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.

The Journal is ranked 1st out of 68 in the Dermatology category in the 2018 Journal Citation Reports®, published by Clarivate Analytics, and has an Impact Factor of 8.277.

The Journal of the American Academy of Dermatology is also recommended for purchase in the Brandon-Hill study, Selected List of Books and Journals for the Small Medical Library.

JAAD has two open access companion titles: JAAD Case Reports welcomes new and novel cases, case series, and images that are authentic, understandable, educational and of interest to an audience of dermatologists, residents, fellows, and researchers in all dermatology subspecialties, as well as clinicians in related fields. JAAD International welcomes clinical and translational research studies that advance the understanding and practice of dermatology on a broad, inclusive and international basis.

IMPACT FACTOR

2019: 8.277 © Clarivate Analytics Journal Citation Reports 2020

ABSTRACTING AND INDEXING

Scopus
EDITORIAL BOARD

Editor
Dirk M. Elston, MD, Medical University of South Carolina, Charleston, South Carolina

Deputy Editor
Jane M. Grant-Kels, MD, UConn Health, Farmington, Connecticut

Founding Editor
J. Graham Smith

Editors Emeritus
Jeffrey Bernhard
Richard L. Dobson
Bruce H. Thiers

Managing Editor
Detra N. Davis, 9500 Bryn Mawr Avenue, Suite 500, Rosemont IL 60018-1968

Assistant Managing Editor
Charlene Dundek

Associate Editors
Murad Alam, MD
Surgical

Emily M. Altman
Medical/Pivotal Clinical Trials

Robert T. Brodell
Medical

M. Yadira Hurley, MD
Dermatopathology/Mentorship Program

Nikki Levin, MD, PhD
Medical

Desiree Ratner, MD
Surgical

Julie Schaffer, MD
Pediatrics

Assistant Editors
Andrew Alexis
Yvonne Chiu
Matthew Kanzler
Michel McDonald
Tricia Missall
James A. Solomon

Special Editors
Lori Asztalos
Justin Bandino
Naiara Barbosa
Andrew Bronin
Daniel Butler
Aging Considerations in Women and Skin Care Through the Ages

Colleen Cotton
Pediatric Dermatology Collection

William Damsky
Steve Daveluy
Robert Dellavalle
John Durkin
Katalin Ferenczi
Warren Heymann
Christophe Hsu
Clara Kim
Statistics
Eden Lake
Mary Logue
Eden Lake
Phil Leboit
Joyce Lee
Jack Lesher, Jr.
Jenna Lester
Hang Li
Qianjin Lu
Jennifer Lucas
Omar Lupi
Mario Magaña
John Maize
Cathy Massoud
Patrick McClesky
Karen McCoy
Jennifer McNiff
Giuseppe Micali
Christin Mowad
Rajiv I. Nijhawan
David M. Ozog
Anisha Patel
Jon Klington Peebles (Klint)
Giovanni Pellacani
Clifford Perlis
Margot S. Peters
Joseph Pierson
Melissa Piliang
Marcia Ramos e Silva
Jack Resneck
Beth Ruben
Adam Rubin
Li Ruoyu
Lucia Seminario-Vida
John T. Seykora
Zhu Shen
Jonathan Silverberg
Nanette Silverberg
Thomas Stasko
Benjamin Stoff
Mary Stone
Yong-Kwang Tay
Curtis Thompson
Ken Tomecki
Antonio Torrelo
Kara Melissa Torres
Matthew W. Tsang
Abby S. Van Voorhees
Guy Webster
Jonathan Weiss
Lara Wine-Lee
Lara Winterfield
Oliver Wisco
Brandon T. Worley
Kim Yancey
Lorraine Young
Jianzhong Zhang
Youwen Zhou

CME Workgroup
Jeremy Brauer
Kelly M. Cordoro
Carlos Garcia
Ian A. Maher
Desiree Ratner
Brett Sloan
Hensin Tsao
Matthew Zirwas
Social Media Editor  
Daniel Butler

Website Workgroup  
Adam Friedman  
Kristin Lee  
Eliot Mostow  
Andrew Patterson  
Faramarz H. Samie

