JME
Journal of Medical Economics
A *CMRO* series journal

NOTES FOR CONTRIBUTORS

Introduction

JME is a monthly peer-reviewed publication allowing for timely publication of key research data. Accepted papers are rapidly published online, with the abstract of each article available on the journal website and the full text available to subscribers. Papers are then printed in the next available issue. Free-standing or in-journal supplements; encapsulated product monographs; or reprints in any language can be published.

Copies of each paper are supplied to authors/sponsors, indexers (including EMBASE, Cochrane, CAB, CINAHL, Biosis, International Pharmaceutical Abstracts, Pharm-line, HEED and others), national depositories and major libraries. All articles are eligible for inclusion and indexing in MEDLINE, with citations and abstracts searchable using PubMed.

Aims and Scope

The *Journal of Medical Economics* publishes high-quality cost and comparative effectiveness studies on new and existing drug and device technologies. We also specialize in outcomes research and health-related quality of life. The journal aims to translate HE/OR data into clinical applicability and astute policy decisions and to be a leader in transparency/disclosure by facilitating a collaborative and honest approach to publication.

Topics include:

- economic analyses (in the form of cost-minimization, -effectiveness, -utility, -benefits, -consequence, cost-of-illness and burden of disease)
- outcomes research, including patient-reported outcomes
- quality-of-life studies
- health policy issues
- resource utilization studies
- modelling studies and meta-analyses of randomized controlled trials, outcomes and clinical trials data

We welcome original research, review articles, and editorials and commentaries on issues that concern healthcare practitioners and researchers.

Acceptance Criteria

All manuscripts are submitted to at least two external independent referees for rigorous peer review. A medical expert and a statistician review all research papers, and economic evaluations are also reviewed by a specialist in health economics. The basic criterion for acceptance is that the work described must be accurate, demonstrating methodological rigor, clarity, balance and objectivity. The reviewing process is geared to pro-

vide authoritative help and constructive assistance in achieving the journal's aim to publish high-quality material rapidly. The editors ensure that data presented in *JME* fairly reflect the results of reliable studies.

A questionnaire may be sent to you requesting details of the biostatistician involved in data analyses, details of ethics committee approval and patient consent, and about adherence to the principles of Good Clinical Practice.

Edited copies of the referees' reports are sent to the author/sponsor. For research papers, this is usually within 2–4 weeks of receipt of the manuscript. Authors are given the opportunity to revise the manuscript taking the reviewers' comments into consideration. Once the revised paper has been submitted, a decision of acceptance or rejection is made by the Editor depending on the review comments and the revisions made. It is the responsibility of the sponsor/author to make revisions deemed necessary prior to the article being finally accepted for publication.

JME provides a checklist, below, to ensure that all information pertinent to the study is included in the report. The checklist aims to ensure uniformity within the journal's published papers and also provides a useful guide for both authors and reviewers.

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Authors/sponsors are liable for a non-refundable submission fee of $575/€425/£375. If a manuscript is accepted for publication in *JME*, it is subject to a publication support fee of $850/€625/£550 per printed page with **FastTrack** or $400/€300/£260 per printed page with **RapidTrack**. In the event of author/sponsor-initiated withdrawal of the manuscript at any stage of the publication process and at the discretion of the Editorial Office, a partial page support fee of $425/€310/£275 (**FastTrack**) or $200/€150/£130 (**RapidTrack**) per printed page will be charged calculated on the estimated print length of the article as determined by *JME* editors.

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- Tanya Stezhka, *JME* Managing Editor (tanya.stezhka@informa.com).
- Elizabeth Knowles, *CMRO* Series Publisher (elizabeth.knowles@informa.com).

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Web Updates

Please check the *JME* website (www.jmejournal.com) for changes and updates to submission procedures.

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- A statement that all authors approve the manuscript and believe that it represents honest work and adheres to ICMJE requirements.
- The name and contact details of the corresponding author, who will communicate with the other authors about revisions and final approval of the proofs.
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Tanya Stezhka
Managing Editor
Informa Healthcare
Christchurch Court
10-15 Newgate Street
London, EC1A 7AZ
Tel: +44 (0) 207 017 5949
Fax: +44 (0) 207 017 7667
tanya.stezhka@informa.com
http://www.tandf.co.uk/journals/

Terri Metules, *JME* Managing Editor
JME/Informa Healthcare
52 Vanderbilt Avenue, 11th Floor
New York, NY 10017, USA
tmetules@jmejournal.com
Tel.: +1 212 520 2748
Fax: +1 201 794 6040

Manuscript Content

Manuscripts should be presented in the style recommended by the International Committee of Medical Journal Editors (see *JAMA* 1993;269:2282–6).

We strongly recommend that studies involving statistical analysis be presented according to the guidelines proposed in: Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *BMJ* 1983;286: 1489–93.

