The Journal of Pain and Symptom Management is an internationally respected, peer-reviewed journal and serves an interdisciplinary audience of professionals by providing a forum for the publication of the latest clinical research and best practices related to the relief of illness burden among patients afflicted with serious or life-threatening illness.

The Journal has strongly supported both quantitative and qualitative research underpinning the evolving discipline of palliative care, including clinical trials of pain or symptom control therapies, epidemiology of phenomena related to life-threatening disease and end-of-life care, instrument development to enhance clinical assessment and facilitate investigation, and health services studies evaluating the outcomes of diverse therapeutic models. It also offers extensive coverage of clinical practice issues, publishing both systematic and narrative reviews, case series and case reports, and both special articles and columns that present important updates on topics as varied as the international diversity of palliative medicine, the economics of palliative care, and bioethics in end-of-life care.

AUDIENCE

Clinicians and Researchers working in pain management, palliative care or hospice care, including Oncologists, Anesthesiologists, Neurologists, Pharmacologists, Nurses, Therapists, Psychologists, and Psychiatrists.

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GUIDE FOR AUTHORS

**JPSM will be printing only original articles**

JPSM has seen unprecedented growth in the number of submissions to the journal. As a result, the wait time from acceptance to publication in a print journal has increased dramatically. In an effort to reduce this backlog, starting with the January 2022 issue, we will be printing only original articles in the monthly journal. All other article types will be published online only. Please be aware that all published articles will appear in the journal’s table of contents and have the same attributes with regard to indexing.

**Types of Articles**
The *Journal of Pain and Symptom Management* publishes the following types of articles:

**Note:** *JPSM* publishes descriptions of original research findings in multiple sections. Please submit new work of this type to the appropriate section based on the description below.

*Original Articles* may describe research studies of any type or design. The section is appropriate for articles describing methodologically rigorous studies and studies that generate complex results. Articles that describe clinical trials should generally comport with the Consolidated Standards of Reporting Trials (CONSORT) Statement and guidelines (see [https://www.equator-network.org/reporting-guidelines/consort](https://www.equator-network.org/reporting-guidelines/consort) and its links). Clinical trials also must be registered at an accepted online repository before enrollment. Most Phase II and Phase III trials should be registered at either the National Institute of Health site, [https://www.clinicaltrials.gov/](https://www.clinicaltrials.gov/), or the International Standard Randomized Controlled Trials site, [https://www.isrctn.com/](https://www.isrctn.com/). (See [https://www.clinicaltrials.gov](https://www.clinicaltrials.gov) for guidance concerning the types of trials that must be registered.) The maximum length for Original Articles is 3500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References. In the Methods section of an article describing a clinical trial, please include a statement about where the registration information is available.

*Brief Reports* may describe research studies of any type or design. The section is appropriate for work that can be described succinctly, often because it is preliminary, largely confirmatory, or limited by its design or methodology. Articles that describe clinical trials should generally comport with the Consolidated Standards of Reporting Trials (CONSORT) Statement and guidelines. Clinical trials also must be registered at an accepted online repository before enrollment. The maximum length of a Brief Report is 2500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References.

*Brief Methodological Reports* present research studies that are intended to expand the measurement capabilities of existing instruments. Although translation may be part of the reported work, appropriate submissions typically describe validation or statistical innovation. The maximum length is 2500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References.

*Brief Quality Improvement Reports* present quality improvement research. Appropriate submissions describe the problem that has been addressed, the quality framework used to implement change, and the specific methods and outcomes. Details sufficient to encourage replication are encouraged. The maximum length is 2500 words (not including Abstract or references) and an Abstract is required (see below). Suggested headings include Background, Measures, Intervention, Outcomes, Conclusions/Lessons Learned.

*Clinical Notes* are case series or small observational studies describing new or interesting clinical observations. The maximum length is 2500 words (not including Abstract or references) and an Abstract is required (is required). Suggested headings include Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References.
Palliative Care Rounds use a case to describe an important clinical condition or syndrome, and then provide a brief narrative review of the evidence supporting best practices of assessing and/or managing that condition. The narrative review should include a description of the condition or syndrome, prevalence and pathophysiology, and a concise summary of treatment options with the evidence supporting each. The maximum length is 2500 words (not including references), and an Abstract is not required. Suggested headings include Introduction, Case Description, Discussion, and References.

Letters may be used to report case descriptions or preliminary observations acquired through studies. They are also a forum for opinion, including specific comments related to a previously published article. Letters may undergo external review, and those that comment on a prior JPSM publication are typically forwarded to the authors of this publication for a response. Letters are published online only; the title and a link to the JPSM website appears in the contents of the printed Journal. The maximum length for all types of Letters is 1250 words (not including references); no more than 10 references and one table or figure is suggested. Letters should begin with "To the Editor." Those that describe research findings may use additional headings, include Methods, Results, Comment, and References; those that present a case description may include the headings Case Description, Comment, and References.

Note: JPSM publishes clinical observations, experiences and reviews of existing work in multiple sections. Please submit new work of this type to the appropriate section based on the description below.

Reviews describe and evaluate previously published material. The emphasis is on systematic reviews, but high-quality narrative reviews will be considered. Systematic reviews should comport with the minimum standards described in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (http://www.prisma-statement.org) or comparable guideline. The maximum length of a Review is 7000 words and an Abstract is required (see below).

Special Articles and Special Series Articles JPSM may consider an article that does not fit into other sections as a Special Article. In some cases, a thematically-linked group of these articles is developed as a Special Series on behalf of an organization or through the efforts of an individual. Topics have included program descriptions, meeting proceedings, calls for research, new hypotheses, and descriptions of understudied or poorly recognized areas of clinical interest. The maximum length of a Special Article is 7000 words and an Abstract is required (see below).