Pearls Reviewers  
Kavita Mariwalla  
Angela Moore  
Alon Scope

China Consultant  
Hong Duo Chen

Board of Directors  
President  
Kenneth J. Tomecki  
President-elect  
Mark D. Kaufmann

Vice President  
Neal D. Bhatia  
Vice President-elect  
Linda F. Stein Gold

Secretary - Treasurer  
Marta J. Van Beek  
Assistant Secretary - Treasurer  
Daniel D. Bennett

Immediate Past President  
Bruce H. Thiers

Directors  
Murad Alam  
April W. Armstrong  
Diane S. Berson  
Cheryl M. Burgess  
James Q. Del Rosso  
Seema R. Desai  
Lindy P. Fox  
Lawrence J. Green  
Adelaide A. Hebert  
Maria K. Hordinsky  
Naomi Lawrence  
Jennifer Lucas  
Amy J. McMichael  
Alexander Miller  
Abby S. Van Voorhees  
Andrew H. Weinstein  
Cyndi J. Yag-Howard
GUIDE FOR AUTHORS

EDITOR
Dirk M. Elston, MD
Medical University of South Carolina
Charleston, South Carolina

DEPUTY EDITOR
Jane M. Grant-Kels, MD
University of Connecticut Health Center
Farmington, Connecticut

SPECIAL NOTES TO AUTHORS

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.

Title: The type of study should be cited in the title. This is especially important for randomized controlled trials, so they are appropriately captured in evidence-based reviews. The title should accurately reflect the outcome of the study, including efficacy or the lack thereof.

Capsule summary: An effective capsule summary should not duplicate the abstract. It should succinctly describe what was already known about the subject, what this study adds, and the implications for clinical practice.

Abstract: A well-written structured abstract should convey the question the authors attempted to answer, essential elements of the study design, results, limitations and conclusions drawn from the data.

Tables and graphs: Information should be presented in graphic and tabular form whenever possible to make it easy to understand. Graphs should be appropriate to scale and not exaggerate differences.

Brevity: Information should be presented well, and only once—never repeated in subsequent sections of the manuscript. Word limits are strict but supplementary material may be uploaded to Mendeley with a link in the print article. Include them for the reviewers as Mendeley supplemental image #1, etc.

Study design: Include a statement of institutional review board approval and specify the study design including prospective or retrospective, the inclusion and exclusion criteria, and statistical methods.

Figure legends: Figure legends should highlight important teaching points and should include the diagnosis so images are searchable. They should clearly indicate if the image was taken prior to or following therapy. Images from other sources should cite the origin and a permission form should accompany the manuscript.

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 (see additional details below).

Articles that address nonmedical topics This category includes articles addressing patient access, resident selection, residency training, and faculty at teaching hospitals. With rare exceptions specifically approved by the editor, they should be submitted following all guidelines for Research Letters. They must present original data, use valid statistical methods, and address confounders and other limitations as we require for any other article.
Authorship  All those who have made material contributions to the study design, data analysis and writing of the manuscript should be listed as authors. Those who have not made significant contributions as listed above should not be listed as authors.

Disclosure  All relevant conflicts of interest should be disclosed.

Disclosure of original data  All authors, sponsors of trials, and owners of commercially available data sets or registries must agree to review of original data if questions arise regarding the reliability or interpretation of the reported data.

YOUR PAPER YOUR WAY
We now differentiate between the requirements for new and revised submissions. You may submit your new manuscript as a single Word or PDF file to be used in the refereeing process. If your manuscript reaches the revision stage, you will be required to submit the revision in the standard JAAD format described in this Author Guide and provide the ancillary documents (patient consent confirmation, IRB documentation, etc.) required for the potential acceptance and publication of your article. Certain information related to these documents is still required on the title page, as delineated later. Note: Notes & Comments are not eligible for Your Paper Your Way. Revisions are not eligible for Your Paper Your Way.

To find out more, please click here.

