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DESCRIPTION

The American Journal of Obstetrics and Gynecology, “The Gray Journal”, covers the full spectrum of Obstetrics and Gynecology. The aim of the Journal is to publish original research (clinical and translational), reviews, opinions, video clips, podcasts and interviews that will have an impact on the understanding of health and disease and that has the potential to change the practice of women’s health care. An important focus is the diagnosis, treatment, prediction and prevention of obstetrical and gynecological disorders. The Journal also publishes work on the biology of reproduction, and content which provides insight into the physiology and mechanisms of obstetrical and gynecological diseases.

Benefits to authors

We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center.

The American Journal of Obstetrics and Gynecology has two companion titles: Manuscripts with a focus on maternal-fetal medicine or high-risk pregnancy can be submitted to AJOG MFM. Manuscripts with a focus on regional reports and cross-border healthcare delivery can be submitted to the open access AJOG Global Reports.

IMPACT FACTOR

2022: 9.800 © Clarivate Analytics Journal Citation Reports 2023

ABSTRACTING AND INDEXING

Scopus

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GUIDE FOR AUTHORS

AUTHOR UPDATES AND KEY POINTS
Due to the volume of papers submitted to AJOG and time constraints involved in the peer review process, the Journal DOES NOT accept pre-submission inquiries. AJOG has new requirements for manuscripts that describe results from randomized controlled trials and for systematic reviews and/or meta-analyses (see 'Trial and Research Guidelines' section). Please submit your paper for review via Editorial Manager (https://www.editorialmanager.com/AJOG/default.aspx). Every submission must include a title page with a disclosure statement and a signed Statement of Authorship form. This requirement applies to ALL article types listed in the following section; including letters, replies, etc. The editors encourage the supplementary use of multimedia components such as PowerPoint, additional images, or video clips. Color figures and images are free.

Overview
Original Research articles are published in 2 formats: 1) in the printed journal: in an abbreviated form, that includes the abstract and 1 figure or table, and 2) in full on the Journal website (ajog.org), where the abstract also appears. The full-length article is the official version and is linked to search engines. Systematic Reviews, Expert Reviews, and Clinical Opinion articles are published in full in both print and online versions. Print and online versions for other article types are specified below. The full-length article becomes available online for citation before the print issue containing the abstract and accompanying material. Impact Factors and other citation indices are based on the full-length online article. Translational science is typically presented in the form of an original research manuscript; however, the only type of non-clinical research considered must be translational in nature and contain biological implications for obstetrics and gynecology. Basic science without direct clinical relevance will not be considered; please see 'Trial and research guidelines' section for examples of acceptable translational science submissions. For systematic review and meta-analysis studies, submit as a Systematic Review article type (instructions below; not as Original Research).

ARTICLE TYPES

Original Research

Original research manuscripts are limited to 3000 words of main text, must include all items listed under 'Article structure,' including a Title Page, Tweetable statement (under 210 characters), Short Title, AJOG at a Glance, Keywords, and structured Abstract (250-500 words). Detailed instructions for preparing and submitting manuscripts are included in 'Basic format' and 'Article structure' sections of this guide. See additional requirements based on the type of research performed (i.e. clinical trials) in the 'Trial and research guidelines' section. The type(s) of non-human animals or other species used in an investigation must be named in the Title, Abstract, and Materials and Methods sections of the manuscript. The Original Research article includes a structured abstract of up to 500 words (250-word minimum) with the following required headings:

1. Background: an explanation of the basis for the study.
2. Objective(s): the purpose of the study (hypothesis being tested).
3. Study Design: the setting for the study, subjects (number and type), treatment or intervention, and type(s) of statistical analysis used.
4. Results: the outcome(s) of the study and, if appropriate, their statistical significance. If percentages are used, include the numerator/denominator in parenthesis. P-values (or confidence intervals) should be included for claims of statistical significance.
5. Conclusion(s): overall significance of the results Abbreviations and references are NOT permitted in the abstract (structured nor unstructured).

