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1. Be received within **one month** of the date of the decision letter,
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Original articles should have a structured abstract of no more than 255 words with the following separate headings: Background, Objective, Methods, Results, and Conclusion. A maximum of 12 keywords, 60 references, and a combined total of 8 tables and/or figures are allowed. Text should not exceed 4,000 words and should be organized into the following separate headings: Introduction, Methods, Results, and Discussion.

Letters
Letters are the primary means for an author to communicate brief clinical or scientific observations to our readership. Letters should NOT begin with the salutation “To the Editor”, are limited to 1,000 words, one figure OR table, and 10 references.

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Review articles address a specific question or issue that is relevant for clinical practice and provide an evidence-based, balanced, patient-oriented review on a focused topic, either clinical or basic science. Because of space limitations, the review is not intended to be exhaustive – it should be directed. These articles should focus on current advancements in the field, and should be based on the latest “cutting-edge” clinical, translational, or basic science.

Review Articles should have a structured abstract of no more than 255 words with the following headings: Objective, Data Sources, Study Selections, Results, and Conclusion. A maximum of 12 keywords and 60 references are allowed. Text should not exceed 4,000 words and should be organized into the following sections: Introduction and Conclusion.
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Many clinical issues have conflicting approaches and opinions – both of which are typically evidence-based. This feature is designed to explore both sides of a specific issue which will allow the reader to consider various aspects to develop and improve personal approaches. Pro-Con Debates do not have an abstract, and are subject to peer-review. Each author is allowed up to 1500 words to make one side of the argument; in addition, he/she may include up to 10 references and 1 table or figure. Since topics for debate are by nature controversial, cited references should emphasize recent publications. Unpublished data, including abstracts or "in press" manuscripts, should not be cited. When both manuscripts are acceptable, each author will be sent their opponent's manuscript and given 7 days to submit a rebuttal containing up to 500 words; in addition, you may include up to 5 additional references at that time. New evidence should not be unfolded in the rebuttal. Instead, the rebuttal should consist of counter-arguments to the points advanced by the opponent in his or her primary manuscript. The listing and numbering of references in the rebuttal need to be independent of the initial portion of the manuscript. However, the two sides of the debate and rebuttal will be cited collectively after the Summary. The Annals Editorial Staff will prepare a brief Summary of the salient points to publish simultaneously with the debate.

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MOC - CME Review articles offers physicians a process to keep skills and knowledge current in a changing field where vigilance is key to practicing state-of-the-art specialty medical care. These articles are designed to help fulfill the requirements for CME credit required for the maintenance of certification (MOC) program by the American Board of Allergy and Immunology. Text should not exceed 2,000 words and should be organized into the following sections: Clinical Vignette (case presentation, up to 750 words), Introduction (a brief description of the pathophysiology fundamentals to the case, a clinical context of the case in terms of its uniqueness for the literature), and Conclusion (relevance to the practicing clinician including the principles of the case that would impact provider practice behavior). A maximum of 12 keywords and 20 references are allowed, and articles must include 2 "behaviorally" written learning objectives. A minimum of 5 multiple-part questions (with 5 answers each) related to the material must be included, along with a rationale and a maximum of 3 references for each question.

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Guest Editorials are usually solicited to accompany certain special articles, CME review articles, and original articles that are published in the Annals. Text should not exceed 1,000 words and 10 references. Guest Editorials should reference the previously published article in the Annals.

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CME Review articles are offered as part of a Continuing Medical Education endeavor and are intended to be directed rather than exhaustive reviews of a specific clinical topic. The intent is to synthesize an overview of that topic with reference to the most current literature to allow the reader to better understand for the ultimate goal of changing practice behavior. Text should not exceed 4,000 words and should be organized into the following sections: Introduction and Conclusion. A maximum of 12 keywords and 60 references are allowed, and articles must include 2 "behaviorally" written learning objectives. A minimum of 5 multiple-part questions (with 5 answers each) related to the material must be included, along with a rationale and a maximum of 3 references for each question.

Clinical Perspectives
Clinical Perspectives are evidence-based reviews of topics relevant to the practicing allergist/immunologist. Clinical Perspectives are limited to 2,000 words, 20 references, and a combined total of 8 tables and/or figures. Text should be organized into the following sections: Clinical Problem, Strategies and Evidence (to include evaluation and symptomatic versus specific therapy, when available), Areas of Uncertainty, Guidelines, and Conclusions and Recommendations. These articles do not have an abstract.

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Challenging Clinical Cases consider the step-by-step process of clinical decision making. Cases are presented in stages (in boldface type) to simulate the typical way such information emerges in clinical practice. The author responds (in regular type) as new information is presented, sharing his/her reasoning with the reader. Challenging Clinical Cases are limited to 2,500 words, 20 references, and a combined total of 8 tables and/or figures.
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**Acknowledgements**

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4. Be comprehensible without reference to the text of the article. Use horizontal lines only at the top and bottom of the table and between column headings and the body of the table. Use no vertical lines.

5. Abbreviations should be defined in alphabetical order at the bottom of the table, e.g., Abbreviations: CT, computed tomography; MRI, magnetic resonance imaging; OR, odds ratio.

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CME Learning Objectives, Questions, Rationale and References
CME Review articles offered as part of a Continuing Medical Education endeavor require 2 “behaviorally” written learning objectives, a minimum of 5 multiple-part questions, with five answers each, related to the material in the review article, and a maximum of 3 reference(s) for each answer. This document should be formatted as follows and uploaded as a separate submission item type of 0CME Learning Objectives, Questions & Rationale.

Example:
Learning Objectives: At the conclusion of this activity, participants should be able to:

- Describe the presentation of paradoxical vocal fold motion (PVFM).
- Discuss the diagnostic tests that are best used to evaluate a patient with suspected paradoxical vocal fold motion (PVFM).

Q1. Which of the following is true about paradoxical vocal fold motion (PVFM)?

A. Response to rescue bronchodilator use  
B. Continuous symptoms  
C. Obstructive ventilatory impairment on spirometry during acute episodes  
D. Can be triggered by specific irritants  
E. Hypoxia with acute episodes

Q1 ANS: D Can be triggered by specific irritants

Rationale:
Paradoxical vocal fold motion (PVFM) presents with symptoms that are often indistinguishable from asthma. Patients with PVFM without asthma typically have symptoms which occur on an intermittent basis, do not report response to asthma therapy including bronchodilator use, have spirometry evaluation without obstructive ventilatory impairment and are without hypoxia. Intrinsic irritants such as laryngopharyngeal reflux, postnasal drip or extrinsic irritants such as chemical exposure can trigger PVFM symptoms.

References:

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