original data and reviews, authors' specific contributions will be published in the Acknowledgment section (see Manuscript Preparation and Submission Requirements, Acknowledgment Section.

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

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 Duplicate/Previous Publication or Submission). Authors of manuscripts reporting original data or systematic reviews must provide

an access to data statement from at least 1 named author, often the corresponding author (see also Data Access and Responsibility). 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.

Role of the Corresponding Author

The corresponding author (or coauthor designee) 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 typescript and proof, make decisions regarding release of information in the manuscript to the news media, federal agencies, or both, and will be identified as the corresponding author in the published article. The corresponding author is responsible for ensuring that the Acknowledgment section of the manuscript is complete. “Acknowledgment” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The corresponding author is responsible for ensuring that the conflict of interest disclosures reported in the Acknowledgment section of the manuscript are accurate and up-to-date.

The corresponding author must obtain written permission from each person named in the Acknowledgment section and must be willing to provide the editors with copies of these permissions if requested to do so (see Acknowledgment Section for more details). The corresponding author must sign 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 sample Authorship Form).

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.3 If that is not the case, a group must designate 1 or more individuals as authors or members of a writing group who meet full authorship criteria and requirements.2,3 Other group members who are not authors may be listed in an Acknowledgment.

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A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author’s decisions, work, or manuscript. All authors are required to report potential conflicts of interest, including specific financial interests relevant to the subject of their manuscript, in their cover letter and on the JAMA Pediatrics authorship form or in an attachment to the form and in the Acknowledgment section of the manuscript.4,5 This form will be requested after a manuscript has been submitted. Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, grants received or pending or funding, consultancies, honoraria or payment, speakers’ bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued. Following the guidelines of the ICMJE, the definitions and terms of such disclosures include:

Any potential conflicts of interest “involving the work under consideration for publication”

(during the time involving the work, from initial conception and planning to present),
Any “relevant financial activities outside the submitted work” (over the 3 years prior to submission), and
Any “other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing” what is written in the submitted work (based on all relationships that were present during the 3 years prior to submission).
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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, JAMA Pediatrics 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 of products used in the management of hypertension, not only those relationships with companies whose specific products 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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All financial and material support (eg, grant identification, transfer agreeement) for the research and the work should be clearly and completely identified in an Acknowledgment section of the manuscript. The specific role of the funding organization or sponsor in each of the following should be specified: “design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to

submit the manuscript for publication."

Data Access, Responsibility, and Analysis

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, should 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."4 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.

Acknowledgment Section

The "Acknowledgment section" is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The Acknowledgment section includes authors' contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names, degrees, and affiliations of participants in a large study or other group; any important disclaimers; information on previous presentation of the information reported in the manuscript; listing of supplemental material; and the contributions, names, degrees, affiliations, and indication if compensation has been received for all persons who have made substantial contributions to the work but who are not authors.

All other persons who have made substantial contributions to the work (eg, data collection, analysis, and writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment in the manuscript.

Authors must obtain written permission to include the names of all individuals included in the Acknowledgment section, and the corresponding author must confirm that such permission has been obtained in the Authorship Form (see sample Authorship Form).

Duplicate/Previous Publication or Submission

Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. Copies of possibly duplicative material that has been previously published or is being considered elsewhere must be provided at the time of manuscript submission2(pp148-155),6 (see Previous or Planned Meeting Presentation or Release of Information).

Timeliness of Data

Research reports submitted to JAMA Pediatrics 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. Because manuscripts in which the most recent data have been collected more than 5 years ago (ie, prior to 2008) ordinarily will receive lower priority for publication, authors of such manuscripts should provide a detailed explanation of the relevance of the information in light of current knowledge and medical practice.

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. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram, and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements). These and other requirements for manuscript preparation are detailed in Categories of Articles, Clinical Trial. For additional guidance on reporting cluster trials, noninferiority and equivalence trials, pragmatic trials, and trials with patient-reported outcomes, see Extensions of the CONSORT Statement.