The main text of Original Research articles must be organized into sections with the following headings:

1. Introduction: State concisely the study's purpose and rationale. Present only the background, supported by a limited number of pertinent references necessary for the reader to understand why the study was conducted. Do not include study data or conclusions. Generally, the study objectives and hypothesis should be included at the end of this section.
2. Materials and Methods: Describe briefly, but in sufficient detail to permit others to replicate the study, its plan, patients, experimental animals or other species, materials, and controls; methods and procedures; and statistical method(s) employed. Institutional Review Board (IRB) information must be addressed here as stated under "Human and nonhuman experimentation" in the Editorial Policies section.
3. Results: This section includes detailed findings and must cite, in numerical order, all tables and/or figures, which should supplement, not reiterate, the text. Emphasize only the most important observations. Reserve any comparisons with others' observations for the Comment section.
4. Comment: Do not repeat the details of data presented under Results or present any new data here. A structured comment section must be included with the following subheadings.
   a. Principal Findings - a brief statement of the principal findings, limiting claims to those strictly supported by the data, avoiding speculation and overgeneralization. Give equal emphasis to positive and negative findings of equal scientific merit, and results of primary outcomes/analyses must be included prior to presenting results of secondary or more exploratory analyses.
   b. Results in the Context of What is Known - review results reported in the manuscript and compare with previously published studies. If there are differences please provide explanation.
   c. Clinical Implications - the meaning of the study; e.g. hypothesized mechanisms that might explain the outcomes observed and/or the implications for clinicians or policy makers. Indicate whether additional research is required before the information can be confidently used in clinical settings.
   d. Research Implications - Unanswered questions; proposals for future research.
   e. Strengths and Limitations - Strengths and weaknesses of the study, both intrinsically and in relation to other studies, particularly any differences in results.
   f. Conclusions The authors may include additional subheadings in the main text if appropriate and if needed to facilitate reading.

For examples of main text headings and structured Comment sections with subheadings, please see recently published Original Research articles in the Journal.

**Systematic Review** Each article in this category provides a comprehensive and exhaustive systematic review of the literature related to the topic, collating all relevant evidence meeting pre-specified eligibility criteria. Systematic reviews may not be combined with other manuscript types.

Systematic reviews must include a clearly stated set of objectives with reproducible methodology, a systematic search, eligibility criteria for selecting studies, assessment of study quality (risk of bias), an assessment of the validity of the findings and systematic synthesis of these findings. Meta-analysis, the use of statistical techniques to combine and summarize results across studies, may or may not be contained within a systematic review. Authors must adhere to the PRISMA and MOOSE guidelines, and as of July 1, 2021, prospective registration in PROSPERO is required (for guidance see 'Trial and research guidelines' section).

Systematic Reviews are limited to 5000 words of main text (not counting the title page, abstract, tweetable statement, acknowledgments, references, tables, legends, and figures). The title should identify the report as systematic review and/or meta-analysis. Include a structured abstract containing no more than 350 words and as many alphabetized key words or short phrases as needed for indexing. The type(s) of non-human animals or other species used in an investigation must be named in the Title, Abstract, and Materials and Methods sections of the manuscript. Submissions must include a Title, Tweetable Statement, Short Title, AJOG at a Glance, and Keywords (see instructions under 'Article structure' below).

Abstract: Include a structured abstract containing no more than 350 words in accordance with PRISMA guidelines, and with the following specific headings:
1. Objective
2. Data sources (including years searched)
3. Study eligibility criteria (study design, populations, and interventions [if applicable])
4. Study appraisal and synthesis methods
5. Results
6. Conclusions Main text: Headings and subheadings in the main text are specific to Systematic Review submissions and should include the following; note that subheadings may be modified to best represent the specific report.
1. Introduction (rationale, explain impetus for Review)
2. Objective(s)
3. Methods
   a. Eligibility criteria, information sources, search strategy
   b. Study selection
   c. Data extraction
   d. Assessment of risk of bias
e. Data synthesis
4. Results
   a. Study selection
   b. Study characteristics
   c. Risk of bias of included studies
   d. Synthesis of results
5. Comment
   a. Principal Findings
   b. Comparison with Existing Literature
   c. Strengths and Limitations
   d. Conclusions and Implications

**Expert Review** These articles provide concise reviews on a topic in which the author has expertise. The manuscript should be comprehensive and balanced, but not exhaustive. Expert Reviews must be evidence based but may include some expert opinion and recommendations. The goal is to provide a concise update on the state of the art and guidelines for clinical care.

