

## **2012 *Anesthesia & Analgesia* Guide for Authors**

### **Summary of Changes to the Guide for Authors**

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## **Introduction**

*Anesthesia & Analgesia* publishes articles that are novel or definitive and improve clinical care or guide future research. This Guide for Authors was written for authors preparing manuscripts for submission to *Anesthesia & Analgesia*. It explains the Editorial Board's expectations for submitted manuscripts and Journal policies on manuscript handling. The Guide contains extensive information on manuscript preparation that may be helpful regardless of where the authors submit their manuscript.

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## **About *Anesthesia & Analgesia***

*Anesthesia & Analgesia*, the oldest publication for the specialty of anesthesiology, is the official scientific journal of the following societies and foundations:

- International Anesthesia Research Society (IARS)
- Society of Cardiovascular Anesthesiologists (SCA)
- Society for Pediatric Anesthesia (SPA)
- Society for Ambulatory Anesthesia (SAMBA)
- International Society for Anaesthetic Pharmacology (ISAP)
- Society for Technology in Anesthesia (STA)
- Anesthesia Patient Safety Foundation (APSF)
- Society of Critical Care Anesthesiologists (SOCCA)
- Society of Obstetric Anesthesia and Perinatology (SOAP)

*Anesthesia & Analgesia* is divided into the following sections:

- Editorials
- Cardiovascular Anesthesiology, which includes Hemostasis and Transfusion  
Medicine
- Pediatric Anesthesiology
- Pediatric Neuroscience
- Ambulatory Anesthesiology
- Anesthetic Pharmacology, which includes Pre-Clinical Pharmacology and Clinical  
Pharmacology

- Technology, Computing, and Simulation
- Patient Safety
- Economics, Education, and Policy
- Critical Care, Trauma, and Resuscitation
- Neuroscience in Anesthesiology and Perioperative Medicine
- Obstetric Anesthesiology
- General (otherwise unspecified)
- Analgesia, consisting of
  - Pain Mechanisms
  - Pain Medicine
  - Regional Anesthesia
- Cochrane Corner
- Correspondence
- Book, Multimedia, and Meeting Reviews
- The Open Mind

We assign all manuscripts to one of these sections. Most sections have one or more designated Section Editors responsible for shepherding manuscripts through the peer review process. Authors may request a journal section at the time of manuscript submission. Requests are considered by the Editor-in-Chief when the manuscript is assigned to a Section Editor.

## **Responsible Conduct of Research**

The following pages describe the standards set by the Editorial Board of *Anesthesia & Analgesia* for responsible conduct of research. The Editorial Board will not consider any manuscript that does not follow these rules.

The name of the research ethical review committee varies with country and local custom. In the United States the committee is called the Institutional Review Board. Other countries may use other terms for their research ethical review committee, such as “Research Ethics Committee.” Some institutions refer to the board that reviews animal studies as the “Animal Care and Use Committee.” In this document, “Institutional Review Board” is used generically to refer to the local board that reviews the ethical treatment of human or animal experimental subjects and grants institutional approval for the study.

## **Human Subjects**

Regardless of the country of origin, all clinical investigators describing human research must abide by the Ethical Principles for Medical Research Involving Human Subjects outlined in the Declaration of Helsinki, and adopted in October 2000 by the World Medical Association. This document can be found at <http://ohsr.od.nih.gov/guidelines/helsinki.html>. Investigators are encouraged to read and follow the Declaration of Helsinki. Clinical studies not meeting the Declaration of Helsinki criteria will not be considered for publication. If published research is subsequently found to be noncompliant, it will be withdrawn or retracted.

On the basis of the Declaration of Helsinki, *Anesthesia & Analgesia* requires that all manuscripts reporting clinical research state in the first paragraph of the Methods section that:

1. The study was approved by the appropriate Institutional Review Board, and
2. Written informed consent was obtained from all subjects, a legal surrogate, the parents or legal guardians for minor subjects, or the requirement for written informed consent was waived by the Institutional Review Board.

Human subjects should not be identifiable. Do not disclose patients' names, initials, hospital numbers, dates of birth, or other protected health care information. Retain copies of your Institutional Review Board approval and documentation of written informed consent from each study subject. The editor or reviewers may request copies of these documents to address questions about Institutional Review Board approval and study conduct.

*Anesthesia & Analgesia* fully supports the Guidelines for Personal Patient Information set forth by Lippincott, Williams, and Wilkins (LWW). The LWW guidelines can be downloaded from <http://journals.lww.com/nsca->

[jscr/Documents/New\\_Guidelines\\_for\\_Personal\\_Patient\\_Information\\_2.pdf](http://journals.lww.com/nsca-jscr/Documents/New_Guidelines_for_Personal_Patient_Information_2.pdf)

Key elements of this policy include:

- Photographs with bars placed over eyes of patients should not be used. If they are submitted, permission from the patient must be documented.
- Only specific details about the subject that are essential for understanding and interpreting the results of a study, a specific case report, or case series

should be provided.

- Authors and editors should not alter or falsify details in case descriptions to provide anonymity because doing so may introduce false or inaccurate data into the medical literature.
- Previous publication of patient information or news coverage of a case does not eliminate a patient's right to privacy and does not negate the need for patient consent for use of any patient identifying information.
- If "deidentification" is not possible, the editors will ask the author to obtain consent from the patient. If the patient cannot be located or refuses to consent to publication of the identifying information, the manuscript will not be published. Should this situation arise, the corresponding author and the Section Editor should discuss the possibility of deleting the identifying information instead of the entire article before the review process begins.
- In the event that the patient cannot provide consent due to death or legal incompetency (this includes photos of cadavers), permission from the power of attorney is needed as well as proof of power of attorney.
- If the patient is a minor, a legal guardian must provide consent.

### **Investigational Drugs**

The Editorial Board of *Anesthesia & Analgesia* may exercise judgment about the ethics of a clinical trial involving investigational drugs that is more stringent than the investigator's Institutional Review Board. Compliance with the Journal's guidelines should be specified in the Methods section, when appropriate.

*Neuraxial or Perineural Drug Administration*

Studies using drugs injected into the neuraxial (caudal, intrathecal, or epidural) or perineural space must meet at least one of three criteria:

1. The drug is approved for neuraxial or perineural administration by the United States Food and Drug Administration (FDA) or the equivalent regulatory agency for the country in which the study took place.
2. The drug is not approved for neuraxial or perineural use, but it is widely used and accepted for neuraxial (e.g., fentanyl) or perineural administration. The publication of dosing guidelines in multiple textbooks represents a reasonable demonstration that a drug is widely used and accepted for neuraxial or perineural administration.
3. The study is performed under an Investigational New Drug (IND) application approved by the FDA or the equivalent agency in the investigator's country. Investigators in the United States are directed to the FDA website for further information on obtaining an investigator IND.<sup>a</sup> To obtain an investigator IND, the investigator must complete forms 1571 and 1572 which are mailed to the FDA along with the investigator's curriculum vitae. Should the investigator's country not have an equivalent process, the investigator must submit a statement from the Institutional Review Board that the preclinical toxicity data were reviewed for safety by a qualified expert before approval of the human trial.

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<sup>a</sup>

<http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/InvestigationalNewDrugINDApplication/ucm071098.htm>, last accessed April 9, 2010

*Anesthesia & Analgesia* will not publish a retrospective paper involving neuraxial or perineural drug administration if the treatment would be considered inappropriate or unethical in a prospective trial.