Trial Registration:

In concert with the ICMJE, JAMA Pediatrics 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 the ICMJE).7-9 Acceptable trial registries include the following and others listed at http://www.icmje.org:

http://www.anzctr.org.au

http://www.clinicaltrials.gov

http://isrctn.org

http://www.trialregister.nl/trialreg/index.asp

http://www.umin.ac.jp/ctr

For this purpose, a clinical trial is any research project that prospectively assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and a health outcome. 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. 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. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (eg, phase 1 trials), are exempt. 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.

Protocols:

Authors of manuscripts reporting clinical trials must submit trial protocols (including the complete statistical analysis plan) along with their manuscripts.

CONSORT Flow Diagram and Checklist:

Manuscripts reporting the results of randomized clinical trials must include the CONSORT flow diagram showing the progress of all patients in the study (see Figure). The CONSORT checklist

also should be completed and submitted with the manuscript.

Survey Research

Manuscripts reporting survey data, such as studies involving patients, clinicians, the public, or others, should report data collected as recently as possible, ideally within the past 2 years. Survey studies should have sufficient response rates (generally at least 60%) and appropriate characterization of nonresponders to ensure that nonresponse bias does not threaten the validity of the findings. For most surveys, such as those conducted by telephone, personal interviews (eg, drawn from a sample of households), mail, e-mail, or via the web, authors are encouraged to report the survey outcome rates by using standard definitions and metrics, such as those proposed by the American Association for Public Opinion Research.10 In addition, authors should submit the survey instrument if possible as an online-only supplementary file (see Online-Only Supplements and Multimedia).

Reports of Diagnostic Tests

These manuscripts may be classified as Original Investigations or Research Letters. Authors of reports of diagnostic tests are encouraged to submit the STARD flow diagram and checklist.

Reports of Cost-effectiveness Analyses and Decision Analyses

These manuscripts may be classified as Original Investigations or Research Letters. Authors of reports of cost-effectiveness analyses and decision analyses must submit a copy of the decision tree comprising their model. This is for editorial evaluation and review, not necessarily for publication, unless it is included in the body of the manuscript.

Reporting Race/Ethnicity

If race and/or ethnicity is reported, indicate in the Methods section who classified individuals as to race/ethnicity, the classifications, and whether the options were defined by the investigator or by the participant. Explain why race and/or ethnicity was assessed in the study.

Studies Involving Children With Chronic Illness and Children With Special Health Care Needs

When analyzing data on children with chronic conditions or special health care needs, authors should clearly specify the definitions used and, in most reports, should stratify the analyses by the presence or absence of functional limitations. Authors are urged to consult the editorial by Davis and Brosco on this topic.

Ethical Approval of Studies and Informed Consent

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(p226) For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed.14 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 participantsreceived a stipend.15 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.

Identification of Patients in Descriptions, Photographs, Video, and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, videos, and pedigrees from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs, videos, 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. Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable.

Patient Permission Form:

The form is available here.

Personal Communications and Unpublished Data

A signed statement of permission should be included from each individual identified as a source of information in a personal communication or as a source for unpublished data, and the date of communication and whether the communication was written or oral should be specified.2(p199)Personal communications should not be included in the list of references.

Manuscripts That Pose Security Risks

Authors and reviewers are expected to notify editors if a manuscript could be considered to report dual use research of concern (ie, research that could be misused by others to pose a threat to public health and safety, agriculture, plants, animals, the environment, or material).16 The editor in chief will evaluate manuscripts that report potential dual use research of concern and, if necessary, consult additional reviewers.

Previous or Planned Meeting Presentation or Release of Information

A complete report following presentation at a meeting or publication of preliminary findings elsewhere (eg, 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 who present information contained in a manuscript that is under consideration by JAMA Pediatrics 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 postings of slides or videos from the scientific presentation on the meeting website, is acceptable. However, for manuscripts under consideration by JAMA Pediatrics, publication of full reports in proceedings or online, issuing detailed news releases reporting the results of the study, or participation in formal news conferences will jeopardize chances for publication of the submitted manuscript. 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 by JAMA Pediatrics. 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.