Expert Reviews are limited to 3500 words of main text (not counting the title page, abstract, tweetable statement, acknowledgments, references, tables, legends, and figures). An unstructured abstract (1 paragraph, no categories) of no more than 350 words and as many alphabetized key words or short phrases as needed for indexing must be provided. Subheadings to separate and identify sections of text should be unique to the topic; the 4 prescribed subheadings required for research articles do not apply. To prevent such subheadings from occupying many lines on a page, they should be as short as possible, not exceeding approximately 6 words, and preferably 1 to 4 words.

The full-length article appears both in print and on the Journal website.

**Clinical Opinion** A Clinical Opinion paper presents a balanced, evidence-based discussion of a clinical issue pertinent to obstetricians and gynecologists. The paper may address an emerging or controversial topic or bring attention to a topic of increasing clinical significance. Opinions rendered must be based on an interpretation of available evidence.

Not appropriate for this category: 1) a review of an extensively researched subject (should be performed as a Systematic Review) and 2) an essay about issues for which minimal data exist, including certain clinical, ethical, educational, practice, and research issues. A Clinical Opinion paper is limited to 3000 words of main text (not counting the title page, abstract, tweetable statement, acknowledgments, references, tables, legends, and figures). An unstructured abstract (1 paragraph; no headings) of no more than 350 words and as many alphabetized key words or short phrases as needed for indexing must be provided.

Subheadings to separate and identify sections of the text should be unique to the topic; the 4 prescribed categories required for research articles do not apply. To prevent such subheadings from occupying many lines on a page, they should be as short as possible, not exceeding approximately 6 words and preferably 1 to 4 words. The full-length article appears both in print and on the Journal website.

**Special Report** A Special Report is released by a consensus committee, working group, task force, or similar group, or summarizes the findings of an important meeting. (Please note this is not a venue for case reports; the Journal does not publish case reports.)

Include a condensation, an unstructured abstract (1 paragraph, no subheadings) of no more than 350 words, and as many alphabetized key words or short phrases as needed for indexing.

Subheadings to separate and identify sections of the text should be unique to the topic; the 4 prescribed categories required for research articles do not apply. To prevent such subheadings from occupying too many lines on a page, they should be as short as possible, not exceeding approximately 6 words and preferably 1 to 4 words.

The full-length article appears both in print and on the Journal website.
**Perspective** Perspective articles are well-founded, scholarly pieces that address a scientific, ethical, academic, or practice-related topic in women’s health and are solicited by the editors. Spontaneous submissions are not considered for publication.

**Editorial** Editorials are written or solicited by the editors. Spontaneous submissions are not considered for publication.

**Images in Obstetrics and Gynecology** Imaging articles present the opportunity to share an interesting, high-quality image related to obstetrics and gynecology and women’s health. Priority will be given to those images of particular interest and quality, and those that provide the reader with key learning points to aid their practices. Up to 5 images may be included that exemplify the condition or case. One will be chosen for the print publication, and all will be published in full in the official online publication. Submissions must include a legend, not to exceed 750 words, and short title for use as a figure legend, to be printed in both the online and print versions. No abstract should be included but a tweetable statement should be provided. Supplementary material may include video.

