

## Instructions to the Authors

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## About the journal

**Indian Journal of Anaesthesia** is a monthly peer-reviewed international journal published by the Indian Society of Anaesthesiologists. The journal's full text is available online at [www.ijaweb.org](http://www.ijaweb.org). The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional/subject-based repository. The journal does not charge for submission, processing or publication of manuscripts and even for colour reproduction of photographs.

## Scope of the journal

The journal will cover technical and clinical studies related to anaesthesiology, pain and critical care medicine in human being including ethical and social issues as well as experimental studies conducted in animals. Articles with clinical interest and implications will be given preference.

## The Editorial process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to the Indian Journal of Anaesthesia alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the readership of the Indian Journal of Anaesthesia are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in the Indian Journal of Anaesthesia are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institute/s as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/rejection/amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The

corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal may publish articles online as 'Ahead of Print' immediately on acceptance.

## Clinical trials registry

Indian Journal of Anaesthesia favours registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Indian Journal of Anaesthesia would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/> ; <http://www.clinicaltrials.gov/> ; <http://isrctn.org/> ;<http://www.trialregister.nl/trialreg/index.asp> ; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in Indian Journal of Anaesthesia only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

## Authorship criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The biomedical journal generally prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits. Details on role of authors available at

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

## Contribution details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor/corresponding author'.

## Conflicts of interest / Competing interests

All authors of manuscript must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

## Plagiarism

Plagiarism and violation of copyrights is not tolerated by the journal. The Indian Journal of Anaesthesia expects the authors to submit articles that are free from substantial plagiarism. Authors have to run their finalised manuscript through plagiarism detection software programmes available online (several of these offer free services while some are paid programmes) prior to submission to the journal and they may be asked to paste the scanned copy of the report/screen shots of the same at the end of the first page/cover page file.

## Submission of manuscripts

All manuscripts must be submitted on-line through the website [www.journalonweb.com/ija](http://www.journalonweb.com/ija). First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their username and password. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at [editor@jweb.org](mailto:editor@jweb.org).

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/peer-review. Generally, the manuscript should be submitted in the form of two separate files:

### 1. Title page/first page file/covering letter

This file should provide

- a. The type of manuscript (clinical investigation, review article, brief communication, case report, Letter to editor, Editorial, Comments on Published article, etc.) title of the manuscript, running title (of no more than 50 characters), names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
- b. This page should state the total number of pages, total number of photographs and word counts separately for abstract and for the text. For text, word count includes Introduction, results, discussion and conclusion in case of ORIGINAL ARTICLE: Introduction, case report and conclusion in case of CASE REPORT, Introduction, case report and conclusion in case of case report submitted as BRIEF COMMUNICATION, and Introduction, results, discussion and conclusion in case of original article / investigation submitted as BRIEF COMMUNICATION (excluding the abstract, references, tables).
- c. Source(s) of support in the form of grants, equipment, drugs, or all of these;
- d. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
- e. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read must be mentioned. A full statement about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work should be provided to the editor at first submission itself. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.

- f. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- g. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
- h. Criteria for inclusion in the authors'/ contributors' list
- i. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below).
- j. The name, address including PIN code, e-mail, and mobile number and /or telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.
- k. Permission from copyright owner should be provided if the authors are reproducing images / tables / other such items from copyrighted sources. It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript. If the author counts are in excess of the guidelines, or added later on by the corresponding author after initial submission without consent of Editor in Chief (EIC),the EIC is at liberty to reduce/ restore the author count before publication.
- l. If authors wish to submit any image/s related to patient (including radiological images) for publication, a statement should be included about written informed consent being obtained from the patient / first line relative of the patient for publication of such material in scientific journal; name and institutional identity details on CT, MRI & X ray films to be concealed properly.
- m. Authors should ensure that there is at least one anaesthesiologist as author.
- n. In case of multiple institutional affiliations, the authors should provide clarification regarding the nature of involvement of authors from different institutions (in cases of multicentric studies, details of ethical committee approval from different concerned institutions should be provided)
- o. Postgraduate trainee can submit thesis/dissertation topic for publication after completion of the course; the guide's permission and inclusion of name as co-author are mandatory. Only the institute where the research was conducted can be shown as affiliation. While submitting, the author should declare as below and paste in the First page/ title page/ cover page file:

I declare that

- (a) The material used for the preparation and submission of the manuscript for consideration for publication in Indian Journal of Anaesthesia (IJA) is drawn from my dissertation/ thesis
- (b) The titles of the submitted article and the dissertation/ thesis are different.
- (c) I have completed my postgraduate course (MD/ DNB) as on date of submission of the manuscript
- (d) The final examinations of MD / DNB is completed as on date of submission of the manuscript & date of passing MD/ DNB exams is.....