Embargo Policy

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3. Authors must ensure that the posted manuscript links back to the published article on the JAMA Pediatrics website to provide readers with access to the final reviewed and edited version plus any corrections and letters, as well as the article-related features only available on the JAMA Pediatrics website.
4. Authors who submit their manuscripts to an approved public repository, such as PubMed Central, must indicate that the manuscript may not be made available to the public sooner than 12 months after publication in JAMA Pediatrics. If authors adhere to these requirements, they may submit the final accepted version of the manuscript to the repository, if and only if the repository ensures that the deposited manuscript will not be made available to the public during the 12-month embargo following publication in JAMA Pediatrics.

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Editorial Review and Publication

Authors will be sent notifications of the receipt of manuscripts and editorial decisions by e-mail. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system.

Editorial and Peer Review

All submitted manuscripts are reviewed initially by a JAMA Pediatrics editor. 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 pediatrics interest. 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. Peer reviewer identities are kept confidential, but 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. 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 the Editor, who does not have any financial relationships with any biomedical company.

Editing

Accepted manuscripts are edited in accordance with the AMA Manual of Style, 10th edition2 and returned to the corresponding author (or his/her 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.

Corrections

Requests to publish corrections should be sent to the editorial office. Corrections are reviewed by editors and authors, published promptly, and linked online to the original article.

Reprints/e-prints

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

Categories of Articles

JAMA Pediatrics publishes Original Investigations, Reviews, Viewpoints, Letters, and other categories of articles. Topics of interest include all subjects that relate to the practice of pediatrics and the betterment of child and adolescent health worldwide. The most frequently published types of articles are described herein.

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

Clinical Trial

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. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram (Figure), and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements).

