DESCRIPTION

The Journal of the American Academy of Dermatology (JAAD), the official scientific publication of the American Academy of Dermatology (AAD), aims to satisfy the educational needs of the dermatology community. As the specialty’s leading journal, JAAD features original, peer-reviewed articles emphasizing: clinical, investigative, and population-based studies healthcare delivery and quality of care research high quality, cost effective, and innovative treatments new diagnostic techniques, and other topics related to the prevention, diagnosis, and treatment of disorders of the skin, hair, and nails Each issue includes continuing medical education articles designed to fill practice and knowledge gaps in the delivery of dermatologic care. JAAD is also the official venue for practice guidelines established by the AAD. Our ultimate goal is to provide readers with content that advances the breadth and depth of dermatologic expertise by disseminating evidence-based recommendations to improve patient outcomes.

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To have manuscripts considered for publication in the JAAD as certified CME activities, authors must first complete and submit proposal worksheets and manuscript outlines for approval by the CME Planning Workgroup and Deputy Editor (available at [http://www.jaad.org/content/auth_page](http://www.jaad.org/content/auth_page)). The CME must have a Part I and a Part II, each with its own proposal form and outline. Each part must also have separate and distinct learning objectives. Send all four files (Proposal Part I, Outline Part I, Proposal Part II, and Outline Part II) to jaad@aad.org for review.

Unless a specific exemption is granted by the Deputy Editor, all CME submissions should be written in 2 articles (Part I and Part II). A proposal and outline must be submitted for each part, as these will also be submitted as individual manuscripts. The proposal and outline for each of the two parts should be unique and should cite evidence of existing practice gaps. Should the proposals be accepted, the author will be granted permission to move forward and submit the manuscripts. An accepted proposal does not guarantee that the written manuscript will be accepted for publication. An approved proposal only provides authority to have a manuscript considered for the CME section. Authors will be required to include their Education Director-approved proposal forms with their CME submissions, which will be provided to them at the time the proposal is accepted.
Each manuscript should: 1) contain bulleted key points preceding each major section; 2) include summary tables when possible, as well as separate algorithms for evaluation and management when appropriate. Please note that the key points are intended as a substitute for the capsule summary, which is not a part of the CME article format. Any unique pediatric or geriatric manifestations should be included in the text. Recommended tests should have an impact on therapy and should be supported by outcomes data. The word count for each part of the CME article should not exceed 3000 words excluding the unstructured abstract, references, figures, and tables. Authors who submit an article they wish to be considered for CME certification may not recommend peer reviewers. Only manuscripts submitted with an approved proposal and outline will be considered.

The level of evidence should be cited whenever recommendations are made. Level IA evidence includes evidence from meta-analysis of randomized controlled trials; level IB evidence includes evidence from at least one randomized controlled trial; level IIA evidence includes evidence from at least one controlled study without randomization; level IIB evidence includes evidence from at least one other type of experimental study; level III evidence includes evidence from nonexperimental descriptive studies, such as comparative studies, correlation studies, and case-control studies; and level IV evidence includes evidence from expert committee reports or opinions or clinical experience of respected authorities, or both. All therapeutic recommendations should be accompanied by a table indicating their level of evidence, with a definition of the different levels included as a footnote.

To qualify for CME credit, authors must provide for each CME article 2 clinical vignettes, each followed by 2 or 3 questions that evaluate clinical competence acquired as a result of the CME activity. The questions should reflect appropriate clinical practice rather than simply testing factual knowledge. Suitable questions assess the learner's ability to diagnose or treat a condition appropriately after reading the CME article. Guidelines for question writing can be found at http://www.jaad.org/content/auth_page. Each question requires a brief discussion of why the correct answer is correct.

Note: CME articles are not eligible for electronic author verification. Each author on the CME articles must sign the Authorship Declaration, Conflict of Interest, and Copyright Transfer PDF forms found at http://www.jaad.org/content/auth_page. The signed forms should be uploaded into the submission.

Original Articles

Original, in-depth clinical and investigative laboratory research papers. A description of the type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be included in the title and in the Methods section. The title should convey as briefly as possible the subject and design of the study and may be a statement that reflects the study outcome, but should not be a question. Submissions of research articles should be accompanied by a supplementary document that includes the protocol and statistical analysis plan; this should be labeled "For editor/reviewer reference only" and is not for publication.