Image submissions should include:
1) A title emphasizing the key elements and the implications for care or understanding of disease or physiology
2) No more than 7 authors
3) Refer to guidelines on submission of figures ('Figures' section of this guide), to ensure high resolution and quality.
4) Figures should be appropriately labeled with arrows or other indicators to identify key structures.
5) Keywords to create a link between the image and the diagnosis or differential diagnosis
6) Any information that might identify the patient in the figure must be removed (including acquisition date).
7) If the patient is potentially identifiable from the image, authors must have obtained written permission from the patient. The author is responsible for filing this in a secure location. The scope of the consent should allow the author to explicitly disclose the information to Elsevier and for Elsevier to republish the information in print and electronic format including journal web and social media sites. Authors must attest to having obtained written consent upon submission of the Images piece and must be prepared to provide this documentation upon the editors’ request.
8) The body of the article can be up to 750 words and should succinctly summarize the clinical presentation, evaluation (including ultrasound, surgical findings), treatment, and follow-up. The article should refer to the Figures and explain all labeled structures.
9) Up to 5 references are permitted.
10) If a video is included, please submit a high-resolution still image. Image submissions will be reviewed by a team of Editors and their decision to accept or reject will be final.

**Surgeon’s Corner** A Surgeon’s Corner article should provide high-quality instruction or an application of a procedure or part of a procedure, designed to aid the practicing obstetrician or gynecologist in improving care. Surgeon’s Corner is published in full online; the abstract, manuscript, and one photo or graphic are published in the print journal.

The manuscript must include all of the following:
1. Title
2. Short title
4. An unstructured abstract of no more than 300 words that summarizes the clinical situation and surgical solution, explains the figure used in the print edition (see below), and refers to the video.
5. Manuscript text should include a description of the clinical situation or problem (under the heading: "Problem") followed by the surgical solution (under the heading: "Our solution"). The manuscript must be 600 words or less (not counting the title page, acknowledgement, references, tables, legends, and figures). Lists and bullet points may be used as appropriate. The text should refer to the figures/photos and video.
6. At least one high-quality photograph (300+ dpi; not taken from a website or cell phone), graphic, or figure, to be published in the print edition; this, plus up to 5 additional photos/figures may be included for the online version.
7. A video clip or computer graphic not longer than 5 minutes to be published in the online version.
8. Figure and video legends.
9. 7 or fewer references.

**Research Letter**Research Letters are brief original research reports that summarize the results of original data. Each Research Letter is considered a scientific publication; authors must meet all requirements regarding responsible conduct of research (e.g., appropriate IRB approval, data integrity, data retention). Most undergo external peer review. Reviews, case reports, and opinion pieces are not considered for publication under this category.

Research Letters must include a title page, conflict of interest disclosure, keywords, and a Statement of Authorship signed by all authors. These submissions are limited to 7 authors, 500 words (not counting the title page, references, or legend) and 5 references and may include only 1 table or 1 figure. Online supplementary materials are permitted. Research Letters should be formatted similar to the structured abstract guidelines for Original Research and divided into 4 sections: Objective, Study Design, Results, and Conclusion. Research Letters do not include an abstract but can include a tweetable statement.

**Letter to the Editors and Reply**Every Letter to the Editors and Reply must include a title page, conflict of interest disclosure, and a Statement of Authorship signed by all authors. These submissions are subject to minor editorial alterations, may be shortened without the authors' approval, and are accepted for publication at the discretion of the Editors. Letters to the Editors are published both in print and on the Journal website.

Selected Letters to the Editors that focus on at least 1 article published in the American Journal of Obstetrics and Gynecology within the previous 12 issues are considered for publication. Letters to the Editors are limited to 3 authors, 400 words (not counting the title page or references), and 1 to 4 references. At least one of the references must cite the related Journal article(s). All data presented must be fully citable and cited in the supporting reference list (unpublished data must not be described in the letter). The editors routinely invite the author(s) of the related article to respond in writing. Letters that include specific questions for the original article's authors are prioritized for publication. Published letters are accompanied by either a reply from the original authors or the statement "Reply declined."

**Case Report**The Journal no longer publishes Case Reports. Submissions of this sort will NOT be considered.

**BEFORE YOU BEGIN**

**EDITORIAL POLICIES**

Queries about submission requirements may be addressed to either of the managing editors:

Sandra Perrine • ajogsp@gmail.com
Phone 480-749-2880
Donna L. Stroud • ajog@rrohio.com
Phone 614-915-9327

**Trial and research guidelines**

Authors must adhere to the following guidelines both when formulating the study and in reporting the results in the Journal.