**2. Blinded Article file/ Main Article File:** The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with The Journal's blinding policy will be returned to the corresponding author. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Use rtf/doc files, with uniform size (12#) fonts with *left sided* justification, with 1.5x spacing between lines. Do not zip the files. Limit the file size to 1 MB. Do not incorporate large images in the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

**3. Images:** Submit good quality colour images. Each image should be less than 4 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). Images can be submitted as JPEG files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

**4. The contributors' / copyright transfer form** (template provided below) which is duly signed by all the authors of the article has to be submitted as scanned copy, online from the author's area at <http://www.journalonweb.com/ija>. The decision on the article will not be taken until this is submitted. The hard copy shall be submitted as and when requested / demanded by the Editorial office.

## Preparation of manuscripts

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (Updated 2014). The uniform requirements and specific requirement of Indian Journal of Anaesthesia are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions, also available from the website of the journal (<http://www.ijaweb.org>) and from the manuscript submission site (<http://www.journalonweb.com/ija>).

Indian Journal of Anaesthesia accepts manuscripts written in UK English (see below under 'General Guidelines').

### General guidelines:

- Author / institution / clinical trials registry details or identifiers should not be provided anywhere in the article file. Similarly, the supporting material such as figures or images should carefully be trimmed / cropped to avoid any author/institution/patient identifiers.
- UK English should be used uniformly throughout the text [e.g., anaesthesia (NOT anesthesia), haemoglobin (NOT hemoglobin), programme (NOT program), haemodynamics (NOT hemodynamics), etc]
- Use only universally approved abbreviations (e.g., hour, minute, kilogram can be written as h, min, kg and NOT as hrs or hr, mts, kgs etc. Similarly, microgram should be expressed by the appropriate symbol 'µg' and should not be represented by mcg or in any other form.)
- Avoid starting a sentence with numerical. If it has to start with a number, write the numerical in words.
- Wherever single digit numbers are written in the write up, write in words and not in numbers unless the numbers are accompanied by units of measurement.
- All the points in the article should be written as running statement and *should not be presented in bulleted / numbered format*, except in review articles.

## Types of manuscripts

### Original Articles

These include original research work in Pharmaceutical sciences, Medicinal/analytical chemistry, Biotechnology and bio-allied sciences. The article file should be accompanied by a structured abstract of no more than 250 words under the following headings: 1. Background and Aims 2. Methods (make a brief mention of statistical methods used) 3. Results and 4. Conclusion. The abstract should be followed by 'MeSH' compatible 3-7 keywords (<https://www.nlm.nih.gov/mesh>). The abstract shall

not contain references.

The main article file should be written under only the following four headings: Introduction, Methods, Results, Discussion and Conclusion.

**Introduction:** State the purpose and summarize the rationale for the study or observation. The introduction should describe in brief the background related to the study and also the need for carrying out the present study. Limit the number of references cited in the introduction to 4-6 only. Please include aims and objectives in introduction itself.

**Methods:** It should include and describe the following aspects (do not use the headings in the manuscript /article):

**Ethics:**

When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2013 (available at <http://www.wma.net/en/30publications/10policies/b3/index.html>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Methods' section.

**Study design:**

The methods section should start out describing the nature of the study (randomized / blinded / prospective / retrospective, etc). **Selection and Description of Participants:** Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

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## Statistics:

Start this section in a separate paragraph (without placing the heading "statistics"). Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used with the version/year. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. *P* values are not needed for demographics routinely and are mentioned where study involves directly a correlation of study parameter with the demographics. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals. Statistics related to sample size calculation and power estimation should be provided as the last paragraph in the methods section.

## Results:

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal. Restrict tables and figures to a total of 6 only (preferable to have most relevant tables and figures), needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. The legends must be brief and relevant and the units of measurement must be clearly mentioned in tables and graphs, with the group names also mentioned in the same fashion as in the Methods section. While reporting results related to VAS score, it is better to categorize the score as mild (0-3), moderate (4-7) and severe (8-10) and analyse accordingly rather than reporting mean VAS scores in decimals (e.g., 3.45) because there is no such value as 3.45 (the VAS can either be 3 or 4). Similarly, while analyzing time, better to analyze in seconds or minutes (as applicable to a study) rather than as minutes or hours and then reporting the value in decimals (e.g., 3.7 min or 10.6 hours does not convey the meaning correctly; 60 seconds=one minute and 60 minutes= one hour, NOT 100 seconds and 100 minutes respectively).