Authors of randomized controlled trials must follow the guidelines presented in the CONSORT statement (http://www.consort-statement.org/), and submit a completed CONSORT manuscript checklist with their manuscript. A copy of the "CONSORT Checklist for Authors Submitting Reports of Randomized Controlled Trials" may be downloaded from the JAAD Web site (http://www.jaad.org/content/auth_page). Similar guidelines for authors of observational and epidemiologic studies are included in the STROBE statement (http://www.strobe-statement.org/Checklist.html) and the related RECORD checklist (http://dx.doi.org/10.1371/journal.pmed.1001885.t001), for observational comparative effectiveness studies in the GRACE principles (http://www.graceprinciples.org/), and for studies of diagnostic accuracy in the STARD statement (http://www.stard-statement.org/).

Systematic reviews and meta-analysis will be considered for publication when they shed novel light on an important topic. The manuscript should focus on what conclusions can be drawn that could not be drawn from the cited studies themselves. The discussion should focus on the implications for clinical practice. Examples of topics appropriate for systematic review or meta-analysis:

Published studies with conflicting results -- the systematic review addresses differences in study design and populations that may account for the differences, and discusses how the analysis changes clinical practice. Individual studies that are too small to draw conclusions, but the methods and outcomes are similar and allow meaningful meta-analysis. A standard
resource such as the PRISMA statement (http://www.prisma-statement.org/) or Amstar 2 (https://amstar.ca/Amstar_Checklist.php) must be used for systematic reviews and meta-analyses that deal with randomized trials. The MOOSE (Meta-analyses Of Observational Studies in Epidemiology) checklist must be used for meta-analyses of observational studies (https://www.elsevier.com/__data/promis_misc/ISSM_MOOSE_Checklist.pdf). The corresponding checklists must be addressed in the cover letter.

In both the manuscript and cover letter, authors must specify the types of studies that were considered in the analysis and comment on comparability of study designs. Authors should state the definition of primary endpoints and how they were ascertained, statistical model used for the meta-analysis, statistical tests conducted, and standardized mean differences. P values are not comparable across hypothesis tests (especially if the sample size varies), and do not indicate the strength of association. Include an estimate of the measure (for example, odds ratio) in the results.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 1 typed page in a PDF.

Any reports of clinical trials must be registered before the first person is enrolled. The registry must meet ICMJE criteria (available at http://www.icmje.org). The registry at http://www.clinicaltrials.gov meets such requirements. When submitting a manuscript that reports a clinical trial, authors are asked to provide the date the first patient enrolled, the date the study was registered, and the registration number.

Citation of levels of evidence is encouraged when appropriate. Information on rating levels of evidence can be found in the instructions to authors of CME articles.

A structured abstract and capsule summary should be included with each original article. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

**Clinical Trials**

To reduce reporting bias in clinical trials, all preplanned outcomes should be reported. If one or more outcomes described in the study protocol are not reported, this deviation should be explicitly noted and explained in the manuscript.

A "core outcome set" is a minimum set of outcomes that have been recommended by an international consensus group for clinical trials of a particular disease or condition. Core outcome sets are now published for various dermatologic diagnoses, including atopic dermatitis, psoriasis, and actinic keratosis, among others. Databases of completed and in progress core outcome sets are maintained by international organizations, notably COMET and CS-COUSIN, and are searchable online. When possible, researchers conducting trials on conditions for which core outcome sets are available should consider reporting at least these outcomes. Widespread use of core outcome sets will improve comparability of results across studies, and increase the power of future systematic reviews and meta-analyses.

**JAAD Survey Requirements**

Please note that it has been the Journal's experience that most survey-based research can be adequately reported in research letter, rather than original article, format.

Response rate: Manuscripts that rely on survey data, whether of physicians, patients, or the general public, must adhere to standard guidelines when reporting survey data, and should clearly define the population of interest as well as the denominator used when calculating response rates. Response rates must be included in both the abstract and the body of the manuscript. For most surveys, a response rate of at least 60% would be expected.

JAAD will only publish survey-based research if a survey approach is particularly well-suited for answering an important clinical question, and if the survey is well-designed and executed. Authors submitting survey studies for consideration must answer the following questions in an accompanying
cover letter. These questions should also be answered in the methods section of the manuscript, but can be in the supplemental methods section in order to keep the manuscript to the 500 word limit for the Research Letter format.