*Drug Studies in Children*

*Anesthesia & Analgesia* is committed to expanding knowledge of the clinical pharmacology of drugs in children. However, studying drugs in children when there is no pediatric indication poses ethical concerns.<sup>1</sup> Therefore, studies of drugs in children must meet at least one of three criteria:

1. The drug is approved for pediatric administration by the FDA or an equivalent regulatory agency.
2. The drug is not approved for use in children but is widely used and accepted for pediatric administration. A reasonable demonstration that the drug is clinically accepted for use in children is when the administration in the study is consistent with the route, dose, and indication reported in multiple textbooks.
3. The study is done under an IND application approved by the FDA or the equivalent agency in the investigator's country, as described by Schultheis et al.<sup>2</sup> Investigators in the United States are directed to the FDA website for further information on obtaining an investigator IND.<sup>a</sup>

*Anesthesia & Analgesia* will not publish a retrospective paper involving pediatric drug administration if the treatment would be considered inappropriate or unethical in a prospective trial.

*Nonconformity in Dose, Route, or Indication (“Off-Label” Use)*

In the United States, FDA regulations state that drug use conforms to the package insert (“on-label”) when the dose, route of administration, and indication match the guidelines in the package insert. If the dose, route, or indication does not match the package insert, then the drug use is “off-label.” Drugs are commonly used off-label in clinical trials, and the practice is generally acceptable. However, the Editorial Board of *Anesthesia & Analgesia* reserves the right not to review a manuscript describing off-label administration of a drug if the Editorial Board believes the study has posed unacceptable risk to the study subjects. To preclude such a determination, investigators are encouraged to obtain an Investigator IND from the FDA<sup>a</sup> or an equivalent agency in their country before initiating studies involving off-label drug administration.

**Animal Subjects**

Manuscripts that describe investigations performed in vertebrate animals must explicitly state that the study was approved by the authors’ Institutional Review Board for animal research (e.g., the Institutional Animal Care and Use Committee). The Journal expects humane and ethical treatment of all experimental animals and that the study was conducted in a manner that does not inflict unnecessary pain or discomfort upon the animal, as outlined by the United States Public Health Service Policy on Humane Care and Use of Laboratory Animals and the Guide for the Care and Use of Laboratory Animals (1996), prepared by the National Academy of Sciences’ Institute for Laboratory Animal Research. This statement should appear at the beginning of the Methods section.

### **Multiple Publications of Human or Animal Trials**

In the interest of minimizing risk to human and animal subjects, as well as promoting efficient use of scarce research funds, investigators may pose several questions and make multiple measurements in a single study with the intent of publishing multiple manuscripts. This may be a laudable practice or it may be an inappropriate attempt to slice a single study into “minimum publishable units.” Division of data from a single research study into multiple manuscripts is acceptable provided the following three requirements are met:

1. The cover letter for every paper derived from the study explains the need for dividing the study into multiple manuscripts. This requirement applies even if only one of the submissions is to *Anesthesia & Analgesia*. The Journal will consider the appropriateness of the division as part of the review process.
2. In all manuscripts after the first published manuscript the investigator must disclose any data that have been reported previously with appropriate citation to the first manuscript. This practice is essential for scientific continuity. For example, should a question arise about the conduct of the study in one manuscript, readers should be able to identify all manuscripts based on the same experimental data.
3. Measurements must not interfere with each other. Such interference may happen in ways not evident at the time of the study. For example, measurements of pain thresholds may make it impossible to measure sedative effects. The potential for interfering measurements may not be evident if the pain thresholds and sedation effects are reported in separate manuscripts that are not appropriately cross-referenced.

### **Registration of Clinical Trials**

All clinical trials involving investigational drugs supported by a pharmaceutical firm or investigational devices supported by a device manufacturer must be registered at the time that a manuscript is submitted to *Anesthesia & Analgesia* for publication. The registry, registration number, principal investigator's name, and date of registration must be stated in the first paragraph of the Methods section of the manuscript. All clinical trials involving investigational drugs or devices supported by a pharmaceutical firm or device manufacturer that began after January 1, 2008 must be registered before patient enrollment. A number of registries have been approved by the International Committee of Medical Journal Editors, including <http://www.clinicaltrials.gov> (the most commonly used registry in the United States), <http://isrctn.org>, <http://www.umin.ac.jp/ctr/index/htm>, <http://www.anzctr.org.au>, and <http://www.trialregister.nl>. Submissions that have registered with the European Clinical Trials Database, EudraCT (<https://eudract.ema.europa.eu/>) meet this requirement.

## **Conflicts of Interest**

A conflict of interest exists when an author's judgment about a manuscript may be influenced by secondary gain. Secondary gain typically involves personal, financial, academic, or political advancement. Examples of financial gain are easiest to identify and include direct monetary benefits, such as investments, stocks, honoraria, etc. When study results (as differentiated from publication *per se*) may affect an author's bonus, incentive payment (e.g., from likely changes in clinical workload), or salary (e.g., research about academic appointments and salary), this is also considered a conflict of interest. Academic recognition and advancement resulting from publishing high quality papers are the appropriate reward for good work and do not represent a conflict of interest.

Potential conflicts of interest in addition to actual conflicts of interest also commonly occur and must be considered. In some disciplines they may be unavoidable. Authors of scientific studies sponsored by industry possess a conflict of interest. Although this conflict is understood and accepted, it must be disclosed. Investigators also frequently have consulting or lecturing relationships with companies sponsoring their research. These relationships may be entirely appropriate, but must be disclosed.

Conflict of interest disclosure should be made at the time of manuscript submission for each author so that a decision can be made on whether the competing interests may have influenced the manuscript in any manner. Conflicts of interest must be disclosed for every submission including Editorials and Letters to the Editor.

Conflicts of interest must be disclosed on every title page whether created through the Title Page Generator (<http://www.aaauthor.org>) or one of our manuscript templates (<http://www.anesthesia-analgesia.org/site/misc/authors.xhtml>). This title page must appear at the beginning of the manuscript.

A manuscript will not be rejected solely because of conflicts of interest. However, appearance of a potential conflict of interest could result in a request that the conflict of interest be stated in the published manuscript.

*Anesthesia & Analgesia* does not have a threshold monetary value to determine “relevant” or “significant” conflicts of interest. Similarly, the Journal believes that there is no specific time beyond which a potential conflict of interest ceases to exist. All relevant potential conflicts of interest should be declared regardless of monetary value or the date of the relationship. Conversely, we recognize that extensive disclosures of trivial or ancient relationships may unintentionally obfuscate relevant conflicts.

Authors are encouraged to err on the side of full disclosure. Full disclosure at the time of submission has fewer repercussions than subsequent exposure of a real or potential conflict that might have affected the study design, interpretation of data, or another aspect of a study. This does not mean that everything disclosed will appear in the manuscript. Only what is deemed relevant at the time of publication will be included in the published manuscript based on discussion between the editor(s) and the author(s).

## **Preparing Your Manuscript**

The following pages describe the types of manuscripts published by *Anesthesia & Analgesia*. The guidelines offer general rules on length, format, and content. These guidelines are intended to help authors write manuscripts meeting the expectations of reviewers and editors, improving chances that a manuscript will be accepted for publication. If a manuscript must deviate from these rules in any significant manner, please contact the Editorial Office in advance of submitting the manuscript to be certain that the Journal will consider publication. Additionally, please explain any significant deviations from the expected format in the “Enter Comments” section when submitting your manuscript via Editorial Manager.

Submissions to *Anesthesia & Analgesia* should use grammatically accurate English and American spellings. All accepted submissions will be edited for syntax, grammar, and spelling.

