ALZHEIMER'S & DEMENTIA: DIAGNOSIS, ASSESSMENT & DISEASE MONITORING

AUTHOR INFORMATION PACK

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DESCRIPTION

Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring (DADM) is an open access, peer-reviewed, journal from the Alzheimer's Association® that will publish new research that reports the discovery, development and validation of instruments, technologies, algorithms, and innovative processes. Papers will cover a range of topics interested in the early and accurate detection of individuals with memory complaints and/or among asymptomatic individuals at elevated risk for various forms of memory disorders.

The expectation for published papers will be to translate fundamental knowledge about the neurobiology of the disease into practical reports that describe both the conceptual and methodological aspects of the submitted scientific inquiry. Published topics will explore the development of biomarkers, surrogate markers, and conceptual/methodological challenges. Publication priority will be given to papers that 1) describe putative surrogate markers that accurately track disease progression, 2) biomarkers that fulfill international regulatory requirements, 3) reports from large, well-characterized population-based cohorts that comprise the heterogeneity and diversity of asymptomatic individuals and 4) algorithmic development that considers multi-marker arrays (e.g., integrated-omics, genetics, biofluids, imaging, etc.) and advanced computational analytics and technologies.

Given the growing number of specialized manuscripts in the field of Alzheimer's and dementia research, DADM will provide an expanded platform to provide a) rapid communication and publication that facilitate cross-fertilization of ideas, b) integrating and translating knowledge across disciplines; disseminating basic and clinical information necessary for optimal translation of research into practical applications and interventions, c) increase knowledge in diverse areas of studies with potentials/implications for practical application related to early detection and/or interventions, d) formulating crucial experiments necessary for the rigorous testing of theories or their predictions, and e) identifying promising new directions of research and providing the impetus or the scientific foundation for new initiatives on interventions.

EDITORIAL BOARD

Alzheimer's Association Journals

Editor-in-Chief
Zaven Khachaturian, PhD, Rockville, MD, USA
GUIDE FOR AUTHORS

Aims & Scope
The mission of Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring is to bridge the knowledge gaps across a wide range of bench-to-bedside investigation. Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring publishes the results of studies in: behavior, biochemistry, genetics, molecular biology, pharmacology, physiology, protein chemistry, neurology, neuropathology, psychiatry, geriatrics, neuropsychology, epidemiology, sociology, health services research, health economics, political science and public policy. Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring emphasizes interdisciplinary investigations and integrative/translational articles related to: etiology, risk factors, early detection, disease modifying interventions, prevention of dementia, and applications of new technologies in health services. The Journal will publish only original contributions in the following forms: comprehensive reviews, research articles, information on clinical trials, short reports, in-depth perspectives/open-peer commentaries, theoretical and/or translational papers that attempt to integrate knowledge across disciplines, history and politics of science/ brief biographies, and abstracts of papers presented at international meetings.

Negative results, particularly clinical trials, are published as short communications.

The ultimate objective is to create a novel forum for: rapid communication of new findings, ideas, or perspectives; disseminating knowledge, across the spectrum of basic to clinical studies, necessary for optimal translation of research findings into practical applications/interventions; integrating knowledge across disciplines; increasing knowledge in diverse disciplines to promote early detection/diagnosis and/or interventions; formulating new theories and/or strategies for the rigorous testing of theories or their predictions; identifying promising new directions of research; and providing the scientific impetus for new initiatives or public policies concerning research on prevention and new models of health services.

Research In Context
Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring requires a section called "Research in Context". Authors must provide a summary, similar to an abstract, for inclusion during the online submission process. In the summary of 150 words or less, authors must place their results or findings into context with previous work.

The section has three elements. The "systematic review" subheading describes the process authors used to search, identify, and evaluate the accumulated knowledge related to their scientific question. The "interpretation" subheading requires authors to declare what their findings contribute to the entirety of the accumulated knowledge related to the question of interest described in the paper. The "future directions" subheading challenges authors to state specifically the important scientific question or questions that are necessary to expand, confirm, or refute the author's findings in future research activities. Authors must be specific in outlining or defining future research directions or crucial questions that yet need to be answered.

Here is an example for the Research in Context section:
Systematic review: The authors reviewed the literature using traditional (e.g., PubMed) sources and meeting abstracts and presentations. While the pathophysiology of ARIA is not yet as widely studied as other aspects of AD biology, there have been several recent publications describing the clinical aspects of ARIA. These relevant citations are appropriately cited. Interpretation: Our findings led to an integrated hypothesis describing the pathophysiology of ARIA. This hypothesis is consistent with nonclinical and clinical findings currently in the public domain. Future directions: The manuscript proposes a framework for the generation of new hypotheses and the conduct of additional studies. Examples include further understanding: (a) the role of perivascular clearance pathways on vascular changes following anti-AB immunotherapy; (b) the role of alterations in water clearance mechanisms in the resolution of ARIA; (c) the potential reversibility of microhemorrhage events in the clinical setting; and (d) the relationship between the pathophysiology of ARIA-E and ARIA-H. Please see the editorial on page 171 in the March 2012 issue for further details.

Article Types
Review Articles:
Comprehensive Reviews are commissioned papers by the editors to provide comprehensive and balanced coverage of a timely and/or controversial issue by a recognized authority. Uninvited paper will not be reviewed. The invited review should integrating different points of view on ground-breaking, fast-moving or contentious topics with the objective of translating, informing or educating a wide multi-disciplinary audience about varying perspective. Reviews should provide a brief overview or background of critical issues and then concentrate on setting recent findings in context. It is crucial for all Reviews, particularly those tackling controversial topics, to provide a well-balanced view of developments; authors must never concentrate unduly on their own research. Reviews, unlike Research Articles, do allow some speculation designed to foster the formulation or testing of new hypothesis.