Research papers should be presented as follows:

- **Title**
    - Should be concise but informative, and should not contain brand names.
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- **Key words**
    - 3–7 keywords or phrases to assist indexers in cross-referencing.
- **Address for correspondence**
    - Name and full postal address; telephone and e-mail details are also required.
- **Structured abstract (no more than 300 words)**
    - Should state the purpose of the study and summarize the main facts, findings and conclusions.
    - Suggested headings:
        - *Objective* (including reason for the study and main aims);

        - *Methods* (including study population and setting, study blinding, comparators, dosage, treatment duration, principal efficacy and safety findings);
        - *Results* (including both efficacy results and adverse events);
        - *Limitations* (should contain an abbreviated form of the key limitations);
        - *Conclusions* (qualified by any key limitations).
    - Should not contain any references.
    - Any abbreviations should be defined at their first mention and then redefined at their first mention in the main paper.
- **Introduction**
    - Should state the background, rationale and purpose of the study.
    - Should not include data or conclusions.
- **Patients and methods**
    - Should contain details of the study population (sex, age, source; e.g. prospective, retrospective, cross-sectional, and any other relevant characteristics), subject selection (inclusion/exclusion criteria, numbers selected, participation rate), methods of randomization and blinding, efficacy and safety measures, and how treatment was allocated. Crossover studies should give details of run-in/wash-out procedures.
    - Statistical methods should be described in sufficient detail to allow a knowledgeable reader with access to the original data to verify the reported results; measurement techniques, choice of analysis and sample size should be justified, and the software packages should be defined.
    - All drugs and chemicals used should be identified precisely, including generic name, dose and route of administration.
    - State ethics committee approval and whether the procedures were in accordance with the Declaration of Helsinki (and which version).
- **Results**
    - Should be clearly presented and summarized as tables/figures where appropriate (data in tables should not be repeated in the text). Observed values should be presented.
    - The sample size for each data point should be quoted; p-values and confidence intervals (if available) should be presented for significant findings.
    - Mean values should not be quoted without some measure of variability. Standard deviation (SD) should be used to show variability among individuals. Standard error (SE) should be used to show the precision of the sample mean. Use of ± should be avoided and means should be presented as, 10.4 (SD 1.7) or 3.6 (SE 0.9), for example.

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- Details of the most frequent adverse event (<10%) should be listed by preferred term.
- Details of withdrawn patients and those not included in the analyses should be given such that all patients are accounted for. Reasons for withdrawal(s) and characteristics of non-responders should also be given.

- **Discussion**
  - Should include implications of the findings and their limitations, with reference to other relevant studies and possible future research.
  - Do not repeat details of data given in introduction/results section.
- **Conclusions**
- **Transparency**

This section should have three sub-sections:

Declaration of funding – should mention the sponsors for the study and the role of the sponsors in the preparation of this article. Details of differing contributorships of authors may also be included, where relevant.

Declaration of financial/other relationships – should mention all relationships (financial, employment, other significant/relevant relationships) for each author. If there are no relationships to be declared for any of the authors, this should be explicitly stated.

Acknowledgments – all non-author assistance should be included here (e.g., medical writer(s), statistician...) together with the source for funding of such assistance. Acknowledgments of other non-author contributorships, e.g. list of investigators and study centers. If there is no non-author assistance to be mentioned, please state: "No assistance in the preparation of this article is to be declared."

- **References**
  - Should be numbered consecutively in the order in which they are first mentioned in the text. Details of the first three authors should be given, followed if necessary by 'et al'. Please ensure you supply all details of each reference. The following format should be used:

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1. Weissman P, Goldstein BJ, Rosenstock J, et al. Effects of rosiglitazone added to submaximal doses of metformin compared with dose escalation of metformin in type 2 diabetes: the EMPIRE Study. Curr Med Res Opin 2004;21:2029-35

Books:

2. Gottman J. Time Series Analysis. Cambridge: CUP, 1981

Working party reports and similar:

3. Clinical Disputes Forum Working Party. Pre-action protocol for the resolution of clinical disputes. London: Clinical Disputes Forum, 1998

For pre-publication articles assigned DOI numbers:

4. de Lau LM, Koudstaal PJ, Hofman A, Breteler MM. Subjective complaints precede Parkinson disease: the Rotterdam study. Arch Neurol 2006: published online 9 January 2006, doi:10.1001/archneur.63.3.noc50312

For internet articles and website information:

5. Suicidality in adults being treated with antidepressant medications. FDA Public Health Advisory. Washington, DC: FDA/Center for Drug Evaluation and Research, 2005. Available at: www.fda.gov/cder/drug/advisory/SSRI200507.htm [Last accessed 3 January 2006]

Spelling, Punctuation, Numbers

- Use open punctuation, e.g. UK not U.K., WHO not W.H.O.
- Use Oxford or Webster dictionary spellings.

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- All graphics must be cited in the text.
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- If a graphic has been published elsewhere, the original source must be acknowledged; written permission for reproduction from the copyright holder must be obtained and submitted.
- Simple line graphs and bar charts may be redrawn; we may request details of data point values.
- On bar charts please use open bars, black or striped shading, rather than tinted shading.