## **Manuscript Types and Word Count**

Please review the following descriptions of manuscript types and recommended word counts. Word counts are for guidance and are not absolute limits. Manuscripts should be as succinct as possible. All submissions must include a title page created either through the Title Page Generator (<http://www.aaauthor.org>) or with the appropriate manuscript template (<http://www.anesthesia-analgesia.org/site/misc/authors.xhtml>).

**Research Reports** describe original clinical or laboratory investigations. A meta-analysis of a series of research papers is also a Research Report. Studies that could be easily predicted as logical extrapolations of existing pharmacology may be rejected without review. For studies of Bispectral Index or other devices, use direct computerized data collection. Research Reports include a structured Abstract (maximum 400 words), Introduction (500 words recommended, e.g., 1 page), Methods, Results, and Discussion (1500 words recommended, e.g., 3 pages). Research Reports typically should be fewer than 3000 words (excluding supplementary online data). *Anesthesia & Analgesia* currently accepts about 25% of submitted Research Reports.

**Case Reports** describe “truly exceptional” cases making an important teaching point or scientific observation. They may describe unusual and instructive cases, novel anesthetic techniques, novel use of equipment, or new information on diseases of importance to anesthesiology. The Journal is not interested in “bullet dodged” or “near miss” reports. Case Reports in which nothing happens are not interesting. Case Reports are frequently suitable for documenting unusual cases of toxicity or equipment failure. They are almost

never appropriate for describing efficacy of a drug or a treatment which should be demonstrated by an adequately powered and well-controlled clinical trial. The only exception is a demonstration of efficacy in a population or a clinical scenario so uncommon that a clinical trial cannot be performed. Case reports describing successful management of complex cases will only be considered if they make a truly exceptional observation. Case Reports include an unstructured Abstract (maximum of 100 words), Introduction, Case Description, and a Discussion. The Case Description and Discussion typically should be fewer than 1500 words. Case reports about one or more patients must include a statement that the patient, the patient's family, or the local IRB reviewed the case report and gave written permission for the authors to publish the report. If such permission has not been obtained this must be disclosed in the case report as well as the reason for not obtaining patient permission. A case report becomes a research study if the authors *intend* to publish the outcome at the time they are providing treatment for the patient. In this situation, the authors should obtain Institutional Review Board approval and written informed consent before treating the patient. If that is not possible, then the author should obtain Institutional Review Board approval and patient consent to pursue publication shortly after providing treatment, and in advance of submission to *Anesthesia & Analgesia*. Interesting but not truly exceptional cases should be submitted as Letters to the Editor. *Anesthesia & Analgesia* accepts approximately 10% of submitted Case Reports.

**Echo Rounds** are short reports providing a focused discussion of one or more unique or interesting perioperative echocardiographic image (transesophageal, precordial, epicardial, or epiaortic) from a clinical situation in which echocardiography was central to clinical

management. Submissions must provide succinct teaching points on echocardiographic views, techniques, or calculations. Teaching points must be supported by the current literature or standard reference texts of echocardiography, preferably those most accessible to the general reader. Echo Rounds should not be construed as “mini-Case Reports” and as such only the most relevant clinical details should be succinctly presented. The suggested format is to present clinical details and specific echo findings in the first third of the report and didactic discussion of the echo topic(s) in the subsequent two-thirds followed by no more than 7 references. The report should be accompanied by no more than 3 echocardiographic still images and 3 video clip(s), with legends, which will be available online. The still images should usually, but not always, correspond to the respective video clip(s). Authors should provide appropriate labeling (e.g., arrows, abbreviations of anatomic structures, etc.) of figures and clips (if possible) and may elect to consolidate consecutive time segments into one clip (although adequate viewing time for each segment must be provided to clearly illustrate the primary findings being discussed in the text). Selected reports may benefit from the addition of a short table or schematic figure. Authors are advised to examine previously published Echo Rounds (either via the Table of Contents or via the online Echo Rounds database at <http://www.scahq.org> or via [www.anesthesia-analgesia.org](http://www.anesthesia-analgesia.org)) to avoid submission of topics previously published in this series. See page 44 for video formatting details. Echo Rounds do not include an Abstract and should not exceed 800 words in length. Echo Rounds must include a statement that the patient, the patient’s family, or the local IRB reviewed the case report and gave written permission for the authors to publish the report. If such permission has not been obtained, this must be disclosed in the text, as well as the reason for not obtaining patient permission. All Echo

Rounds must also include a completed Echo Rounds Checklist. This checklist is available at <http://www.anesthesia-analgesia.org/site/misc/authors.xhtml>.

**Echo Didactics** are solicited submissions presenting a practical clinical review of a particular echocardiographic topic (e.g., important measurements, specific anatomic evaluation, current or emerging technologies). Echo Didactics do not include an Abstract but should include a discussion of the relevant background, the "nuts and bolts" of assessment and measurement, and new concepts. Echo Didactics should include 1 to 3 figures or short tables, 1 to 3 video clips (composite videos, as described for Echo Rounds) and appropriate references (not to exceed 10). The author should provide 3 – 4 "bullet" teaching points summarizing the most important teaching points. Echo Didactics should not exceed 1000 words.

**Brief Reports** are intended to report clinical or laboratory research observations. Brief reports are not appropriate for hypothesis-based research which should be reported as a Research Report. Brief Reports may be appropriate for pilot studies, provided they are limited to the observations and do not formally test a hypothesis. Brief Reports can also be used to provide initial reports of new technologies. Brief Reports require an Abstract, which may be structured or unstructured depending on the topic (maximum of 100 words). Brief Reports contain an Introduction, Methods, Results, and a very brief (1 paragraph) Discussion. Brief Reports typically should be fewer than 1000 words.

**Technical Communications** describe instrumentation and analytic techniques. Technical Communications include an unstructured Abstract (maximum of 400 words) and the text of the communication, not exceeding 1500 words.

**Review Articles** synthesize previously published material into an integrated presentation of our current understanding of a topic. Review Articles should describe aspects of a topic in which scientific consensus exists, as well as aspects that remain controversial and are the subject of ongoing scientific disagreement and research. Review Articles are expected to be comprehensive in scope. If the author used a formal strategy to search the medical literature, this strategy should be described. Review Articles should include an unstructured Abstract of <400 words. Review Articles typically should be fewer than 5000 words. A meta-analysis is a formal statistical analysis of an existing body of literature with the intention of producing new knowledge. A meta-analysis should be written and submitted as a Research Report, not as a Review Article.

**Medical Intelligence Articles** collate and evaluate previously published material to aid in evaluating new concepts or updating old concepts germane to anesthesiology. Medical Intelligence Articles are expected to be highly focused in scope. They should include an unstructured Abstract (maximum of 100 words), and the text of the review, which typically should be fewer than 2000 words.

**Special Articles** are manuscripts not fitting any of the above categories. They are typically invited by the Editorial Board to examine a particular topic. Occasionally, authors produce

publishable scholarly texts not fitting the above models. These may be submitted as Special Articles. There are no word limits or rules for the structure of Special Articles. They may have a structured or unstructured abstract (maximum of 400 words) or no abstract.

**Editorials** provide editorial perspective on articles published in the Journal or express the general policies or opinions of the Editorial Board. They are solicited by the Editorial Board. Editorials do not have Abstracts and typically should be fewer than 1500 words.

