DESCRIPTION

Journal of Obstetrics and Gynaecology Canada (JOGC) is Canada's peer-reviewed journal of obstetrics, gynaecology, and women's health. Each monthly issue contains original research articles, reviews, case reports, commentaries, and editorials on all aspects of reproductive health. JOGC is the original publication source of evidence-based clinical guidelines, committee opinions, and policy statements that derive from standing or ad hoc committees of the Society of Obstetricians and Gynaecologists of Canada. JOGC is included in the National Library of Medicine's MEDLINE database, and abstracts from JOGC are accessible on PubMed.

We welcome you to submit letters to the editor, commentaries, and original articles on any topic within the fields of obstetrics, gynaecology, and women's health, including fertility, contraception, urogynaecology, and oncology. We encourage you to respond to items published in JOGC with a Letter to the Editor or, even better, your own original data.

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Types of article
LETTERS TO THE EDITOR AND COMMENTARY ARTICLES
Letters to the Editor and commentaries are encouraged. Letters should generally not exceed 600 words, and commentaries, 1500 words. Letters referring to a recent JOGC article should be received within eight weeks of its publication.

IMAGE OF THE MONTH
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For general instructions on the preparation of manuscripts for submission, please refer to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals as formulated by the International Committee of Medical Journal Editors (ICMJE). In addition, JOGC has the following specific requirements.

SPECIFIC REQUIREMENTS
The complete manuscript, including tables, captions for figures, and illustrations, should be typed in Times Roman, 12-point typeface, double-spaced throughout, with one-inch margins, and the pages and lines numbered, beginning with the title page. Begin each section or component on a new page, in this sequence: title page, abstract and key words, text, acknowledgements, references, tables (each on a separate page), and legends.

On the title page, please include the full names, degrees, and affiliations of all authors, as well as the postal and email addresses and telephone and fax numbers of the corresponding author.

ABSTRACTS
All information in the abstract must be found in the text, tables, or figures. Abstracts should not contain references.
A research report should have a structured abstract of no more than 250 words, with the following headings, each to begin a separate paragraph: "Objective" (main question, objective, or hypothesis), "Methods" (study design, participants, outcome measures), "Results" (summary of data), and "Conclusion" (summary and interpretation of findings).
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A review article may have an unstructured abstract (one paragraph not more than 250 words) or a structured abstract of no more than 300 words with headings, each beginning a separate paragraph: "Objective" (statement of purpose of the review), "Data Sources" (sources searched, including data, terms, and constraints), "Study Selection" (number of studies reviewed and selection criteria), "Data Extraction" and "Data Synthesis" (guidelines for extracting data, methods of correlating and integrating findings and main results of review), and "Conclusion" (primary conclusions and their clinical applications).

**KEY WORDS**
Four to six key words, using terms, if suitable, from the medical subject heading (MeSH) list of Index Medicus,3 should follow the Abstract.

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Abstract (structured) Key words Introduction Methods, or Materials and Methods (method, subjects, analysis) Results Discussion Conclusion Acknowledgements References Tables Legends

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JOGC requires authors of review articles to consider the level of evidence in their citations, using the ranking of the Canadian Task Force on Preventive Health Care:
1 I Evidence obtained from at least one properly randomized controlled trial. II-1 Evidence from well-designed controlled trials without randomization. II-2 Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group. II-3 Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category. III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

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