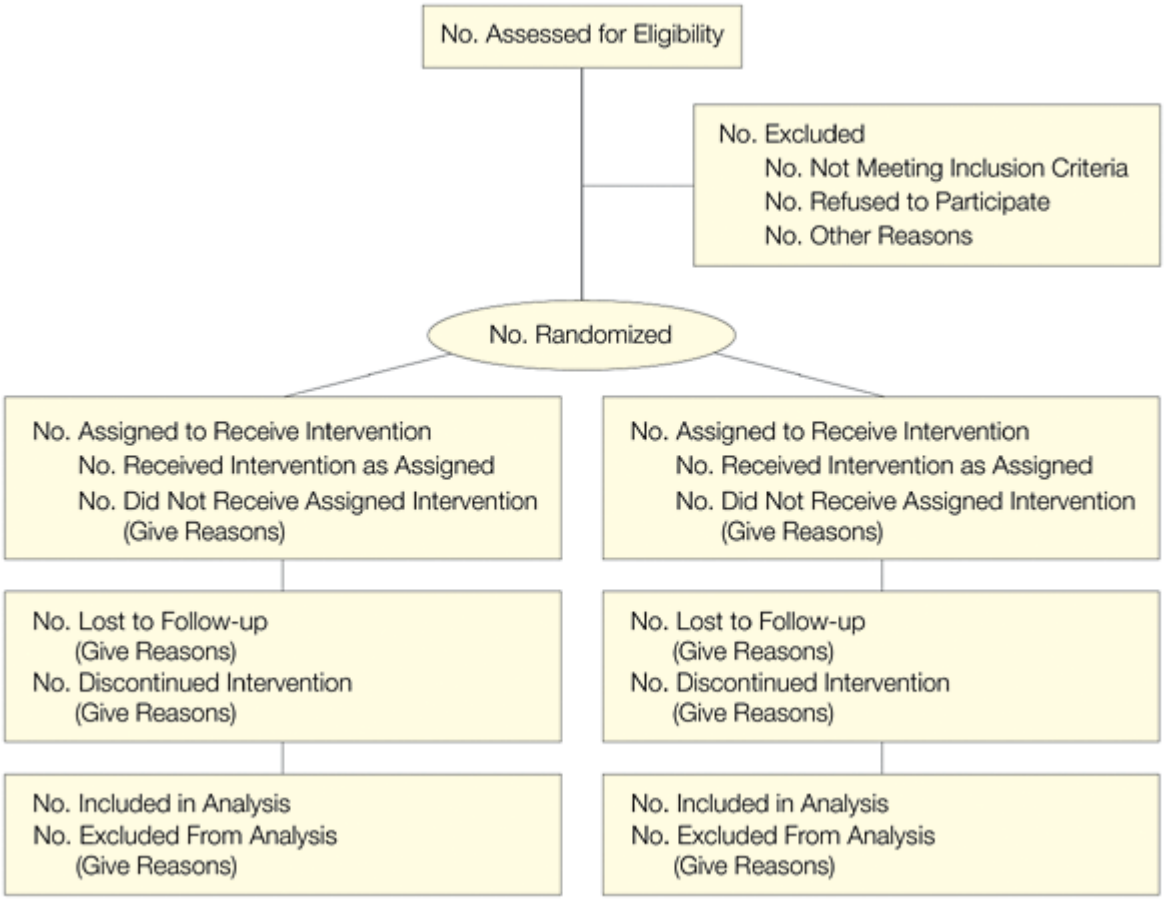

Figure. Profile of a Randomized Clinical Trial

For additional guidance on preparing manuscripts reporting cluster trials, noninferiority and equivalence trials, and pragmatic trials, see Extensions of the CONSORT Statement. 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 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. A structured abstract is required, and trial registration information (name, number, and URL) must be listed at the end of the abstract; for more information, see instructions for preparing structured Abstracts. Maximum length: 3000 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Review

Reviews are systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated, and the selection process should be described in the article. Typical length: 2000 to 3500 words (not including tables, figures, and references).

Narrative reviews on clinical topics provide an up-to-date review for clinicians on a topic of reasonably common interest. Focus will be an update on current understanding of the physiology of the disease, diagnostic consideration, and treatment. These reviews should be evidence-based, with therapy recommendations relying on recent systematic reviews, if available, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. Typical length: 3500 words, with no more than 75 references. Include an unstructured (narrative) abstract.

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 in neonates, children or adolescents, 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 neonates, children or adolescents, as well as those that explore pathophysiological, technological, ethical, or other related aspects of neonatal and pediatric critical care medicine, are welcome. For reports of original data and systematic reviews, a structured abstract is required. Maximum length: 3000 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

JAMA Pediatrics Clinical Challenge

A JAMA Pediatrics Clinical Challenge presents a single patient scenario about a specific disease or condition with an accompanying clinical image. Authors should provide 4 single-sentence plausible treatment options describing possible courses of action with one of these being preferred for the question “What is the most likely diagnosis?” Manuscripts should include a brief discussion of the relevant clinical issues and provide well-supported explanations discussing the 4 potential courses of action. 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 and no more than 10 references. 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. In addition, the Patient Permission form must be completed by the patient and included at the time of manuscript submission. 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 300 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 retypeset in JAMA Pediatrics style.

We would like to receive common problems presenting uncommonly, rather than zebras. These cases should be of interest to practicing pediatricians; they should be problems that practicing

pediatricians are likely to at least occasionally encounter in the office or hospital setting, and have outstanding images to illustrate the disorder. For more information on how to submit figures, see Guidelines for Figures in Accepted Manuscripts. Manuscripts not meeting these guidelines will not be considered.

Viewpoint

These papers may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. 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. Viewpoints not meeting these guidelines will not be considered.

On My Mind

Creative expressions of personal opinion or moving experiences in either poetry or prose form. Manuscripts should be limited to 800 words.