Note: JPSM publishes reports that focus on specific areas or interests, as described below. Please submit new work to the appropriate section.

Ethical Issues in Palliative Care couple a case description that includes an observation or experience with important ethical implications to a brief narrative review that provides a bioethical analysis. The maximum length is 2500 words (not including Abstract or references) and an Abstract is not required. Suggested headings include Introduction, Case Description, Defining Issues and Ethical Analysis, Conclusion of the Case, Comment, and References.

Humanities: Art, Language, and Spirituality in Health presents experiences and observations that epitomize the humanistic concerns and challenges encountered in the care of seriously ill patients and their families. Articles may be case descriptions or personal accounts. The maximum length is 2500 words and an Abstract is not required. Authors interested in submitting work to this section are strongly encouraged to write the Managing Editor to indicate this interest and describe the planned submission. Feedback about the proposed submission will be provided by an Editor of this section.

Therapeutic Reviews present and critically evaluate the use of specific drugs and drug classes used in palliative care. This section represents an ongoing collaboration between JPSM and the Editors of https://www.palliativedrugs.com, at which additional content is provided. Authors interested in submitting similar content should consider other sections of JPSM, including Reviews or Special Articles.

Methodological Reviews for Hospice and Palliative Care Research. For this section of the Journal, we are interested in manuscripts addressing important methodological issues that are particularly relevant to hospice and palliative care research. Examples include, but are not limited to:
measurement methods for important outcomes, study recruitment and retention strategies, research
design, research innovations, meaningful stakeholder engagement, and analytic methods. The
maximum length is 3500 words (not including Abstract or references). A narrative Abstract is required
and limited to 250 words. Text should be divided into sections: Abstract, Introduction, Methods,
Results, Discussion, Disclosures and Acknowledgments, and References.

**Educational Exchange** describes innovations related to pedagogy in palliative care. The maximum
length is 2500 words and an Abstract is not required. Authors interested in submitting work to this
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the planned submission. Feedback about the proposed submission will be provided by an Editor of
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All correspondence, including the Editor's decision and request for revisions, will be by e-mail. Authors
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**Reporting sex- and gender-based analyses**

**Reporting guidance**
For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth (“sex assigned at birth”), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

**Editor’s note regarding race**

In an effort to critically review the Journal's standards and practices, we are implementing the following guidance principles for the treatment of race and racial disparities in manuscripts that are submitted for consideration:¹ Race should be clearly defined, and the rationale for including race as a variable should be clearly stated; Authors should address systemic racism, calling it out by name and identifying the form it takes (e.g. internalized, personally mediated, institutionalized);² Authors should not present 'mistrust' as a proximal cause of inequities or disparities, without exploring the contribution of systemic racism to mistrust; Manuscripts should avoid genetic arguments that are grounded in race; Analysis and interpretation of race as an explanatory variable should utilize Critical Race Theory or an equivalent construct that moves beyond simple descriptions of disparities and facilitates planning and action.³ Boyd RW, Lindo EG, Weeks LD, McLemore MR. On racism: A new standard for publishing on racial health inequities. Health Affairs Blog, July 2, 2020. Available at: https://www.healthaffairs.org/do/10.1377/hblog20200630.939347/full/?utm_medium=social. Access verified July 29, 2020. Jones CP. Levels of Racism: A theoretic framework and a gardener's tale. American Journal of Public Health. 200; 90:1212-1215. Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public health: Toward antiracist praxis. American Journal of Public Health. 2010; 100:S30-S35

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**Clinical Trial Registration**
JPSM requires that human clinical trials are registered before enrollment in order for the results to be published in the journal. Most Phase II and Phase III trials should be registered at either the National Institute of Health site at http://www.clinicaltrials.gov, the International Standard Randomized Controlled Trials site at http://www.controlled-trials.com, or an equivalent national site for public reporting of trials. For questions about the requirement to register at http://www.clinicaltrials.gov, please consult the Checklist and Elaboration for Evaluating Whether a Clinical Trial or Study is an Applicable Clinical Trial, which is available on the site. The Methods section of the paper reporting the results of a clinical trial should contain a statement about where the registration information is available to the public.

**The use of AI and AI-assisted technologies in scientific writing**
Where authors use AI and AI-assisted technologies in the writing process, these technologies should only be used to improve readability and language of the work and not to replace key researcher tasks such as producing scientific insights, analyzing and interpreting data or drawing scientific conclusions. Applying the technology should be done with human oversight and control and authors
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PREPARATION

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The title page must include: all authors' full first and last names, degrees, and current institutional affiliations, cities and countries; the name, address, and e-mail address of the designated corresponding author; and a list of the number of tables, figures, and references and the word count for the submission.

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Title: The full title of your manuscript must be limited to 100 characters.

Abstract: A concise, structured abstract of not more than 250 words is required for Original Articles, Review Articles, Brief Reports, and Brief Methodological Reports. The abstract should have the following headings: Context, Objectives, Methods, Results, and Conclusion. For Clinical Notes, Palliative Care Rounds, Ethical Issues in Palliative Care, and Special Articles, the Journal will accept either a structured or narrative abstract of no more than 250 words. For Brief Quality Improvement Reports, a structured abstract of no more than 150 words is required; headings are: Background, Measures, Intervention, Outcomes, Conclusions/Lessons Learned. Letters should not have abstracts. Abstracts should be on a separate page and follow the title page.
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