**Pro/Con Editorials** are scholarly discussions of clinically relevant topics providing opposing, well-founded viewpoints. They are solicited by the Editorial Board. Pro/Con Editorials do not have Abstracts and typically should be fewer than 1500 words.

**Pro/Con/Core Reviews** present a focused review accompanied by expert commentary for and against a specific clinical topic or technique. The Core Review includes an Abstract (unstructured, maximum of 100 words), and the text of the review which typically should be fewer than 2500 words. It may be accompanied by figures or a video supplement. Pro/Con/Core Reviews are solicited by the Editorial Board.

**Book and Multimedia Reviews** report current literature in perioperative medicine, critical care, and pain management. Publishers interested in having their book or multimedia material reviewed by the Journal should first contact Dr. Marie Csete, Section Editor for Book, Multimedia, and Meeting Reviews at [bookreviews@anesthesia-analgesia.org](mailto:bookreviews@anesthesia-analgesia.org) before sending the material. Book Reviews typically should be fewer than 750 words.

**Meeting Reports** are scholarly outlines of the program and content of a scientific meeting. They may be organized temporally (day by day) or thematically (topic by topic). Authors interested in submitting meeting reports should first contact Dr. Marie Csete, Section Editor for Book, Multimedia, and Meeting Reviews at [bookreviews@anesthesia-analgesia.org](mailto:bookreviews@anesthesia-analgesia.org) to confirm that the meeting is of a general interest to the readership. Meeting reports do not have Abstracts and typically should be fewer than 1500 words.

**Focused Reviews** summarize recent advances in a particular field with direct application to clinical practice. They are intended to efficiently communicate new knowledge to make clinical practice safer, more efficient, and up-to-date. They are solicited by the Editorial Board. Focused Reviews contain an unstructured abstract, text, and references. They typically should be fewer than 1500 words.

**Commentaries** provide expert perspective on articles or topics published in the Journal. They are typically solicited from reviewers who provide unusually thoughtful insight during the peer review process that should be shared with the *Anesthesia & Analgesia* readership. They are solicited by the Editorial Board. Commentaries contain a title page, text and references and do not have an Abstract. They typically should be fewer than 1500 words.

**The Open Mind** is a forum for thoughtful, scholarly, and well-referenced reader perspectives. The Open Mind is intended to stimulate discussion. Submissions to The Open

Mind must pass the scrutiny of peer review. The Open Mind is not a forum for rants, tirades, or complaints about being overworked and underpaid.<sup>8</sup> Submissions to The Open Mind do not have an Abstract and typically should be fewer than 1500 words.

### **Letters to the Editor**

Submit Letters to the Editor using Editorial Manager (<http://aa.edmgr.com>). Consider the following points when composing a Letter to the Editor:<sup>9</sup>

#### **Consent**

Letters to the Editor about one or more patients must include a statement that the patient, the patient's family, or the local IRB reviewed the case report and gave written permission for the authors to publish the report. If such permission has not been obtained, this must be disclosed in the case report as well as the reason for not obtaining patient permission. A Letter to the Editor becomes a research study if the authors *intend* to publish the outcome at the time they are providing treatment for the patient. The authors should obtain Institutional Review Board approval and written informed consent before treating the patient. If that is not possible then the author should obtain Institutional Review Board approval and patient consent to pursue publication shortly after providing treatment and in advance of submission to *Anesthesia & Analgesia*.

**Brevity**

Letters that respond to a published paper typically should be fewer than 300 words. Long critiques are difficult to follow and will likely generate a response that is also too lengthy. Letters describing an interesting or uncommon clinical experience should be limited to relevant clinical details. Unlike Case Reports, these letters should not delve into the background of diseases or therapeutic interventions. A letter describing a new gadget or technique should not exceed 3-5 paragraphs. References should be limited to a few key articles.

**Focus**

A letter should address a single issue. It should not discuss an entire subject but should briefly identify the reason for submission (e.g., a flaw in methodology, relevant observations, or alternative explanation). A letter should be of interest to more than the correspondent and the author of the article in question. Quibbles involving a complex and sophisticated subject or methodology should be settled privately rather than in the Correspondence Section of the Journal.

**Scientific Accuracy**

Letters do not necessarily have the imprimatur of external peer review. Nevertheless, scientific accuracy is crucial. If letters deal with complex or arcane issues they will be reviewed by members of our Editorial Board or, occasionally, outside reviewers, especially when letters propose a new idea or methodology.

**Tone**

Letters must be respectful. Letters that attack authors, the Journal, or our readership will not be published. Letters that are self-promoting will also not be published. Just as we discourage authors of peer-reviewed articles from claiming to be the first to make an observation, we similarly are not interested in letters claiming prior publication of an observation although we will publish letters to correct the record if we believe that the claim is meritorious.

**Timeliness**

A letter written in response to a published paper should be submitted no later than 4 months after the paper has been published. A longer interval detracts from the interest, relevance, and impact.

**Writing**

All letters are edited and occasionally completely rewritten, to be highly focused, readable, and succinct. Accepted letters may or may not be forwarded to the author to approve the edited text.

**Conflict of Interest**

Conflict of interest disclosure is required for all submissions to the Journal, including letters.

## General Guidelines and Set-up Instructions

Authors are encouraged to follow these guidelines carefully which will improve the timeliness and quality of the review process. The Editors of *Anesthesia & Analgesia* may return manuscripts to authors without peer review if the manuscripts do not conform to the Journal guidelines.

- Follow the specifications in Uniform Requirements for Manuscripts Submitted to Biomedical Journals, as updated in 2008, available at <http://www.icmje.org>.
- Carefully think through the overall organization of your manuscript. Make sure you prepare all parts. Follow the guidance given in the subsections below to prepare each part. <http://www.bartleby.com/141>
- Write clearly. Be straightforward, unambiguous, and succinct, as described in Strunk and White's *The Elements of Style*.<sup>3</sup>
- Follow the technical styles found in these texts:
  - *Scientific Style and Format: The CSE manual for Authors, Editors, and Publishers*. 7th ed.<sup>4</sup>
  - *American Medical Association. Manual of Style*, 10th ed.<sup>5</sup>
- First-time authors will benefit by reading the unpublished "A Step by Step Guide to Writing a Scientific Manuscript" by Wenzel, Dünser and Lindner, at <http://www.aeditor.org/StepByStepGuide.pdf>
- Prospective randomized clinical trials should be presented in accordance with the CONSORT statement (<http://www.consort-statement.org>). The CONSORT statement includes general principles applicable to many types of investigations. Authors should review the CONSORT checklist when preparing their submission.

- Prospective and retrospective observational trials should be presented in accordance with the STROBE statement (<http://www.strobe-statement.org>). Authors should review the appropriate STROBE checklist when preparing their submission.
- Systematic reviews and meta-analyses should be presented in accordance with the PRISMA statement (<http://www.prisma-statement.org>). Authors should review the appropriate PRISMA checklist when preparing their submission.
- Follow these rules when composing your manuscript:
  - Create your manuscript using Microsoft Word.
  - Please use “Standard US Paper” or “Letter” page format (width of 8.5 inches or 21.59 centimeters, length of 11 inches or 27.94 centimeters) for your manuscript before uploading the document to Editorial Manager.
  - Double-space all text, including references and table and figure legends.
  - Begin each section (title page, abstract, text, acknowledgments, references, tables, and legends) on a new page by inserting a page break before each part.
  - Number pages consecutively beginning with the title page.
- Upon submission, we require all authors to sign a digital copyright assignment agreement uploaded into Editorial Manager (under “Attach Files”) by the corresponding author. Please note that we will no longer accept forms by fax or email. For more information visit: <http://www.anesthesia-analgesia.org/site/misc/authors.xhtml>.