Research Letter

Research Letters reporting original research should not exceed 600 words of text and 6 references and may include up to 2 tables or figures. Online supplementary material is not allowed. Research letters may have no more than 5 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the e-mail 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. Research Letters should be double-spaced and a word count should be provided with each letter. They should not include an abstract, but otherwise should follow all of the guidelines in Manuscript Preparation and Submission Requirements. Letters not meeting these specifications are generally not considered.

Letter to the Editor

Letters discussing a recent JAMA Pediatrics article should be submitted within 4 weeks of the article’s online publication. 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 JAMA Pediatrics article. They should be double-spaced and a word count should be provided. 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 e-mail 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 will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Alternatively, comments on papers can be submitted using the Comments tab on the online article. Comments promote discussion among readers and authors but are not indexed in PubMed.

Letter in Reply

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

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, e-mail address, telephone and fax numbers) for the corresponding author is required. First and last names, e-mail 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 an Authorship Form to complete and submit (see sample Authorship Form). See Manuscript Checklist, Manuscript Preparation and Submission Requirements, and other details in these instructions for additional requirements.

Cover Letter

Include a cover letter and complete contact information for the corresponding author (affiliation, postal/mail address, e-mail address, and telephone and fax numbers) and whether the authors have published or submitted any related papers from the same study (see Duplicate/Previous Publication or Submission).

Manuscript Style

Manuscripts should be prepared in accordance with the AMA Manual of Style, 10th edition2 and/or the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.1 Authors are encouraged to consult "Writing for Publication in Archives of Pediatrics & Adolescent Medicine."

Manuscript Components

Include in the manuscript file a title page, abstract, text, acknowledgments, 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 or composite figure) and not included in the manuscript text.

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).

Manuscript File Formats

For submission and review, the acceptable manuscript file format is Word. 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).

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The title page should be the first page of your main 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 the corresponding author; and manuscript word count (not including abstract, acknowledgment, or references).

Abstracts

Include a structured abstract of no more than 350 words for reports of original data and meta-analyses. Abstracts should be prepared in JAMA Pediatrics style— see instructions for

preparing structured abstracts. For other major manuscripts, include an unstructured abstract of no more than 200 words that summarizes the objective, main points, and conclusions. Abstracts are not required for Editorials, Viewpoints, or some special features. Authors are encouraged to consult "Writing Informative Abstracts for Journal Articles."

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. State the years of the study and the duration of follow-up. 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, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

Participants: State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided (see below), including the number of otherwise eligible individuals who were approached but refused. 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. In intervention studies, the number of patients withdrawn because of adverse effects should be given. 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.

Note: The above 3 sections may be combined (as "Design, Setting, and Participants") during the editing process.

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 of administration. The intervention or exposure should be named by its most common clinical name, and nonproprietary drug names should be used.

Main Outcome 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: The main outcomes of the study should be reported and quantified, including baseline characteristics and final included/analyzed sample. Include absolute numbers and measures of

absolute risks (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%). Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate. Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence intervals. 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, and all surveys should include response 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, the name of the trial registry, registration number, and URL of the registry must be included.

Abstracts for Meta-analyses:

Manuscripts reporting the results of meta-analyses should include an abstract of no more than 350 words using the following headings: Importance, Objective, Data Sources, Study Selection, Data Extraction and Synthesis, Results, and Conclusions and Relevance. 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 review question.

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.

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, abstract booklets, 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 used for abstracting data and assessing data

quality and validity (such as criteria for causal inference) and whether data were pooled using a fixed effects or random effects model. The method by which the guidelines were applied should be stated (for example, independent extraction by multiple observers).

Main Outcome 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 measurement unfamiliar to a general medical readership.

Results: State the main quantitative results of the review, including baseline characteristics and final included/analyzed studies and/or sample(s). Include absolute risks whenever possible (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%). Meta-analyses should state the major outcomes that were pooled and include odds ratios or effect sizes and, if possible, sensitivity analyses. Numerical results should be accompanied by confidence intervals, if applicable, and exact levels of statistical significance. 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.