**Randomized controlled trial**

All Randomized Clinical Trials require registration with clinicaltrials.gov (or other registered authority), prior to enrollment of the first participant.

On the manuscript title page include the:
1) Date of registration,
2) Date of initial participant enrollment,
3) Clinical trial identification number
4) URL of the registration site
5) Data sharing information (include responses to the five questions listed below).

- Authors are to consult the updated CONsolidated Standards Of Reporting Trials (CONSORT Statement): Schulz KF, Altman DG, Moher D, CONSORT Group (2010). CONSORT 2010 Statement: updated guidelines for reporting parallel group...

**Data sharing** As recommended by the International Committee of Medical Journal Editors (ICMJE), manuscripts that report the results of clinical trials must contain data sharing information as described here. If accepted for publication, this statement will be published with the manuscript. Clinical trials that begin enrolling participants on or after January 1, 2019 must also include a data sharing plan in the trial's registration. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published with the manuscript and updated in the registry record.

Data sharing statements must be added to the title page of manuscripts that report the results of clinical trials and must include answers to the following:

a. Will individual participant data be available (including data dictionaries)?
b. What data in particular will be shared?
c. What other documents will be available (e.g., study protocol, statistical analysis plan, etc.)?
d. When will data be available (start and end dates)?
e. How will data be shared (including with whom, for what types of analyses, and by what mechanism)?

For more information and for examples of acceptable responses to these data sharing questions, see http://www.icmje.org/news-and-editorials/data_sharing_june_2017.pdf. While not yet required, AJOG highly recommends that authors of randomized controlled trials accepted for publication share their datasets in a data repository with links to their article (see 'Research data' section below).


As of July 1, 2021, all systematic review or meta-analysis articles submitted to AJOG must meet the following requirements:

- Prospective registration in PROSPERO or other accessible registration website (include date registered and registration number on title page).
- Quality assessment of included articles/studies reported in the submitted manuscript must be included as part of any systematic review.
- Authors must note whether randomized controlled trials included in their analysis were appropriately registered in a clinical trials registry (registration date prior to enrollment of first participants).

While not yet required, AJOG highly recommends that authors of systematic review or meta-analysis articles share their datasets in a data repository with links to their article.


As of October 15, 2021, all systematic review or meta-analysis articles submitted to AJOG must meet the following requirements:

- Prospective registration in PROSPERO or other accessible registration website (include date registered and registration number on title page).
- Quality assessment of included articles/studies reported in the submitted manuscript must be included as part of any systematic review.
- Authors must note whether randomized controlled trials included in their analysis were appropriately registered in a clinical trials registry (registration date prior to enrollment of first participants).
- Authors must confirm that each of the trials included in their analysis have not been retracted at the time of submission.
- While not yet required, AJOG highly recommends that authors of systematic review or meta-analysis articles share their datasets in a data repository with links to their article (see 'Research data' section below).

**Other systematic review reporting guidelines** Other reporting guidelines are available (see link below) for the report of other types of systematic reviews and meta-analysis. These resources should be consulted and followed when relevant, including: PRISMA-Harms - a checklist for harms reporting in systematic reviews PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-analyses of Health Care Interventions: Checklist and Explanations


**Health economics** In addition to the general instructions for authors and other guidelines applicable to the study reported in a submitted manuscript (eg, CONSORT guidelines for a randomized controlled trial; see above), authors of manuscripts reporting economic evaluations of health interventions should follow the CHEERS (Consolidated Health Economic Evaluation Reporting Standards) guideline and checklist. [https://www.equator-network.org/reporting-guidelines/cheers/](https://www.equator-network.org/reporting-guidelines/cheers/)

**Additional guidelines/standards** Additional guidelines and checklists should be consulted and adhered to in reporting results from other specific research types, including: STARD (Standards for Reporting of Diagnostic Accuracy) - studies of diagnostic tests TRIPOD (Transparent reporting of a multivariable prediction model for individual prognosis or diagnosis) guideline - Reporting of studies developing, validating, or updating a prediction model, whether for diagnostic or prognostic purposes [https://www.tripod-statement.org/resources/](https://www.tripod-statement.org/resources/)


**Translational Science** Any non-clinical research considered for publication in the Journal must be translational in nature and contain biological implications for obstetrics and gynecology. Additionally, the direct clinical relevance of every submission is considered when an editorial decision is made. Basic science without direct clinical relevance will not be considered.