The Editorial Office has prepared a series of templates (<http://www.anesthesia-analgesia.org/site/misc/authors.xhtml>) in Microsoft Word format that should be downloaded and used for manuscript preparation. Each template includes the appropriate formatting defaults, instructions for the type of manuscript being submitted and a checklist for manuscript submission. The instructions and checklist should be deleted before submitting the manuscript electronically. Templates exist for the following types of submissions:

- Book/Multimedia Reviews
- Brief Reports
- Case Reports
- Commentaries
- Echo Didactics
- Echo Rounds
- Editorials
- Focused Reviews
- Letters to the Editor
- Medical Intelligence Reports
- Meeting Reports
- Research Reports
- Review Articles
- Special Articles
- Statistical Grand Rounds
- Technical Communications

- The Open Mind

### **Title Page**

All submissions require a title page. Please create the title page of your manuscript by either using the Title Page Generator (<http://www.aaauthor.org>) or one of our manuscript templates (<http://www.anesthesia-analgesia.org/site/misc/authors.xhtml>). With the Title Page Generator, a complete title page will be generated (as an RTF file) which you should then copy and paste into your manuscript document (typically a Microsoft Word document). You do not need to prepare a separate title page.

All title pages should contain the following elements (Note: all elements are provided when using the Title Page Generator or manuscript templates):

**Title of the article:** Be concise but informative. Include species when appropriate.

**Short Title:** An abbreviated title of no more than 60 characters including letters and spaces. The short title appears in the abbreviated table of contents in the journal and also appears in the footer of the published article.

**List of Authors:** First name, middle initial, and last name of each author, with highest academic degree(s) (MD, PhD, etc) and an e-mail address for each author.

Each author must:

- Indicate his or her affiliation (Department, Institution/Company, City, State/Country) at the time the work was performed. If the author has moved since

the work was performed the current institution may appear in parentheses, e.g., (Current Affiliation: Department of Anesthesiology, Columbia University, New York, New York).

- Disclose his or her contribution to the manuscript. Identified contributions include study design, conduct of the study, data collection, data analysis, and manuscript preparation, e.g., This author helped design the study and prepare the manuscript.
- Attest to having approved the final manuscript, e.g., (Author Name) approved the final manuscript. Additionally, for research reports, brief reports, and technical communications involving more than one author, at least two authors must attest to having reviewed the original study data and data analysis e.g., (Author Name) attests to the integrity of the original data and the analysis reported in this manuscript. One author must also be designated as the archival author who is responsible for maintaining the study records, e.g., (Author Name) is the archival author.
- Disclose all conflicts of interest or indicate that no conflict of interest exists. All relationships between authors and any company or organization with a vested interest in the outcome of the study should be disclosed including current or previous relationships with a potential interest in the outcome of the research project. More information on conflict of interest can be found on page 13.

Authors must contribute intellectually to the work as described in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, updated in 2008 (<http://www.icmje.org>).

Attributing authorship to those who have not contributed intellectually is not acceptable. For example, it is unacceptable to include senior members of a research group, chairs of academic departments, or representatives of the commercial sponsor, if they do not meet the requirements for authorship. It is similarly unacceptable to exclude individuals who meet the requirements for authorship. For example, scientists from a sponsoring company who are involved in the study design, execution of the study, data analysis, and preparation of the manuscript should be coauthors of the paper with appropriate disclosure.

If two authors are to be considered “co-first authors” this should be identified as a footnote to each co-first author. The footnote will appear in the published paper, but does not appear in PubMed.

**Name of Department(s) and Institution(s)** to which the work should be attributed.

Multiple institutions may be listed if appropriate. The National Library of Medicine (PubMed) determines institutional affiliation from the affiliation of the first author.

*Anesthesia & Analgesia* has no control over this process.

**Corresponding Author:** Name, address, telephone number, fax number, and e-mail address of author responsible for manuscript correspondence.

**Reprints:** Name and address of author to whom requests for reprints should be addressed or a statement that reprints will not be available from the author.

**Funding Statement:** The source(s) of funding, including foundations, institutions, pharmaceutical and device manufacturers, private companies, or intramural departmental sources.

**IRB Contact Information:** For all studies involving human research, include the name and full contact information (Contact Name, Institution, Address, Phone, Email) for the Institutional Review Board that approved your study.

## **Abstract**

**Location:** The Abstract should appear after the title page(s).

**Content:** Structured Abstracts include Background, Methods, Results, and Conclusions. Structured abstracts should provide enough detail to permit the reader to quickly understand the study and findings.

**Background:** State the context and purpose of the research, and the hypothesis being tested.

**Methods:** Define the study subjects or experimental animals, study groups, controls, data collected, primary endpoints, and analytic and statistical methods.

**Results:** State the number of subjects studied, key findings, and statistical significance.

**Conclusions:** State whether or not the hypothesis was proven, and the scientific and clinical conclusions drawn from the study.

Unstructured Abstracts summarize the article, including salient observations and conclusions.

**Word Count:** Please state the number of words in the Abstract after the Abstract text.

<b>Manuscript Type</b>	<b>Abstract Type</b>	<b>Word Limit</b>
Research Reports	Structured	400
Case Reports	Unstructured	100
Echo Rounds	None	—
Echo Didactics	None	—
Brief Reports	Structured or unstructured	100
Technical Communications	Unstructured	400
Review Articles	Unstructured	400
Medical Intelligence Articles	Unstructured	100
Special Articles	Structured, unstructured, or none	400
Editorials	None	—

Pro/Con Editorials	None	—
Pro/Con/Core Reviews	Unstructured	100
Book and Multimedia Reviews	None	—
Meeting Reports	None	—
Focused Reviews	Unstructured	100
Commentaries	None	—
The Open Mind	None	—
Letters to the Editor	None	—

## **Text**

The text of Research Reports is usually, but not necessarily, divided into the following sections: Introduction, Methods, Results, and Discussion, as described below.

### **Introduction**

- Summarize the background in one or two sentences.
- Offer only fundamental background information for the work.
- Succinctly state the purpose of the study.
- If the study tests specific hypotheses, state the hypotheses.
- Do not review the topic.
- The introduction typically should be fewer than 500 words.

## Methods

- State the study's conformance with the Journal's requirements for human and animal trials, as described in Responsible Conduct of Research, page 5.
- If the study involves neuraxial or perineural drug administration, drug administration in children, or "off-label" use of drugs, please state how the study conforms to the Investigational Drugs guidelines on page 10. If the drug is used "off-label" and an investigator IND was not obtained, this should be stated. If an investigator IND was obtained please include the IND number.
- State the clinical trial registry, registration number, and date of registration if the trial is registered.
- Inclusion and exclusion criteria: describe how observational or experimental subjects (patients or experimental animals, including controls) were selected.
- Describe methods, materials, devices (manufacturer's name and city, state, country in parentheses), computer software (including revision numbers), and procedures in sufficient detail so that the experiment can be reproduced by other investigators. If the text and the references provide inadequate detail, include an Appendix or other material that would be published as Supplemental Digital Content.
- Disclose molecular structures when describing novel compounds. Structural disclosure may be waived at the discretion of the Editorial Board when there is a compelling reason to publish a manuscript before the sponsor is ready to disclose the molecular structure.
- Provide references to established methods.