## Discussion:

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis): Confounding variables, strengths and limitations of the study. Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, any new possible mechanisms etc): Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research etc). Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labelled as such. These articles generally can have 6-8 authors, with correct details of their contribution entered in the first page / cover page file.

## Review Articles:

The review articles are strictly by invitation from the Editor In Chief. It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field and their contribution is solicited by the editorial board. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field. The number of images / figures / tables / graphs are to be limited to 4-6 only. They may be merged side by side when a change is intended to be shown. The legends must be brief and relevant and the units of measurement must be clearly mentioned in tables and graphs.

## Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great anaesthetic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Conclusion, References, Tables and Legends in that order. Please note that case reports are low priority articles. The number of images / figures / tables / graphs are to be limited to 2 only. They may be merged side by side when a change is intended to be shown. The legends must be brief and

relevant and the units of measurement must be clearly mentioned in tables and graphs.

### **Brief communications**

The manuscript should have the following headings: Introduction, Case report (for Case reports) (Methods and Results for Clinical investigations), Discussion, Conclusion, References, Tables and Legends in that order. The number of images / figures / tables /graphs are to be limited to 2 only. They may be merged side by side when a change is intended to be shown. The legends must be brief and relevant and the units of measurement must be clearly mentioned in tables and graphs. Please note that brief communications do not need an abstract.

### **Letter to the Editor:**

These should be short and decisive observations. They can also be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation.

### **Comments on Published Articles:**

The comments, addressed to the Editor, should include reference of the published article, should be concise with critical comments to the point, with references in support. Maximum number of word count allowed is 250 with not more than 4 references, the first reference being that of the article being commented upon.

**Response to Comments:** The author is allowed to present his case/response to the observations made by the reader, in concise, with upto 250 words, with not more than 4 references, the first reference being that of the comments and the second, of the article being commented upon.

### **Other:**

Editorial, Guest Editorial, and Commentary are solicited by the editorial board.

## **References**

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. No references to be used in abstract and Conclusion/ Summary. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. References from past issues of IJA of related topics encouraged.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

### **Articles in Journals**

- a. Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. Indian J Med Sci



2008;62:222-7.

- b. Standard journal article (for more than six authors): List the first six contributors followed by et al.  
Nozari Y, Hashemlu A, Hatmi ZN, Sheikhvatan M, Iravani A, Bazdar A, et al. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major risk factor for coronary artery disease. *Indian J Med Sci* 2007;61:547-54
- c. Volume with supplement:

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82.

- d. Issue with supplement:

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

### **Books and Other Monographs**

- a. Personal author(s): Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.
- c. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

### **Electronic Sources as reference**

#### **Journal article on the Internet**

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

#### **Monograph on the Internet**

Foley KM, Gelband H, editors. *Improving palliative care for cancer* [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

#### **Homepage/Web site**

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

#### **Part of a homepage/Web site**

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

| Type of submission                       | Maximum number of authors allowed  | Abstract (Maximum word count)  | Article (Maximum word count)  | Supplementary material                          | References |
|--|--|--|---|---|------------|
| Original Article                         | Six<br>(Upto 8 if clear and convincing role of all is produced and approved by Editor) | Structured: Background and Aims, Methods, Results and Conclusion (250) | Structured: Introduction(with 4-6 references), Methods, Results, Discussion and Conclusion.<br><br>(3000) | Max.six (Tables, graphs and Figures included)   | Maximum 30 |
| Review article                           | Three  | Unstructured (250)   | Introduction (with 4-6 references),<br><br>And Summary mandatory (3500)                                   | Upto 4-6 (Tables, graphs and Figures included)  | Maximum 35 |
| Special article                          | Four   | Unstructured (150)   | Introduction, (with 2- 4 references)<br><br>And Summary mandatory (2000)                                  | Max.four (Tables , graphs and Figures included) | 25         |
| Case report / series                     | Four   | Unstructured (150)   | 1500  | Max.two (Table, graph or Figure)                | 15         |
| Brief communications                     | Four   | NONE   | 1000  | Max.two (Tables, graphs and Figures included)   | 10         |
| Letter to Editor                         | Four   | NONE   | 600   | Max. two (Table, graph or Figure)               | 6          |
| Comments on previously published article | Two  | NONE   | 250   | One (Table, graph or Figure)                    | 4          |

|                      |                              |      |     |      |   |
|----------------------|------------------------------|------|-----|------|---|
| Response to comments | By the same group of authors | NONE | 250 | NONE | 4 |
|----------------------|------------------------------|------|-----|------|---|

## Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows should be avoided.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text

## Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 2 MB in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
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