EARLY PUBLICATION
SS Publishing. For most article types, JAAD now posts uncorrected, nonformatted manuscripts online within 1 week of acceptance. These manuscripts can be cited immediately upon posting. This file will be replaced with the final version upon incorporation of any corrections received from the authors at the proof stage. If possible inaccuracies are discovered that may have the potential to cause harm, the article may be temporarily removed at the Editor’s discretion until necessary edits are incorporated. Authors must resubmit the corrected manuscript within 60 days or the manuscript will be withdrawn. Please review Elsevier’s policy on article withdrawal.

INTRODUCTION
The Journal of the American Academy of Dermatology is a refereed journal designed to meet the continuing education needs of the Academy members and the international dermatologic community. The Journal bases its policies on the guidelines set forth by the International Committee of Medical Journal Editors (http://www.icmje.org).

Disclaimer
Statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editor(s), Publisher, or Academy. The Editor(s), Publisher, and Academy disclaim any responsibility or liability for such material and do not guarantee, warrant, or endorse any products or services advertised in this publication, nor do they guarantee any claim made by the manufacturer of such products or services.

Contact details for submission
* EDITORIAL OFFICE

Detra Davis
Managing Editor
Journal of the American Academy of Dermatology
9500 W Bryn Mawr Avenue, Suite 500
Rosemont, IL 60018-5216
Phone: 847-240-1005
Fax: 847-240-0101
E-mail: JAAD@aad.org

For questions about manuscript preparation, submission, and review, contact:

Charlene Dundek
Assistant Managing Editor
Journal of the American Academy of Dermatology
9500 W Bryn Mawr Avenue, Suite 500
Ethics in publishing

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Studies in humans and animals

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Studies involving live human or animal subjects must have been approved by the authors' Institutional Review Board or its equivalent. A copy of the IRB approval letter must be included with the submission or sent to the Journal office under separate cover. If the IRB has exempted the research from review, a copy of the letter of exemption must accompany the submission. Please indicate that the study has been reviewed or exempted by your IRB on the title page. If applicable, IRB protocol approval number and date must be mentioned in the Methods section of all manuscripts.

Submissions of survey research are also subject to the guidelines stated above.

Conflict of interest

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: 'Conflicts of interest: none'. See also https://www.elsevier.com/conflictsinterest. Further information and an example of a Conflict of Interest form can be found at: https://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing.

The Journal requires all authors to acknowledge, in the comments section of Editorial Manager (EM) (http://www.editorialmanager.com/jaad/default.aspx), all funding sources that supported their work as well as all institutional or corporate affiliations of the authors. The title page must also include a publishable statement disclosing any current or past associations that might pose a conflict of interest. The attestation on the title page is required even if you select the Your Paper Your Way
option. These include but are not limited to employment, royalties, consultant arrangements with a commercial entity, stock or other equity ownership, stock options, patent licensing arrangements, payments for conducting or publicizing a product or study, or consulting relationships with investment companies. In addition, authors are required to disclose similar associations with companies that make a competing product. When no conflicting or competing interests are present, this should be indicated in the publishable disclosure statement. If the authors have competing or conflicting interests that cannot be disclosed in publishable statements, authors should list them in the comments section of EM (http://www.editorialmanager.com/jaad/default.aspx). They should also explain these interests as well as the reason for the need for confidentiality in a statement to the Editor. The Editor asks each reviewer to disclose any competing interests or conflicts of interest that might interfere with one's objectivity (or to recuse oneself from acting as a reviewer). The Editors and members of the editorial staff will ensure that all conflicts are appropriately resolved. Conflicts that cannot be appropriately resolved will result in rejection of the manuscript. Undisclosed conflicts may result in sanctions to include published statements of retraction or removal of a manuscript from the archived journal table of contents and PubMed database.

The Editors and members of the editorial staff have registered their competing interests, if any, with the officers of the American Academy of Dermatology.

Each author must verify their authorship and list potential conflicts of interest. Upon manuscript submission, an email will be sent to each co-author asking them to verify their authorship. It is required that each author confirm their authorship and fill out the co-author questionnaire. There is a section on the questionnaire for authors to list their conflicts of interest.