- Provide references and brief descriptions for published methods that are not well known. The methods section should be interpretable on its own to a knowledgeable reader who should not need access to another manuscript to understand yours.
- Describe new or substantially modified methods, give reasons for using them, and define their limitations.
- Identify all drugs and chemicals including generic name(s), dosage(s), and route(s) of administration. Refer to the drugs throughout the text by their generic names unless the subject of the research is a comparison of branded formulations in which case the use of the brand name is more precise.
- Describe all data handling and statistical methods.
- If you use a methodology that you previously reported it is acceptable to use wording identical to your previous wording. If you are not the author of the previous description of the methodology, then the methodology must be rewritten with reference to the original description of the methodology.
- Present methodologies in the same order in which the results are presented.

## **Results**

- The results are the most important part of the manuscript.
- Present results in a logical sequence in the text, tables, and illustrations.
- Account for all subjects, e.g., number enrolled but not randomized, number withdrawn and for what reasons, etc.

- Do not repeat large amounts of material in the text that are also presented in the tables or figures. However, commenting on key data from tables or figures is necessary to highlight the main findings.
- Emphasize important observations.
- In the text, tables, and illustrations, present P values as the actual value rounded to the nearest one-hundredth if greater than 0.01 (e.g.,  $P = 0.04$ ) rather than as an inequality (e.g.,  $P < 0.05$ ). Inequality may be used in footnotes describing symbols that designate statistical significance in tables and figures (e.g.,  $*P < 0.05$ ) and when statistical software uses an inequality to report very small P values (e.g.,  $P < 0.001$ ).
- Use consistent rules for presenting numerical results. For example, if a numeric result appears in the abstract, the results, and a table, be certain that it is reported with the same precision in each instance.
- In general, determining that the difference between two groups is greater than 0 at  $P < 0.05$  is not an interesting result. Even the most trivial difference might be statistically significant if enough subjects were studied. The important questions are: 1) what are the confidence bounds for the difference between groups; and 2) is the difference large enough to matter scientifically or clinically?

## **Discussion**

- Discussions should be focused and succinct.
  - The discussion should not be a comprehensive review of the literature.
  - The discussion need not cite every previous study in the field.

- The discussion typically should be fewer than 1000 words.
- The discussion should not contain inflated claims or product advertisements, e.g., “this new product is conveniently packaged and may transform anesthesia and perioperative medicine.” Claims of being the first to publish a finding are best made in retrospect. Do not claim to be the first to report something. It only invites angry Letters to the Editor.
- Where possible, structure your discussion in the same order that the results were presented in the Results section.
- Emphasize new and important aspects of the study and the conclusions that follow.
- State the limitations of the study including the limitations of the materials and methods. State how the limitations temper the conclusions.
- Succinctly relate the observations to other relevant studies.
- Do not repeat data presented in the Results section, except as required for clarity.
- In the last paragraph link the conclusions with the goals of the study. If the study tested a hypothesis, state whether the hypothesis was proven, not proven, or the study was inconclusive.
- Avoid statements and conclusions not completely supported by the data.

### **Tables**

- Use a separate page for each table.
- Double-space each table’s entries.
- Do not submit tables as photographs or pasted images.

- Tables must be submitted as text in your manuscript Word document, not in a separate document.
- Number the tables consecutively. Each table should have a brief title. Each column in a table should have a brief name.
- Use footnotes (not table titles or column headings) for explanatory matter and definitions of abbreviations. Abbreviations must be described with footnotes even if they are defined in the text or in other tables.
- For footnotes, use lower-case italicized letters in alphabetical order.
- Cite each table in the text in consecutive order.
- If you include a block of data, a table, or a figure from another source, whether published or unpublished, acknowledge the original source.

### **Figures and Illustrations**

- For useful information on preparing digital art, please review the detailed instructions at <http://art.cadmus.com/da/index.jsp>.
- You are encouraged to read *The Visual Display of Quantitative Information* by Edward Tufte,<sup>6</sup> a superb treatise on statistical graphics, charts, and tables.
- Design figures and illustrations with their published size in mind, i.e., 1 or 2 columns wide. Large figures will be reduced.
- *Anesthesia & Analgesia* publishes in full color, and encourages authors to use color to increase the clarity of figures. Standard colors should be used (black, red, green, blue, cyan, magenta, orange, and gray). Avoid colors that are difficult to see on the printed page (e.g., yellow) or are visually distracting (e.g., pink). Figure

backgrounds and plot areas should be white not grey. Axis lines and ticks should be black and thick enough to clearly frame the image. Axis labels should be large enough to be easily readable and printed in black.

- The default formatting provided with Microsoft Excel is not acceptable for scientific graphics. There are numerous programs for creating scientific graphics that are more suitable than Excel (e.g., R, Origin, Prism, SigmaPlot, StatGraphics, S+). If you decide to use Microsoft Excel to create figures, please use fonts that are clear and appropriately sized for all axis names and labels. In general sans serif fonts (e.g., Arial or Helvetica) are better for tables than serif fonts.
- Number figures consecutively. Supply a brief title for each. Cite figures in the text in consecutive, numerical order.
- If a figure has already been published, acknowledge the original source. You must obtain and submit written permission from the copyright holder to reproduce the material when you submit the manuscript for review. Unpublished figures require permission of the author. Permission is required to reproduce any previously published material except for documents or figures in the public domain.
- Define all abbreviations used in each figure. Repeat definitions of any abbreviations used in subsequent legends.

## **References**

- All references must be generally available to readers. Cite references to articles only if they are published in peer-reviewed journals included in the Index Medicus. Unacceptable references include abstracts appearing only in meeting programs or

abstracts more than 3 years old. These should be listed as footnotes. Number references consecutively in the order in which they are first mentioned in the text.

Double-space between all lines of each reference and between references.

- Cite references in text, tables, and legends using superscripted numbers after the punctuation in the order in which the citations appear in the text, tables and figure legends (e.g., Wong et al.<sup>1</sup> described . . .).
- The titles of journals must be abbreviated according to the style used in Index Medicus.
- Verify all references against the original documents or Medline.  
(<http://www.pubmed.gov>)

Table 1. Reference Formats

Document type	Example format
Standard journal article (list all authors, do not use “et al”)	Dalal PG, Murray D, Cox T, McAllister J, Snider R. Sedation and anesthesia protocols used for magnetic resonance imaging studies in infants: provider and pharmacologic considerations. <i>Anesth Analg</i> 2006;103:863–8
Books/monographs	Zar JH. <i>Biostatistical Analysis</i> . 3rd ed.
Book chapter	

<p>Published proceedings</p>	<p>Upper Saddle River, NJ: Prentice-Hall, 1996</p>
	<p>Eger EI II. Uptake and distribution. In: Miller RD, ed. Miller's Anesthesia. 6th ed. Philadelphia: Elsevier Churchill Livingstone, 2005:131–53</p>
<p>Website</p>	<p>DuPont B. Bone marrow transplantation in severe combined immunodeficiency with a paper unrelated MLC compatible donor. In: White HJ, Smith R, eds. Proceedings of the third annual meeting of the International Society for Experimental Hematology. Houston: International Society for Experimental Hematology, 1974:44–6</p> <p>Do not use as a reference. May be used as a footnote (3 or fewer) listing the URL and the date it was last accessed by the author, e.g., NIH Request for Applications.</p> <p>Available at: <a href="http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-08-005.html">http://grants.nih.gov/grants/guide/rfa- files/RFA-HL-08-005.html</a>. Accessed May</p>

	6, 2010. For 4 or more websites, please create a table and number each listing. In the text, site the table and number, e.g., “Table 1, Ref. 3.”
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- Submit copies of “in press” references to Editorial Manager when the manuscript is submitted.
- Check the citation list for duplicate entries.
- Use the formats of the example references shown in Table 1 above as guides for formatting references.