The authors must attest that the use of any proprietary sampling contact information (eg, mailing list) was approved by its owner. Include the survey instrument as a supplementary document; this should be clearly labeled "For editor/reviewer reference only" and is not for publication. Research Letters are published in the print JAAD. Why is the survey question important? Why is the survey a legitimate tool to address the research question? Was IRB approval obtained? How was the sample size determined? How was the survey instrument developed and has it been validated? What population was sampled (eg, clinic patients, members of an online support group, the general public) and how was this sampling performed (eg, random, purposive, convenience)? How was the survey administered (e.g, in person, postal mail, email, online, social media, etc)? How many participants were approached, how many agreed to complete the survey, and how many surveys were returned complete? Please state the survey response rate. How representative was the survey? In other words, how do we know that the sample who responded to the survey represents the population the authors intended to study? What statistical analysis was performed? Please distinguish between preplanned analysis and post hoc comparisons.

Reviews
An up-to-date review of a disease or treatment. A good review does not simply present the results of a literature search. The manuscript should take evidence-based data, analyze it, and present a bottom-line, take-home message to the reader. An abstract (which may be structured or unstructured) and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 1 typed page in a PDF.

Dermatologic Surgery
Articles emphasizing the surgical aspect of dermatology. If applicable, a description of the type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be included in the title and in the Methods section. A structured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 1 typed page in a PDF.

From the Dermatology Foundation
These manuscripts feature research that was funded in whole or in part by the Dermatology Foundation. They can be in either Original Article or Research Letter format.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 1 typed page in a PDF.

Dermatopathology
Articles emphasizing the histopathologic changes in skin disease of importance to practicing dermatologists. If applicable, a description of the type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be included in the title and in the Methods section. A structured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 1 typed page in a PDF.

Dermatoethics Consultations
Because of our substantial backlog of unpublished manuscripts, we are currently not accepting submissions for this article type.
Health Policy and Practice
These manuscripts feature topics focusing on health policy, management, operations design, population health, health economics, and regulatory issues as they pertain to the field of dermatology. An unstructured abstract and capsule summary should be included. The word count should not exceed 500 words excluding the abstract, references, figures, and tables. There is a maximum of 5 references and 2 figures.

Consultative Dermatology
These manuscripts feature topics focusing on the management of complex medical dermatology problems including those encountered when performing inpatient consultations. An unstructured abstract and capsule summary should be included. The word count should not exceed 500 words excluding the abstract, references, figures, and tables. There is a maximum of 5 references and 2 figures

Editorials/Commentaries
Because of our substantial backlog of unpublished manuscripts, submissions for this article type are by invitation only.

Letters
The Letters department has two sections, Research Letters and Notes & Comments.

Research Letters
New or preliminary research findings, early reports of therapeutic trials in a cohort of patients, and survey research may be considered for publication as Research Letters. Research Letters should not be subdivided into sections, eg, Introduction, Methods, Results, Discussion, etc. The type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be noted in the title and in the text. No tables of prior studies should be included. Instead, authors should state search methodology, number of studies, and comparability of study design and outcome measures, followed by a discussion of their analysis. Conclusions based on uncontrolled trials and/or limited experience should be stated in appropriately tentative terms. Research letters should never have more than 5 references. Research letters with more than 5 references (total) will be returned to the author. This includes references in tables.

Notes & Comments
Letters commenting on material previously published in the Journal will be considered for the Notes & Comments section. These will be sent for response to the authors of the article being commented upon. This response may be published or sent directly to the commentator at the discretion of the editor. Questions or comments that could be addressed directly by the authors (including complaints about missed citations) should be sent directly to them, rather than involving the Journal as an intermediary. Notes & Comments are designated for online-only publication.

Letters must not exceed 500 words and should not cite more than five references. Up to two figures or tables may be included. Each part of a multi-part figure is counted toward the maximum allotment, eg, a figure 1A and 1B are considered 2 figures.

JAAD no longer publishes Case Letters. All individual case studies or small case series may now be submitted to our new open access journal, JAAD Case Reports, at http://www.editorialmanager.com/jdcr/default.aspx.

Controversies
These are typically invited pairs of commentaries and a single editor will handle the pair. They should focus on scientific medical issues rather than political ones (example: In the age of biologics, is the treatment of hidradenitis suppurativa largely medical or still largely surgical?). Each is limited to 500 words, 2 images, and 5 references. Supplemental material including tables of supporting data may be hosted on Mendeley.