Graphic files should be submitted both in the format of the application used to create the graphics (e.g. Illustrator, CorelDraw), in EPS format derived from these applications, or where this export format is not available as high-resolution JPEG files. If a dedicated drawing program has not been used, Word, Excel or PowerPoint formats are acceptable, if in their native format. Tables should be embedded and in proper table (Word) format.

- Figures are printed in black and white unless otherwise requested. Colour reproduction is expensive and costs will be estimated on request.
- All abbreviations should be explained in a footnote. Individual footnotes should be labelled in this hierarchy: *, †, ‡, $, ¶.

Drug Brand Names

- Drug brand names should not appear in titles. Ideally the brand name should only be used once in the Abstract and once in the Introduction of the main paper, followed by the generic name in parentheses. The generic name should then be used after this. A superscripted asterisk should follow the first mention only of each brand name in both the Abstract and the main text, leading to information as below:
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Errata/Corrigenda

It is the author's responsibility to thoroughly and carefully check proofs before approving an article for publication. Errata/corrigenda will be published only in the most exceptional of circumstances.

[Last revised: March 2014]

Checklists for Authors

General

- ✓ Was the study objective made clear?
- ✓ Was the objective met?
- ✓ Was the patient population clearly defined?
- ✓ Were the diagnostic inclusion and exclusion criteria clear?
- ✓ Was the source of subjects made clear?
- ✓ Was prevalence clearly explained prior to study?
- ✓ Was the choice of population clinically relevant?
- ✓ Was the sample size discussed?
- ✓ Were the risk factors identified and adjusted for?
- ✓ Was any subgroup analysis defined clearly prior to the study?
- ✓ Were patients followed for an appropriate length of time?
- ✓ Were the data selection criteria defined?
- ✓ Was the reliability/validity of the measurement instruments tested before use?
- ✓ Did the study target the right indication?
- ✓ Were the treatments fully defined?
- ✓ Were the different treatment paths clearly presented?
- ✓ Were the treatments compared appropriately?
- ✓ Was the choice of the comparator clearly explained?
- ✓ Did the study optimize input from previous trials?
- ✓ Were appropriate comparisons made with other studies?
- ✓ Are the data appropriately interpreted in light of the totality of the available evidence?
- ✓ Has the study disclosed financial interests?

Statistical Analysis

- ✓ Was the trial of sufficient size to lend it statistical relevance?
- ✓ Were the appropriate statistical analyses used?
- ✓ Were all statistical procedures properly described and referenced?
- ✓ Were the rationale and methods for statistical analyses described, including main comparative analyses and whether they were completed on an intention-to-treat basis?

- ✓ Were summary data and descriptive/inferential statistics presented in sufficient details to permit alternative analyses and replication?
- ✓ Were protocol deviations described, and approved, together with reasons?
- ✓ Were prognostic variables described, and any attempt to adjust for them?
- ✓ Were results stated as absolute numbers (e.g. 10/20 rather than 50%)?
- ✓ Were confidence intervals given?
- ✓ Were exact *p*-values given?
- ✓ Was any statistical software package named?
- ✓ Were appropriate conclusions drawn from the statistical analysis?

Health Economics Evaluation

- ✓ Was a recognized type of economic analysis used?
- ✓ Was the reason for choosing this technique explained?
- ✓ Were the methods used to obtain the data explained?
- ✓ Were the data from quality, up-to-date referenced sources?
- ✓ Were the data selection criteria defined?
- ✓ Were any limitations of the data explained?
- ✓ Was an incremental analysis performed?
- ✓ Was the cost/saving of the additional benefit reported?
- ✓ Were the reasons for choosing the main outcomes explained?
- ✓ Were all relevant costs included?
- ✓ Were indirect costs measured? If so, were they reported clearly and accurately?
- ✓ Were resources expressed in physical units as well as in monetary terms?
- ✓ Was discounting clearly reported?
- ✓ Were adequate sensitivity analyses conducted?
- ✓ Was the population choice relevant to policy makers?
- ✓ Is the analysis of importance to health providers and purchasers?
- ✓ Was QoL measured?
  - If yes, was it adequate?
  - If yes, was it complete?
- ✓ Were utilities measured?
- ✓ Was satisfaction with care measured?
- ✓ Was resource use measured?

- ✓ Did an RCT form the basis of the analysis?
  - If yes, was this appropriate?
  - If yes, was blinding used?
- ✓ Was modelling used?
  - If yes, was the estimate of effectiveness appropriate?
- ✓ Was willingness to pay assessed?
- ✓ Did the study result reflect a true relationship of an intervention to the outcome for study subjects?
- ✓ Was the level of sensitivity appropriate?
- ✓ Was cross-cultural equivalence explained/secured?
- ✓ Were any linguistic differences avoided?
- ✓ Were data limitations explained?
- ✓ Was categorical data used?
- ✓ Was the data (including adverse events) coded?
- ✓ Was expert opinion sought?
  - If yes, was the panel constructed correctly?
- ✓ Was patient opinion sought?
  - If yes, was the panel constructed correctly?

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