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. Current AMA style is to use Black and White rather than terms such as African-American that assume people are American. When race is relevant, be as specific as possible (example: of Chinese descent rather than Asian). These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive. Please see the AMA Manual of Style at https://www.amamanualofstyle.com/ for more information.

Authorship
All authors must have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted. Once a manuscript has been submitted, the order of authorship (including adding or removing authors) cannot be changed without a request signed by all authors and approved by the Editor-in-Chief.

The Journal's authorship criteria are adapted from those of the International Committee of Medical Journal Editors and are delineated on the Authorship Statement, which must be signed by each author.
Role of writers, "ghost writers," and other "third parties" involved in manuscript development and production
The involvement, nature of involvement, and affiliation or support of any medical writers, "ghost writers," or other individuals or companies or third parties participating in the development or writing of any papers must be noted and explained in the cover letter and in a publishable statement on the manuscript title page. (This does not include tasks such as typing or photocopying.) This statement will be published as part of the first-page footnotes. All individuals involved in the preparation and writing of each paper who meet the JAAD's authorship criteria (see our Authorship Statement) must be listed as authors. The names, highest academic degree, and affiliations of any persons who contributed to writing the paper or analyzing the data who do not meet authorship criteria must be included in the paper's Acknowledgments along with a disclosure of any pertinent conflicts of interest. Individuals listed in the Acknowledgments because of such contributions to the work should provide written consent. The use of "ghost writers" or any author employed by an entity with a commercial interest in any product discussed is rarely appropriate for any manuscript and is strictly prohibited for any CME-accredited activity.

Copyright transfer and ownership of data
In accordance with the Copyright Act of 1976, which became effective January 1, 1978, the following statement signed by each author must accompany the manuscript submitted: "I, the undersigned author, transfer all copyright ownership of the manuscript referenced above to the American Academy of Dermatology, in the event the work is published. I warrant that the article is original, does not infringe upon any copyright or other proprietary right of any third party, is not under consideration by another journal, and has not been published previously. I have reviewed and approve the submitted version of the manuscript and agree to its publication in the Journal of the American Academy of Dermatology." Author(s) will be consulted, whenever possible, regarding republication of material. All authors must have access to the data presented and the authors and sponsor (if applicable) must agree to share original data with the editor if requested.

For subscription articles (see below), upon acceptance of the article, authors will be asked to complete a 'Journal Publishing Agreement' (for more information on this and copyright, see https://www.elsevier.com/copyright). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement. Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations (please consult https://www.elsevier.com/permissions). If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases: please consult https://www.elsevier.com/permissions.

For open access articles (see below), upon acceptance of the article, authors will be asked to complete an 'Exclusive License Agreement' (for more information see https://www.elsevier.com/OAauthoragreement). Permitted reuse of open access articles is determined by the author's choice of user license (see https://www.elsevier.com/openaccesslicenses). In general, The JAAD requires "CC BY-NC_ND" license except where otherwise mandated by a government funding body: Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND): for non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

Subscription and open access (OA)
The Journal offers authors a choice in publishing their research, Subscription and Open Access:

Subscription Articles are made available to subscribers as well as developing countries and patient groups through our access programs

Open Access Articles are immediately and freely available for reading and download to both subscribers and the wider public with permitted reuse An open access publication fee is payable by authors or their research funder
Your publication choice will have no effect on the peer review process or acceptance of submitted articles.

The open access publication fee for this journal is $3,700, excluding taxes. Learn more about Elsevier’s pricing policy: https://www.elsevier.com/openaccesspricing. There is no publication fee for articles accessible only by subscribers.

**Special subject repositories**
Certain repositories such as PubMed Central ("PMC") are authorized under special arrangement with Elsevier to process and post certain articles, such as those funded by the National Institutes of Health, under its Public Access policy (see elsevier.com for more detail on the policy). Articles accepted for publication in an Elsevier journal from authors who have indicated that the underlying research reported in their articles was supported by an NIH grant will be sent by Elsevier to PMC for public access posting 12 months after final publication. The version of the article provided by Elsevier will include peer-review comments incorporated by the author into the article.