Abstracts for Systematic Reviews:

Review articles should include an abstract of no more than 300 words with the following sections: Importance, Evidence Review, Findings, and Conclusions and Relevance.

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

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 quality assessment and inclusion of identified articles should be explained.

Findings: The major findings of the review of the clinical issue or topic should be addressed in an evidence-based, objective, and balanced fashion, with the highest quality evidence available receiving the greatest emphasis.

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.

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.

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.

Names of Drugs, Devices, and Other Products

Use nonproprietary names of drugs, devices, and other products, unless the specific trade name of a drug is essential to the discussion.

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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 of the manuscript.

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Authors are encouraged to consult "Reporting Statistical Information in Medical Journal Articles."19 Describe statistical methods with enough detail that a knowledgeable reader can understand how the study was done. Give citations for methods not in common use. Focus on estimation rather than on hypothesis testing; describe the most important results using estimates of quantities such as means, proportions, rates, areas under the receiver operating characteristic curve, etc, or estimates of association (also called estimates of effect) such as rate, risk, or hazard ratios, or differences in rates, risks, or means. Present precision intervals, such as confidence intervals, for the important estimates that address the study objectives. Try to discuss and interpret results using estimates and precision intervals, rather than P values.20,21 Avoid nontechnical uses of statistical terms, such as random, normal, significant, and correlation.

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Data needed for a study may be missing because the study subjects refused to participate, could not be located, refused to answer a specific question, or for other reasons. When data are missing completely at random, this will not bias study results. But missingness is often not completely random and an analysis based only on subjects with complete data may result in biased estimates. Authors should report the number of study subjects who should have been in the analysis and the number who actually were used in the main analysis. When possible, subjects with missing data should be compared with subjects with complete data, using information known for both groups. Description and reporting of missing data usually belong in the Methods section of the manuscript. Advice is available for reporting study participation and data completeness.10,22 Statistical methods for dealing with missing data have been described in many books and articles.23-27

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 style2(pp39-79) 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 and "et al." Note: Journal references should include the issue number in parentheses after the volume number.

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1. Balaji AB, Eaton DK, Voetsch AC, Wiegand RE, Miller KS, Doshi SR. Association between HIV-related risk behaviors and HIV testing among high school students in the United States, 2009. Arch Pediatr Adolesc Med. 2012;166(4):331-336.

2. Christakis DA, Zimmerman FJ. The Elephant in the Living Room: Make Television Work for Your Kids. New York, NY: Rodale Books; 2006.

3. The Kids' Inpatient Database. Healthcare Cost and Utilization Project (HCUP) website. www.hcup-us.ahrq.gov/kidoverview.jsp. Accessed April 25, 2012.

Tables

Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10-15 words). Include all tables at the end of the manuscript file. Refer to Categories of Articles because there may be a limit on the number of tables for the type of manuscript. If a table must be continued, repeat the title on the second page, followed by "(continued)."

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Include a legend for each photograph, graph, and illustration at the end of the manuscript (maximum length, 40 words). For photomicrographs, include the type of specimen, original magnification or a scale bar, and stain. Include internal scale markers on electromicrographs. For gross pathology specimens, label any rulers with unit of measure. Indicate the method of enhancement for digitally enhanced images.Digitally enhanced images (CT/MRI, blots, photographs, photomicrographs, ultrasound images, x-ray films, etc) must be clearly identified in the figure legends as digitally processed images.

Number of Figures

Refer to Categories of Articles as there may be a limit on the number of figures for the type of manuscript.

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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, the authors are responsible for the accuracy and presentation of all such material.

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Online-only tables should be inserted in the document and numbered consecutively according to the order of citation as eTable 1, eTable 2, etc. 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.

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

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8. Check all references for accuracy and completeness. Put references in proper format and in numerical order, making sure each is cited in sequence in the text.
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10. For reports of original data, include statement from at least 1 named author, but no more

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