Ethics Journal Club
Contributors can submit a real life practical ethical dilemma in the format of a "Dear Dr Dermatoethicist" letter. If our Editors agree that the ethical issue is one that is worthy of analysis, we will identify the most appropriate dermatoethicist to respond on how best to resolve or deal with this submitted conundrum. Alternatively, the authors who submit their ethical quandary can also submit their own analysis. The length of the entire letter to the ethicist cannot exceed 500 words and can only include 5 references.
Medical Error and Patient Safety
This online-only feature is to increase awareness of different types of medical error, particularly cognitive (rather than systems-based), with the ultimate goal of improving patient outcomes and safety. We often learn best through evaluating past mistakes and failure but, in medicine, it is much more traditional to focus on "successes." A traditional case report is NOT what we are looking for, but it likely IS a patient case that is the basis of the article. The focus of the article should be the error, root cause analysis, and suggestions for improvement/prevention with patient safety and optimal outcome in mind.

Examples of cognitive error that can lead to poorer patient outcomes include the following:

Anchoring bias

Failure to consider alternative diagnoses

Search satisficing

Diagnosis momentum

Availability bias

Gender bias

Overconfidence.

Manuscripts should be no longer than 500 words. Figures (no more than 2) and references (no more than 5) are optional. The format can be case scenario and question-/answer-based or traditional paragraph-style.

Book Reviews
Books and monographs (domestic and foreign) will be reviewed depending on their interest and value to subscribers. Send books to the Editorial Assistant, Journal of the American Academy of Dermatology, 9500 W Bryn Mawr Avenue, Suite 500 Rosemont, IL 60018-5216. No books will be returned. Journal guidelines for writing book reviews are available online (http://www.jaad.org/article/S0190-9622(08)00647-6/fulltext). Book reviews are limited to 375 words and are designated for online-only publication.

In Memoriam
A tribute to a departed colleague who has contributed significantly to the field of dermatology. In Memoriam submissions are limited to 500 words and are designated for online-only publication.

Current Issues and Opinion
These manuscripts are by invitation only, 500 words or less, 5 references, 2 figures maximum.

Pearls
This online-only feature allows clinicians to communicate the "tricks of the trade" that help them practice more effectively and efficiently. A Case Report is NOT a Pearl. Four types of pearls will be published: (1) Clinical Pearls, (2) Therapeutic Pearls, (3) Surgical Pearls, and (4) Technology Pearls. Submissions should be structured as follows: Clinical (or Therapeutic, or Surgical, or Technology) challenge Solution Manuscripts should be no longer than 250 words. Figures (no more than 2) and references (no more than 2) are optional. Please indicate whether your Pearl is Clinical, Therapeutic, Surgical, or Technology within the cover letter for the submission. Technology Pearls should focus on new technological advances that afford us the ability to diagnose skin disease in its earliest stages, which can reduce patient morbidity and mortality as well as health care spending. Note: if your submission includes photos of products (such as dermatoscopes, apps, surgical equipment, etc), you need to obtain permission from the product manufacturer for publication of the photo.

Infographics
Infographics are increasingly being used to convey information in a visual format. The single image or diagram should be one page in length and contain fewer than 150 words. This article type should typically be based on new original data. Novel presentation of existing data should be approved in advance by the editors of the journal.
Supplements
The Journal follows the guidelines for supplements established by the International Committee of Medical Journal Editors. These guidelines are included in the document entitled "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," which can be found at http://www.icmje.org. Supplements undergo peer review and are processed in the same fashion as regular submissions to the Journal. All manuscript submission requirements, including clear disclosure of authorship contributions, must be satisfied for each paper. Inquiries about proposed supplements should be directed to the Editor before submitting the supplement. Please note Journal policy on the use of the word "unrestricted" in the description of educational grants: The use of the term "unrestricted" will be limited to situations in which the granting institution has no influence on the selection of the subject, speakers, or authors. In circumstances in which the granting institution has had such influence (as, for example, in organizing a symposium or supplement on a particular subject), it is nonetheless required that the granting organization have no influence over the content of the articles. It is also understood that the authors assume full responsibility for the content of the articles and for complete disclosure of all funding sources, potential conflicts of interest, role of any sponsor, and role of any third parties involved in the preparation or writing of the manuscripts.

ARTICLE STRUCTURE
Formatting requirements
There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, including Abstract, Keywords, Capsule Summary (for Original Articles, From the Dermatology Foundation, Dermatologic Surgery, Dermatopathology, Reviews), Introduction, Methods, Results, Discussion, Conclusion, Artwork and Tables with Captions. If your article includes any Videos and/or other Supplementary material (for editor/reviewer reference only), these should be included in your initial submission for peer review purposes. With the exception of Research Letters, divide the article into clearly defined sections. Please use continuous line numbering (ie, that continues from one page to the next) for the manuscript to facilitate review and editing.