### **Supplemental Digital Content**

Supplemental digital content provides additional material too detailed for inclusion in the manuscript or material not readily presented in printed form. For example, supplemental digital content may include audio and video files, spreadsheets, additional figures and tables, appendices, data files, and statistical analysis programming code. If supplemental digital content is submitted be sure to remove all patient identifiers from the material.

Supplemental digital content should be labeled as to whether they are to be published in the print journal or as an online supplement or not published and for reviewers only. Please also cite the supplemental digital content in the text along with a very brief description, for example, “Supplemental Video 1, dilated right coronary artery...”

Because supplemental digital content is part of the overall submitted manuscript, make every effort to have the supplement clearly formatted and organized. More detailed instructions can be found online at <http://sites.google.com/site/lwwsdcauthorchecklist>.

Authors are urged to share raw data whenever possible. Raw data are invaluable to the community of investigators working to move a discipline forward. Excel spreadsheets are commonly used to share raw data. If authors are not comfortable sharing data online as supplemental digital content, they should indicate as a footnote on the title page which author (if any) can be contacted via e-mail for the raw data. All data shared as a web supplement should be appropriately de-identified to protect patient privacy.

Please follow the guidelines below for submitting supplemental video (including video for Echo Rounds and Echo Didactics) and audio files:

- The preferred video file formats are MPEG-4 (MP4), QuickTime (MOV), and Windows Media Video (WMV). Please preview video clips on both Windows and Macintosh platforms to be certain they play correctly. The review process will be delayed if the Editorial Office cannot play the video clip.
- Deliver still images from video clips in high-resolution JPEG or TIFF formats.
- Individual video clips should not exceed 15 MB.
- Use video-compression software to reduce video size if necessary. Optimal video frame dimensions are 480 × 360 pixels and 640 × 480 pixels. Videos of 320 × 240 pixels have inadequate resolution for teaching purposes. Video clips are typically 15–25 seconds.

- Combinations of clips: If several video clips are combined, for example, several transesophageal echocardiographic loops, please provide adequate time for each segment and leave a suitable gap between the videos. Use appropriate labeling to ensure that the viewer can understand the timing of the pathology and events. Labeling can be added with video editing programs, such as Adobe Premiere or iMovie.
- Patient Identifiers: Remove all patient identifiers including the date of the study from video clips and still images.
- For echocardiographic video, please consult Rokey and Vick. Masking Personal Health Information on Real-time Echocardiographic Images.<sup>7</sup>

#### Audio

- Submit audio files in WAV or MP3 formats.

#### **Units of Measurement**

*Anesthesia & Analgesia* serves an international audience. For this reason, Système International (SI) units are preferred.

We recognize that authors and readers unfamiliar with SI units have difficulty interpreting them. Authors may make undetected errors if they convert their measurements to SI units. To minimize the chance of conversion errors, authors should submit manuscripts using the units of measurement used in the study, or the units that are used clinically at the author's institution. These are the units that will appear in the published manuscript.

Readers may readily convert published units to units of their choice using commonly available conversion tables. *Anesthesia & Analgesia* provides a spreadsheet for unit conversion available at <http://www.aeditor.org/units.xls>.

A more complete conversion table can be found in the American Medical Association Manual of Style, A Guide for Authors and Editors, Chapter 15: Units of Measure, Table 4: Conversions from Conventional Units to Système International (SI) Units, pp 486–503.<sup>10</sup>

### **Abbreviations**

**AAWP:** Avoid Abbreviations Whenever Possible. The added length of spelling out words is more than compensated for by the increased readability of your manuscript when words are spelled out.

Idiosyncratic abbreviations make text particularly difficult to read. Abbreviations widely used within a narrow discipline can make a manuscript uninterpretable to the interested reader from outside that discipline.

Do not create new or unusual abbreviations. For example, if the paper refers to the paw pressure test, just call it the paw pressure test throughout the paper, not the PPT.

When it is necessary to use an abbreviation at the first mention of an abbreviated term in the abstract, text, each figure legend, and each table, spell out in full and follow immediately with the abbreviation (enclosed within parentheses). For subsequent uses of

the term in the same section use only the abbreviation without parentheses. Some authors use abbreviations to decrease the word count of a manuscript. Please don't do this. Clarity is more important than brevity. If a term is used fewer than 3 times, an abbreviation is unnecessary.

Write as you speak. An electrocardiogram might be called an ECG, or EKG, so it is acceptable to abbreviate it as ECG or EKG (after it is spelled out on first use). However, spell out words if there is any possible ambiguity. This will help clarify the manuscript on *morphine sulfate* kinetics in *multiple sclerosis* patients with severe *mitral stenosis* undergoing *maxillary sinus* surgery analyzed with *Microsoft Excel*.

Consult the following sources for abbreviations:

- Scientific Style and Format: The CSE manual for Authors, Editors, and Publishers. 7th ed.<sup>4</sup>  
<http://www.resourcenter.net/Scripts/4Disapi07.dll/4DCGI/store/item.html?Action=StoreItem&Item=13693&LoginPref=1>
- American Medical Association. Manual of Style. 10th ed.<sup>5</sup>

## Submitting Your Manuscript

1. Go to Editorial Manager at <http://aa.edmgr.com>, or access the same site from either [www.iars.org](http://www.iars.org) where the link can be found under “Journal → Submit an Article” or [www.anesthesia-analgesia.org](http://www.anesthesia-analgesia.org) where the link can be found under “For Authors.”
2. If you have not previously submitted a manuscript to *Anesthesia & Analgesia* or reviewed for the Journal, then you must click “Register” to create a username and password and create a new account. Otherwise, just log in with your username and password.

## What Happens After Submission?

Manuscripts are reviewed by the Editorial Office to make certain that the submission contains all required elements and is properly formatted. The Editorial Office will not forward manuscripts to the Editor-in-Chief if the manuscript is not complete. An e-mail will be sent to the author describing how to finalize the manuscript.

Manuscripts are then forwarded to the Editor-in-Chief who makes an initial assessment of the manuscript. If the manuscript does not appear meritorious or is not appropriate for *Anesthesia & Analgesia* the manuscript will be returned with an explanation that it has not been forwarded for external peer review.

If the manuscript appears meritorious and appropriate for the Journal, the Editor-in-Chief assigns the manuscript to the appropriate Section Editor or serves as Section Editor if the manuscript falls within the “General” section of the Journal. Authors are encouraged to

suggest the section of the Journal they believe is best suited for their manuscript. The Editor-in-Chief considers authors' suggestions when assigning a manuscript to a section within *Anesthesia & Analgesia*.

The Section Editor makes an initial assessment of the manuscript. The Section Editor determines whether the manuscript is meritorious and verifies that the assignment of the manuscript to his or her section is appropriate. If the manuscript meets these criteria it is sent for peer review.

Authors may recommend specific reviewers, or request that their work not be assessed by specific reviewers. These recommendations are considered when assigning reviewers, but the handling editor may choose to not follow these recommendations.

Acceptance of manuscripts is based on the importance of the findings, originality, and scientific rigor. Reviewers submit their critiques of the manuscript to the Section Editor using Editorial Manager. The Section Editor drafts an initial decision letter weighing the views of the reviewers and his or her own impressions of the manuscript. This decision letter is forwarded to the Editor-in-Chief who may modify the decision. The decision letter is then forwarded to the Editorial Office for final editing and then sent to the author by e-mail.

