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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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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 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

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 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

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 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

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 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

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 2500 words excluding the abstract, references, figures, and tables.

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 2500 words excluding the abstract, references, figures, and tables.

Editorials/Commentaries
Because of our substantial backlog of unpublished manuscripts, submissions for this article type are by invitation only.
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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, e.g., 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. Conclusions based on uncontrolled trials and/or limited experience should be stated in appropriately tentative terms. If the manuscript is based on a survey that was used to collect data, please describe how the survey instrument was developed and piloted, and whether/how the survey was validated. The authors must attest that the use of any proprietary sampling contact information (e.g., 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*. Supplemental figures and tables are not allowed for Research Letters.

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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, e.g., 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](http://www.editorialmanager.com/jdcr/default.aspx).

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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.

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**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.

**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.
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.

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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. 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 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.

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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
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.

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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.

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(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?

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