TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.4

DESCRIPTION

The Journal of Allergy and Clinical Immunology publishes high-impact, cutting-edge clinical and translational research papers for allergists, immunologists, dermatologists, gastroenterologists, and other physicians and researchers interested in allergic diseases and clinical immunology. Articles cover such topics as asthma, food allergy, allergic rhinitis, atopic dermatitis, primary immune deficiencies, occupational and environmental allergy, and other allergic and immunologic diseases, and include clinical trials and mechanistic studies that report on novel therapies, insights into underlying mechanisms, and other discoveries that will inform our understanding of these diseases and ultimately improve the diagnosis and management of patients. With an impact factor of 12.485, the journal ranks 1st of 25 in the Allergy category and 5th of 150 in the Immunology category in the 2015 Journal Citation Reports®, published by Thomson Reuters. The Journal of Allergy and Clinical Immunology is also recommended for initial purchase in the Brandon-Hill study, Selected List of Books and Journals for the Small Medical Library.

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To find out more, please visit the Preparation section below.

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(4) Be accompanied by a short summary that encapsulates the report’s findings for a clinically oriented audience (see section A4).

(5) Begin with the salutation "To the Editor:"

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**Examples of Reference Formatting**

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**Additional information**

**Special instructions regarding submissions using animal models**
(1) Animal model studies of interest to the JACI. The Editors would be interested in an animal-model study only if it highlights a new conceptual advance using an experimental approach that would be very difficult, impractical, or unethical to do in human beings. The authors should clearly indicate in their cover letter how their animal-model study meets these criteria.

(2) Mouse pulmonary function tests. The JACI's policy is that measurement of airway responsiveness by unrestrained, single-chamber barometric plethysmography (the Penh method) must be confirmed by invasive techniques. For further explanation of this policy, please see Finkelman FD. J Allergy Clin Immunol 2008;121:334-5.

(3) The JACI encourages authors of animal-model papers to consult and adhere to the ARRIVE (Animal Research: Reporting of In Vivo Experiments) guidelines, available at http://www.nc3rs.org.uk/ARRIVE.

**Special instructions regarding statistical analyses and reporting**
Although referees with statistical expertise typically review manuscripts submitted to the JACI, the Editorial Board decided that the quality of the manuscripts could be improved by providing authors some guidance on statistical analyses and reporting. Therefore, the JACI Statistical Editor has constructed the following guidelines, which incorporate many comments from Editorial Board members and statistical referees.

1. **METHODS: Reporting on Statistical Methods.** The Consolidated Standards of Reporting Trials (CONSORT) statement is a set of guidelines for reporting on the methods and results of randomized and nonrandomized medical research studies. It is available at the following Web site: http://www.consort-statement.org.

The first CONSORT statement provides a checklist of items that should be included in a manuscript that reports the results of a randomized clinical trial (RCT). Items 7 through 12 of the checklist are relevant to the statistical methods section for a manuscript submitted to the JACI based on a RCT. Thus:

jachart1.jpg"

With respect to item 12, the statistical methods and commercial software should be cited.

Item 7 and item 12 of the checklist are relevant to the Statistical Methods section of a manuscript submitted to the JACI based on a nonrandomized study. Thus:
2. Results.
Items 13 through 19 of the CONSORT checklist describe items that are important to the Results section for a manuscript submitted to the JACI based on a RCT (some of the items might not be relevant if the study is nonrandomized). Thus:

2A. Results: Descriptive Statistics at Baseline
If the distribution for a continuous variable is approximately normally distributed, then report either
• the sample mean and the sample standard deviation
or
• the sample mean and the 95% confidence interval for the population mean.

If the distribution for a continuous variable is known (or suspected) to be non-normal, then report either
• the sample median and the sample interquartile range
or
• the sample median and the sample first and third quartiles.

Many blood and urine measurements are log-normally distributed—i.e., the log-transformed variable is approximately normally distributed. If the distribution for a continuous variable is known (or suspected) to be lognormal, then an alternative to sample medians and quartiles is to report either
• the sample geometric mean (calculate as the exponentiation of the sample mean of the natural log-transformed data) and the sample coefficient of variation
or
• the sample geometric mean and the 95% confidence interval.

If the distribution of the variable is categorical, then report the raw numbers and the percentages for the categories. Do not use more than three digits for the percentages—i.e., 79% or 79.3% are fine, but 79.32% is not.

Statistical tests, along with reported P values, for comparing groups at baseline are not necessary unless there is a strong reason to include them.

2B. Results: Outcomes
Every P value should be reported using two digits after the decimal point. If each of the first two digits after the decimal point is zero, then a third digit can be used. If each of the first three digits after the decimal point is zero, then simply report P < .001.

If the P value is close to the level to be used for claiming a statistical significance or if each of the first two digits after the decimal point is zero, then a third digit can be used. For example, if the significance level is 0.05, then P = .046 or P = .054 can be reported. Nonsignificant results (e.g., where the P value is >0.05) should be accompanied by P values; it should not simply be stated that they are nonsignificant (NS).

P values alone are not sufficient to report the results of statistical tests. The JACI’s readers need to see the magnitude of the effects via point estimates and 95% confidence intervals for the group comparisons.

An estimate of odds ratios and relative risks (and their corresponding confidence interval estimates) should not exceed two digits beyond the decimal point.

The following is an excellent article that discusses many of the statistical errors that arise in immunologic research:

The following is an excellent article that discusses the reporting of subgroup analyses in clinical research: Wang R, Lagakos SW, Ware JH, Hunter DJ, Drazen JM. Statistics in medicine-reporting of subgroup analyses in clinical trials. NEJM 2007;357:2189-2194.
Finally, if authors desire more detailed guidance on appropriate methods for analyzing study outcomes, then they can visit the Web sites of other biomedical journals. An excellent example is the Web site of *Annals of Internal Medicine* (http://www.annals.org/shared/author_info.html).

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