**Retained author rights**
As an author you (or your employer or institution) retain certain rights. For more information on author rights for Subscription articles, please see https://www.elsevier.com/journal-authors/author-rights-and-responsibilities. For Open access articles, please see https://www.elsevier.com/OAauthoragreement.

**Open access**
Please visit our Open Access page for more information.

**PREPARATION**

**Style, language usage, and editing services**
Text should be written in correct scientific English (American or British usage is acceptable, but not a mixture of these). Consult the latest edition of *The Chicago Manual of Style* by The University of Chicago Press or the *Manual of Style* by the American Medical Association for current usage. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors may wish to use the English Language Editing service available from Elsevier's WebShop (https://webshop.elsevier.com/language-editing-services/language-editing/) or visit our customer support site (https://service.elsevier.com) for more information.

**Brevity**
Brevity is appreciated. Authors should avoid repeating the same information in the Abstract, Introduction, and Discussion.

**Undocumented claims (eg, "firstedness," "safe and effective")**
Please do not claim that yours is the first report. If such a claim is deemed necessary, authors should explain their reasoning in the cover letter and provide a detailed Appendix describing how they came to this conclusion. Describe search strategies, search terms, databases queried, and how far back these were checked. Also list textbooks and monographs that were searched to substantiate the claim. Similarly, the phrase "safe and effective" should be reserved for FDA-approved product labeling based on registered phase III trials. In other settings, the term should be avoided entirely. As an alternative, an example of acceptable terminology would be, "Our patients demonstrated positive responses and the treatment was well tolerated."

**Trade names**
Trade names and brand names of drugs and devices may not be used in the title of the paper. They may appear only once in the paper and should be placed in parentheses along with their manufacturer and the manufacturer’s location following the first mention of the generic name in the text. Thereafter, only generic names should be used throughout the article.

**NEW SUBMISSIONS**
Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.

As part of Your Paper Your Way, you may choose to submit your new manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at
Starting August 1, 2019, an email will be sent to each author listed on the manuscript asking them to verify their authorship. It is required that each author confirm their authorship and complete the accompanying questionnaire. This new process replaces the previously required signed authorship PDF forms.

**Sections/article type guidelines**

Authors, please note: JAAD is limited in the number of pages that can be published each month. Inclusion of textbook-type material is strongly discouraged, as is repetition of the same statements in the Introduction and Discussion. The Introduction and Discussion should pertain directly to the study being reported, and not contain a lengthy review of a disease entity or its treatment.

The following table is for your guidance in formatting your manuscript, with the various article types outlined more fully in the text that follows. Note that "maximums" are just that; less is preferred. Our readers have told us on multiple occasions that they prefer manuscripts with a message that is delivered in a clear and concise manner. While we impose no absolute limits on the number of references for some article types, references should only be included when necessary to cite the primary source of information.