As many definitions of basic and translational science abound, please see the following translational science examples to assist you in differentiating study types. If uncertain, authors may email an abstract to either editorial office with an inquiry as to whether or not the submission is encouraged; however, this does not guarantee acceptance.

**Translational science examples**

1. Ectopic Pregnancy Clinical Study: an observational cohort study which shows that patients with a subnormal increase in hCG maternal serum concentration are at increased risk for ectopic pregnancy. [Encouraged submission] Translational Science (bench to bedside): proteomic analysis of maternal plasma shows differentially-expressed proteins in patients with ectopic vs. normal pregnancy. Or, an experiment in which the fallopian tubes are ligated in pregnant animals and hCG determinations are measured in maternal serum. [Encouraged submission] Translational Science (bedside to community): analysis of techniques to enhance the adoption of best practices in caring for women with ectopic pregnancy. [Encouraged submission] Basic Science: a description of the glycosylation of protein structure of hCG (even if it is based on the purification of hCG from patients with ectopic...
pregnancies). [DISCOURAGED submission] 2. Preterm birth Clinical Study: an observational study in which a particular preterm biomarker measured in the mid-trimester increases or decreases the risk for spontaneous preterm labor and delivery. [Encouraged submission] Translational Science: the transcriptome, proteome, genome, or metabolome of patients who subsequently have spontaneous preterm labor and delivery. [Encouraged submission] Basic Science: protein sequence of a particular biomarker. [DISCOURAGED submission] 3. Pelvic Floor Disorders Clinical Study: a randomized control trial comparing outcomes of two interventions for the treatment of urinary incontinence. [Encouraged submission] Translational Science (bench to bedside/ bedside to bench): projects that apply basic research discoveries to the understanding of pathogenesis of pelvic floor disorders or development of novel diagnostic or therapeutic modalities, including cell-based, cadaveric tissue-based, and pre-clinical animal models. In addition, projects that use materials collected from living women with and without pelvic floor disorders to broaden fundamental knowledge about mechanisms of these conditions, to identify novel therapeutic targets, or to develop new technology. [Encouraged submission] Basic Science: RNA or protein sequence of a particular biomarker [DISCOURAGED submission]

**Ethics of the editorial process**

If a report by any or all of the same author(s) has previously been published or is currently under preparation that deals with the same subjects, animals, or laboratory experiments, and deals with a similar subject as the submitted manuscript, the author(s) are to inform the editors in a cover letter about the similarities and differences of the reports. The editors may request that you upload such reports before further review. This requirement also applies to manuscripts in which subjects, animals, laboratory experiments, or data have been added to those reported previously. Please ensure that the final manuscript includes references for pertinent articles published prior to the publication of the AJOG paper.

Submission of an article implies that the work (including manuscript, figures, video clips, etc) described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see [https://www.elsevier.com/postingpolicy](https://www.elsevier.com/postingpolicy)), that it is not currently under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder. Work that is already publically available in a substantially similar form (such as in the form of blogs, YouTube videos, etc) will not be considered for publication in AJOG under usual circumstances. All submissions are subject to review with iThenticate Professional Plagiarism Prevention. [http://www.ithenticate.com](http://www.ithenticate.com).