Title page
Note that the following items must be included on the title page even if using the Your Paper Your Way option:

The title, authors' full names, highest earned academic degrees, and institutional affiliations and locations. Optional: you may list one Twitter handle for the author group. Due to space limitations, we can only publish one Twitter handle per manuscript. A separate word count for the abstract, capsule summary, and text (excluding references, figures, and tables), as well as a figure and table count. A statement of all funding sources for the work. If there were none, put "Funding: none." A publishable conflict of interest statement.A statement whether your IRB has approved the study or exempted it from review. Clinical trials registration information (if applicable), including name of registry and registration number. A list of attachments for editor/reviewer reference only(if applicable), eg. CONSORT checklist, research protocol/statistical analysis plan, survey instrument, and any other supporting materials.

The title page must also include a statement of all funding sources for the work as well as a publishable conflict of interest statement. Designate one author as correspondent (provide address, telephone and fax numbers, and e-mail address) to receive communications from the Editorial Office and galley proofs from the publisher. The name and address of the author who will receive reprint requests should be noted if different from the correspondent. The corresponding author should promptly inform the managing editor (JAAD@aad.org) of any change in e-mail or mailing address.

Sample manuscript
Please see a sample title page and manuscript here.

Abstract
Unless otherwise stated, all articles must be accompanied by a typed, double-spaced abstract not exceeding 200 words. Abstracts of papers submitted for publication in the Original Articles, Dermatopathology, and Dermatologic Surgery sections should be structured as follows: Background: What is the major problem that prompted the study? Objective: What is the purpose of the study? Methods: What type of study was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc)? How was the study done? Results: What are the most important findings? Limitations: What are the limitations of the study? Conclusion: What is the single most
important conclusion? Abstracts for Reviews may be structured or unstructured at the discretion of the author. Abstracts for CME articles, Health Policy & Practice, and Consultative Dermatology articles should be unstructured. Other article types do not require abstracts.

**Graphical abstract**
Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site. Authors can make use of Elsevier’s Illustration Services to ensure the best presentation of their images and in accordance with all technical requirements.

**Capsule summary**
Papers submitted for publication in the Original Article, Review, Dermatologic Surgery, Dermatopathology, Health Policy & Practice, and Consultative Dermatology sections must include a capsule summary of up to 50 words. The capsule summary should not contain abbreviations, and should be composed of 2 bulleted statements which address the following:

(First bullet) How does this article integrate into what was already known? (Second bullet) How does it change practice? That is, what does the article mean to the practice of dermatology and what should you do as a result of having read this article? What should change in the way you practice?

Because the CME article includes a list of bulleted key points for each section, a capsule summary is not required.

**Key words**
The selection of key words is the most important step in the submission process. This is how most clinicians and investigators will find your work, and the key words should be chosen carefully to allow ready retrieval of the study through PubMed and other search engines. Choose as many key words as necessary to ensure that literature searches capture your article. Make sure that every key term that appears in the title is chosen as a key word.

**Multiple hypothesis testing and evaluation of big data**

In the Methods section, authors should indicate the number of hypotheses tested and the expected risk of false discovery. Authors should consult a statistician regarding appropriate statistical methods and correction of P values.

The False Discovery Rate (FDR) expresses the expected proportion of false discoveries (type I errors) when conducting a large number of comparisons. Authors are expected to use a generally accepted method to mitigate the risk of false discovery and state what method was used.

Example:

In this study, we tested (fill in the number) hypotheses with an expected rate of false discovery of (fill in the blank). The Benjamini–Hochberg procedure was used to correct P values (see footnote).

Footnote:

Individual P values were placed in ascending order, with an ordinal rank assigned starting with smallest P value (rank =1). Each P value’s critical value was calculated using the formula \( (i/m)Q \), where \( i \) = each P value’s rank, \( m \) = total number of tests, \( Q \) = the false discovery rate. The largest P value that is smaller than its corresponding critical value was identified and all smaller P values (lower ordinal rankings) are considered significant.