Reviews must include an abstract of approximately 150 words. Length of a Review article may not exceed 10,000 words (excluding the abstract, references, figures, and tables), a maximum of 60 references, no more than six figures, boxes or tables.

Perspectives and Open-Peer Commentaries:
Perspectives and Open-Peer Commentaries provide personal in-depth viewpoints, rather than a review, on hotly debated topics; controversial theoretical, research or policy issues. Perspectives should: a) stimulate debate, b) present new models or hypotheses, c) suggest future experiments, directions of research or policies and/or, d) speculate on the meaning/interpretation of new discoveries/data. Articles that merely outline recent advances rather than provide a though provoking opinion on them are not suitable for this section of the Journal. Perspectives must include an abstract of approximately 150 words. Length of a Perspective article may not exceed 5,000 words, a maximum of 50 references, no more than six figures, boxes or tables. Open-Peer Commentaries must include an abstract of approximately 150 words. Length of Open-Peer Commentaries may not exceed 1,500 words (excluding the abstract, references, figures, and tables), a maximum of 20 references, no more than two figures, boxes or tables.

Research Articles:
Research Articles cover hypothesis driven research or evidence-based validation studies in any of the following generic areas of study: Biology, Chemistry, Clinical/Medical Interventions, Behavior/Neuropsychology, Social Sciences, Nursing, Health Economics, Health Services Research and Public Policy. Manuscripts must include: a) Structured Abstract, b) Background, c) Methods, d) Results, e) Discussion, f) References, g) Acknowledgements/Conflicts/Funding Sources and, h) Key Words. The manuscript, and specifically the abstract, should be written such that a diverse audience will understand the central research question and the significance of the findings or conclusion of the study. Research Articles must include a structured abstract, using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 150 words. Length may not exceed 3,500 words (excluding the abstract, references, figures, and tables), a maximum of 50 references, no more than six figures, boxes or tables.

All Research Articles must include a "Research in Context" section.

Short Reports:
Short Reports are brief communications dealing with Case Studies or information on Clinical Trials [including the negative results and/or adverse events in clinical studies]. Short Reports will also cover brief articles on the utility or potential applications of a new technique, instruments or analytical approaches; rather than the detail of the technique per se, which can be references for readers interested in complete technical details. These articles should educate and inform readers by comparing or contrasting new approaches/techniques with established ones and highlighting the pros and cons of each. Short Reports using the IMRAD format (specifically, INTRODUCTION, METHODS, RESULTS, DISCUSSION, using all uppercase letters followed by a colon and space), not exceeding 150 words. Length may not exceed 1,500 words(excluding the abstract, references, figures, and tables), a maximum of 20 references, no more than two figures, boxes or tables. must include a "Research in Context" section.

Policy Forum:
Policy Forum manuscripts generally will cover topic related to “Science and Society” that might be relevant and/or interest to a broader audience. Policy Forum will include papers on: history and politics of science, brief biographies and policy analysis. The main aim of the Policy Forum articles is simply...
to tell an exciting story on an interesting topic; the style should be conversational and newsy. Length may not exceed 5,000 words (excluding the abstract, references, figures, and tables), a maximum of 50 references, no more than six figures, boxes or tables. Policy Forum articles must include a "unstructured abstract" that may not exceed 150 words. The abstract should summarize the paper and answers questions such as: Who? What? When? Where? Why? How?

Letters:
Letters are brief communications relating to the content of earlier issues of Alzheimer’s & Dementia: Diagnosis, Assessment & Disease Monitoring or general topics of interest. Letters relating to earlier issues of Alzheimer’s & Dementia: Diagnosis, Assessment & Disease Monitoring will be sent to the appropriate authors for review and to give them an opportunity to reply. Previously unpublished data or letters concerning articles published elsewhere, however, will not be considered. Length may not exceed 750 words, a maximum of 10 references, no more than one figure.

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BEFORE YOU BEGIN

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General Format
Manuscripts should be typed double-spaced, and numbered, with wide margins. Computer-generated illustrations must be of the high quality of professional line drawings or they will not be accepted. The title page should contain: title of paper; author(s); laboratory or institution of origin with city, state, zip code, and country; complete address for mailing proofs; telephone, fax number, and email address (when available, the email address will appear in the correspondence footnote of the published article). References, footnotes, and legends for illustrations should be typed on separate sheets, double spaced. Illustrations should be identified with figure number and author(s) name; when necessary the top should be clearly marked. Each table should be typed on a separate sheet and double spaced. All dimensions and measurements must be specified in the metric system. Standard nomenclature,
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The Editors insist upon clear, concise statement of facts and conclusions. Fragmentation of material into numerous short reports is discouraged. All accepted papers are subject to editorial revision and copyediting. Authors should avoid redundancy between sections of text and illustrations and text. The Editors may recommend that appendices and tables containing extensive data be published in the electronic version of Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring and only referenced in a footnote in the print edition.

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

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Research in Context
Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring requires a section called "Research in Context". Authors must provide a summary, similar to an abstract, for inclusion during the online submission process. In the summary of 150 words or less, authors must place their results or findings into context with previous work.
Please refer to the top of the "Guide for Authors" or refer to the editorial for (Volume 8, Issue 3, Page 171, May 2012) for further details.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

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