All policies of the American Journal of Obstetrics and Gynecology also apply to abstracts presented at Society Meetings that are published in this Journal as a result of the proceeding. Allegations of scientific misconduct and breaches of the ethical conduct of research will be assessed by the Editors and referred to the sponsoring Institution for review, inquiry, and/or investigation, and disposition. Examples of inappropriate acts include but are not limited to: fabrication, falsification, plagiarism, repetitive publication, obfuscation of significant research results, violating requirements for experimentation with human subjects or animals, failing to comply with authorship requirements and failing to report significant conflicts of interest. Honest mistakes and differences of opinion about experimental design or interpretation of results do not represent inappropriate acts. AJOG will make decisions about retraction of published work or other actions (such as sanctions) based upon evaluation of the information provided by the Institution and other information available to the Journal. Authors will be asked to identify the sponsoring Institution(s) that is responsible for the integrity of the scientific work and for compliance with the regulations to protect human subjects and animals from research risk(s). When the research is sponsored from multiple Institutions, authors will be asked to identify the Institution to take the lead in handling a potential allegation.

**Human and nonhuman experimentation**

Authors must follow the ethical standards for human experimentation established in the Declaration of Helsinki (World Medical Association Declaration of Helsinki: recommendations guiding physicians in biomedical research involving human subjects. JAMA 1997;277:925-6). The editors assume that a manuscript emanating from an institution is submitted with the approval of the requisite authority. The authors of reports of human experimentation that require local institutional approval must have obtained this approval **before the experiment was started**; upon request of the Journal editors, the author(s) must provide copies of the appropriate documentation. Institutional approval must be
indicated in the Materials and Methods section of the submitted manuscript. If the study is exempt from Institutional Review Board approval, an explanation must be provided under Materials and Methods.

For reports of experiments on nonhuman animals or other species, authors must state under materials and methods that the guidelines for the care and use of the animals approved by the local institution were followed. The type(s) of nonhuman animals or other species used in an investigation must be named in the title, abstract, key words, and materials and methods sections of the manuscript. For Images in Ob/Gyn, Surgeon's Corner, or similar reports in which the identity of the patient is potentially identifiable, authors must have obtained written permission from the patient(s) on whom the report is based. The author is responsible for filing this in a secure location. The scope of the consent should allow the author to explicitly disclose the information to Elsevier and for Elsevier to republish the information in print and electronic format including journal web and social media sites. Authors must attest to having obtained written consent in the manuscript and must be prepared to provide this documentation upon the editors' request.

All research studies, including those involving patients, patient records, research participants or databases, require ethics committee approval (or documented exemption from the Human Subjects Committee) and informed consent (or documented waiver of consent), both of which must be documented in the paper. Studies on patients, patient records, or volunteers require ethics committee approval and informed consent, both of which must be documented in the paper.

**Conflict of interest**
Authors of all submissions must include a conflict of interest statement.

Disclosures must include any financial interest present within the past three years with commercial entities that are marketing or developing products (drugs, devices, diagnostic tools, etc.) related to the subject matter of the manuscript. Disclosures include, but are not limited to: stocks or shares, equity, employment, advisory or scientific board, grant funding, speaker's bureau, paid travel, consulting status, and honoraria. The monetary value of any such stock holdings should be named. No policy could cover every contingency that might be construed as a conflict of interest. Therefore, it is expected that should any potential conflict of interest exist, the authors have revealed this to the editors. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript at the time of submission under the headings "Conflicts of Interest" and "Source of Funding" which will be published with the article. If the authors report no conflict, a statement of this will be published with the article. Failure to report disclosures may result in sanctions. Use as much or as little detail as appropriate.

**Examples:**

- The authors report no conflict of interest.
- R.J.X, M.F., and L.Y.V.R. are employed by the Curette Company, Worthingham, MI. The remaining authors report no conflict of interest.
- R.H. received research funding from PharmaCo, San Antonio, TX, for participating in a multicenter drug trial in 2011-12. S.B. reports no conflict of interest.
- This research was funded, in part, by a grant from the OxyContin Association (A.R.Z.)
- A.E.B. was on the Speaker's Bureau for PharmaCo in 2012.

Manuscripts written or developed by anyone other than the listed authors should name those individuals in the Acknowledgment(s) section and state their relationship to any commercial enterprise.

**Declaration of generative AI in scientific writing**
The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

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