**Classifications**
Select at least 6 classifications to facilitate matching the manuscript with reviewers. You can do this in EM by clicking 'Select Document Classifications' to open a window containing a list of the classifications pertaining to the Journal. Then click the check-box next to any classification you wish to select. Click 'Submit' when you are done.
**Abbreviations and acronyms**

Abbreviations must be limited primarily to those in general usage. Only standard abbreviations are to be used. Weights and measurements must be expressed in metric units. Temperatures must be expressed in degrees centigrade. Consult *Scientific Style and Format* by the Council of Biology Editors or the *Manual of Style* by the American Medical Association. Abbreviations in the title are not acceptable and they should be avoided in the abstract whenever possible. A laboratory or chemical term or a disease process must be spelled out at first mention, with the acronym or abbreviation following in parentheses. List all abbreviations and acronyms on a separate page within the manuscript document before the references.

**Acknowledgements**

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

**Artwork**

For specific information about how to format your artwork, please visit [https://www.elsevier.com/artworkinstructions](https://www.elsevier.com/artworkinstructions).

**Image manipulation**

Although authors may need to manipulate images for clarity, manipulation for purposes of deception or fraud constitutes scientific and ethical abuse and will be dealt with accordingly. For graphical images, JAAD’s policy is that no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

Black and white graphs must be legible and clearly printed. The fill for bar graphs or pie charts should be distinctive; avoid shading or dotted patterns. Use thick, solid lines and bold, solid type. Place lettering on a white background; avoid reverse type (white lettering on a dark background). All lettering must be done professionally and should be in proportion to the drawing, graph, or photograph. Typewritten or freehand lettering is unacceptable. Consistency in size within the article is strongly recommended. Any special instructions regarding sizing should be clearly noted.

**Figures and tables**

Tables, figures, and legends should supplement, not duplicate, the text. Clinical photographs should be of high quality without distracting backgrounds. A reasonable number of halftone photographs and line drawings will be published at no extra charge to the author. Color illustrations will be reviewed by the Editor and those considered appropriate will be published free of charge to the authors. Figures and tables must be cited in the text and numbered in order of mention. Figures must have an arrow marking the top edge and must be numbered consecutively using Arabic numerals (ie, 1, 2, 3). Multi-part figures must be marked clearly (ie, 1A, 1B, 1C). Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. Recognizable patient images require patient consent for publication. Figures that contain a brand name product must have permission from the manufacturer for publication.

Figure legends should begin with the name of the condition or disease being depicted. They should be as brief as possible. Any symbols and abbreviations used should be explained. Legends should be typed double-spaced and inserted after the references within the manuscript document. If an illustration has been published previously, full credit to the original source must be given in the legend and permission to reprint must have been obtained from the copyright holder. For histologic/microscopic figures, the legend must specify stain. Arrows and arrowheads should be used freely to clarify findings. Please note that online-only figures also require legends.

If they have not already done so, authors will be contacted to provide print-quality figures after their articles have been accepted.

Tables should be self-explanatory and numbered sequentially in Roman numerals in order of their mention in the text. A brief title should be provided for each. Any symbols and abbreviations used should be explained using a footnote. If a table, or any data therein, has been published previously,
full credit to the original source must be given in a footnote. A single table should not exceed three pages length in Microsoft Word. Tables are not designed to include color. If color is critical to your table, please submit it as a figure file.

Electronic artwork
General points

Use uniform lettering and sizing. Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier. Number the illustrations according to their sequence in the text. Use a logical naming convention for your artwork files. Indicate per figure if it is a single, 1.5 or 2-column fitting image. For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage. Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed guide on electronic artwork is available on our website: https://www.elsevier.com/artworkinstructions. Some excerpts of the detailed information are presented here.

Formats

Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below:

EPS (or PDF): Vector drawings. Embed the font or save the text as 'graphics'.
TIFF (or JPG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.
TIFF (or JPG): Bitmapped line drawings: use a minimum of 1000 dpi.
TIFF (or JPG): Combinations bitmapped line/half-tone (color or grayscale): a minimum of 500 dpi is required.

Please do not:

Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low.
Supply files that are too low in resolution. Submit graphics that are disproportionately large for the content.

Illustration services

Elsevier's Author Services offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Footnotes

Footnotes should be used sparingly. Number them consecutively throughout the article. Many wordprocessors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

References

Personal communications should not be cited in the reference list but may appear parenthetically in the text. References must be identified in the text by superscript Arabic numerals in order of their mention. References should not be formatted as footnotes, but should appear in a list at the end of the text. The reference list should be typed double-spaced and in numeric sequence.

Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors.

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