*Anesthesia & Analgesia* currently accepts about one-quarter of the manuscripts submitted, making it among the most selective journals in the specialty. If a manuscript is rejected and

the author believes that the reviewers' critiques can be addressed, the author may appeal the rejection by sending a letter to [editor@anesthesia-analgesia.org](mailto:editor@anesthesia-analgesia.org). If the author chooses to submit the paper elsewhere, we strongly encourage the author to first revise the manuscript based on the reviews received from *Anesthesia & Analgesia* in order to have the best chance of publication elsewhere. Rejected manuscripts resubmitted without permission will be rejected without further review.

Sometimes we recommend that a rejected manuscript or Case Report be resubmitted to *Anesthesia & Analgesia* as a Letter to the Editor. This occurs when the manuscript is not exceptional enough for publication but contains an interesting observation that our readers would value. If the manuscript or Case Report is rejected with a recommendation to resubmit as a Letter to the Editor, the manuscript or Case Report must be revised to meet the guidelines for Letters to the Editor. Additionally, the Correspondence Editor is under no obligation to accept a Letter to the Editor submitted at the suggestion of a Section Editor. The letter will be evaluated on its own merits.

Authors can expect an initial decision on submitted manuscripts or letters within 6 weeks. Nearly all accepted manuscripts undergo several rounds of revision and copyediting to produce the best possible published paper.

Once the Section Editor decides that a manuscript is ready for publication, a provisional acceptance letter is forwarded to the Editor-in-Chief. If the Editor-in-Chief accepts the recommendation, your manuscript is accepted and you will receive an e-mail. The

manuscript is then reviewed by the Editorial Office for proper English and clear writing. The Editorial Office may return the manuscript to the Section Editor or Editor-in-Chief if portions are incomprehensible, or may contact the authors for clarifications about unclear text or references. Once the Editorial Office prepares your manuscript to conform with the journal style, the manuscript will be forwarded to the publisher.

The publisher further edits the manuscript and prepares a “galley proof” of the typeset manuscript. You will receive this from the publisher via an e-mail link. It is essential that you carefully review your galley proof including the spelling of the names and affiliations of every author. Failure to return the galley proof may prevent publication. Manuscripts are in the publication queue when the galley proof is created, so please review your galley proof within two working days to ensure that any corrections are caught before the Journal is printed. Errors in printed manuscripts are almost always present in the galley proof and would have been caught before publication had the author carefully reviewed the galley proof. The galley proof will also include “author queries” which must be answered.

The average time from acceptance to publication is 4–6 months, although this can be as short as 2 months for very brief communications to as long as 1 year for manuscripts included in a collection of related papers.

## **Academic Misconduct**

*Anesthesia & Analgesia* is a member of the Committee on Publications Ethics (COPE) Code of Conduct for Editors of Biomedical Journals, and adheres to COPE's Good Publication Practice (see <http://publicationethics.org>).

The US Public Health Service's Office of Research Integrity has devoted a considerable amount of effort to help institutions and authors understand responsible conduct of research. We strongly recommend that authors utilize this excellent resource available at <http://ori.dhhs.gov>.

We will limit our discussion to just three areas of academic misconduct: plagiarism, duplicate publication, and data falsification. Plagiarism is the use of previously published material without attribution. There is an excellent summary of what constitutes plagiarism at <http://www.indiana.edu/~wts/pamphlets/plagiarism.shtml>. The ability to rapidly search text fragments using Google and similar search tools on the Internet makes plagiarism very easy to identify.

Self-plagiarism is the use of your own previously published material without attribution. This is a common practice when a laboratory frequently uses the same methodology. In this setting the description of an assay or an analysis technique may be identical in multiple papers. This is acceptable. However, with this sole exception, manuscripts that plagiarize previously published material, even if it is the author's own work, will be rejected if

identified during peer review and will be retracted if the plagiarism is discovered after publication.

Authors uncomfortable with writing in English occasionally use sentences from a published manuscript simply to obtain grammatically correct text. This is still plagiarism. This is generally discovered during the review process and will result in rejection of the submission and possible sanction. Authors uncomfortable with writing in English are strongly encouraged to ask for editing help from colleagues proficient with scientific English. Duplicate publication is prior publication of a manuscript with considerable content overlap by the same author or co-authors. Prior publication may be in the same language or it may be a translation (usually to English from the author's native language). If a manuscript has been published previously, the submission to *Anesthesia & Analgesia* will be rejected unless it has already been published in which case it will be retracted. *Anesthesia & Analgesia* uses the CrossCheck program (<http://crosscheck.ithenticate.com>) to identify plagiarism. CrossCheck compares the manuscript text to both published manuscripts and text downloaded from websites.

Prior publication of an abstract does not count as duplicate publication. We request that authors inform the Journal when parts of a manuscript have previously been published as an abstract.

There is sometimes value in publishing in English an important manuscript previously published in another language. *Anesthesia & Analgesia* will consider such submissions.

However, they must be accompanied by a letter from the copyright holder of the original publication granting *Anesthesia & Analgesia* permission to publish the work. Duplicate submission is concurrent submission of a nearly identical manuscript to two journals.

Duplicate submissions identified during peer review will be immediately rejected.

Duplicate submissions that are discovered after publication will be retracted. Data falsification is any manipulation of data that is not disclosed in the publication. This can include editing data (removing outliers, altering values), creating false data, or misrepresenting data analysis (e.g., describing an intent-to-treat analysis but actually performing a per-protocol analysis). Any manuscript in which the data have been falsified will be rejected if the falsification is discovered during peer review. If the manuscript has been published, it will be retracted.

*Anesthesia & Analgesia* reviews all allegations of academic misconduct. This review includes inquiries to the author for clarification. If inquiries to the author do not generate satisfactory replies, we will request that the author's institution assess the facts. *Anesthesia & Analgesia* will cooperate fully with any institutional inquiry into allegations of academic misconduct and will provide the inquiry board with copies of all submissions and correspondence. The conclusion of the author's institution is not binding on *Anesthesia & Analgesia*.

Sanctions against authors range from requesting a Letter to the Editor acknowledging the error and voluntarily withdrawing a manuscript, to a lifetime ban on publication in *Anesthesia & Analgesia*.

## **Expectations of Authors**

The Journal has an overriding interest in research integrity. To fulfill this obligation, all authors must fulfill the following expectations:

1. All authors must attest to having reviewed and approved the final manuscript.
2. For research reports, brief reports, and technical communications a single author must be designated as the archival author. The archival author is responsible for maintaining the study records and will be contacted should questions about the data arise following publication.
3. For research reports, brief reports, and technical communications with more than one author, at least two authors must attest to:
  - a. Having seen the original study data.
  - b. Having reviewed the data analysis.
4. Authors are expected to participate in any external review that assesses the integrity of their research. Failure to fully cooperate with any inquiry into the integrity of their research may result in retraction of any papers related to the research by *Anesthesia & Analgesia*.
5. Authors should be prepared to make original research records, informed consents, IRB approvals, spreadsheets, and analyses available for review by the Journal should questions arise during or after the peer review process about the integrity of the data or the ethical conduct of the research. The Journal acknowledges that authors may need to redact protected healthcare and proprietary business information from research records to protect patient and organizational

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6. Authors understand that the Journal may make available to an authors' institution any communications between the author and the Journal if requested to do so by a review panel investigating possible academic misconduct under the auspices of the institution.
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