| Article Type                          | Maximum Word Count | Requires Abstract/Capsule Summary* | References | Maximum Number of Figures/Tables** | CME 3,000 (each part) | Abstract: Yes; Capsule Summary: No | No limit | No limit | Original Articles, From the Dermatology Foundation, Dermatologic Surgery, Dermatopathology, Reviews 2,500 Yes | No limit | 5 (total) | Research Letters 500 No 5 | 2 (total) | Editorials/Commentaries, Health Policy and Practice, Current Issues and Opinion, Consultative Dermatology, Medical Error and Patient Safety 500 No 5 | 2 (total) | Dermatoethics Consultations 500 No 5 | 0 Letters: Notes & Comments*** | 500 No 5 | 2 (total) | Book Reviews*** 375 No 0 | 0 In Memoriam*** 500 No 5 | 2 (total) | Pearls*** 250 No 2 | 2 (total) |
|--------------------------------------|--------------------|-----------------------------------|------------|-----------------------------------|----------------------|-----------------------------------|----------|----------|---------------------------------|----------|----------------|-----------------|--------------------------|---------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 1 Article Type Maximum Word Count    | Requires Abstract  | Capsule Summary*                  | References | Maximum Number of Figures/Tables  | CME 3,000 (each part)| Abstract: Yes; Capsule Summary: No | No limit | No limit | Original Articles, From the Derma | Yes | No limit | 5 (total) | Research Letters 500 | No 5 | 2 (total) | Editorials/Comme | Yes | No limit | 5 (total) | Book Reviews*** 375 | No 0 | 0 In Memoriam*** 500 | No 5 | 2 (total) | Pearls*** 250 | No 2 | 2 (total) |
|                                      |                    |                                   |            |                                   |                      |                                    |          |          | tology Foundation, Dermatologic  |         |                |                    |                          |                     |                | ntary, Health Policy | No 5 | 2 (total) | 375 No 0 | 0 In Memoriam | 500 No 5 | 2 (total) | 250 No 2 | 2 (total) |
|                                      |                    |                                   |            |                                   |                      |                                    |          |          | Surgery, Dermatopathology, Reviu |         |                |                    |                          |                     |                | and Practice, Cur | 5 | 2 (total) | 375 No 0 | 0 In Memoriam | 500 No 5 | 2 (total) | 250 No 2 | 2 (total) |
|                                      |                    |                                   |            |                                   |                      |                                    |          |          | ws, Current Issues and Opinion, |         |                |                    |                          |                     |                | t of Dermatology, | 5 | 2 (total) | 375 No 0 | 0 In Memoriam | 500 No 5 | 2 (total) | 250 No 2 | 2 (total) |
|                                      |                    |                                   |            |                                   |                      |                                    |          |          | Consultative Dermatology, Med |         |                |                    |                          |                     |                | ic Error and Patie | 5 | 2 (total) | 375 No 0 | 0 In Memoriam | 500 No 5 | 2 (total) | 250 No 2 | 2 (total) |
|                                      |                    |                                   |            |                                   |                      |                                    |          |          | nt Safety 500 No 5 | 2 (total) | Dermatoethics Consultations 500 | No 5 | 0 Letters: Notes & Comments*** | 500 No 5 | 2 (total) | Book Reviews*** 375 | No 0 | 0 In Memoriam*** 500 | No 5 | 2 (total) | Pearls*** 250 | No 2 | 2 (total) |

*Word count limit for abstract is 200 words and for Capsule Summary is 50 words.

**Each part of a multi-part figure is counted toward the maximum allotment, eg, a figure 1A and 1B are considered 2 figures.

***Online only.

**Continuing Medical Education (CME)**

In-depth, substantiated, educational articles presenting core information for the continuing professional development of the practicing dermatologist. CME articles should not be simply reviews but should present a synthesis of new information not readily available in textbooks and should reflect the approach and practice style of an expert in the field.

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](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 (i.e., 1, 2, 3). Multi-part figures must be marked clearly (i.e., 1A, 1B, 1C). Each part of a composite image counts towards the maximum allotment, e.g., 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.

The Digital Object Identifier (DOI) may be used to cite and link to electronic documents. The DOI consists of a unique alpha-numeric character string which is assigned to a document by the publisher upon the initial electronic publication. The assigned DOI never changes. Therefore, it is an ideal
medium for citing a document, particularly 'Articles in press' because they have not yet received their full bibliographic information. Example of a correctly given DOI (in URL format; here an article in the journal Physics Letters B): http://dx.doi.org/10.1016/j.physletb.2010.09.059.

When you use a DOI to create links to documents on the web, the DOIs are guaranteed never to change.

Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Reference formatting
There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent and the references are cited in order. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number and issue/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at the proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the examples below.

Reference style

List: Number the references in the list in the order in which they appear in the text. For example,

Reference to a journal publication:

Reference to a book:

Reference to a chapter in an edited book:

Reference to a dataset:

Video
Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats with a preferred maximum
size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

**Data visualization**
Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.

**Supplementary data**
The Journal no longer publishes supplemental tables or figures in the print or electronic versions of the journal, but you can upload them to Mendeley (https://www.mendeley.com) and include the Mendeley link in your article allowing readers full access to supplementary material you deem important. For help on uploading files to Mendeley, please visit our step-by-step guide here. Clearly indicate in your submission that supplemental table or figure files are for the benefit of the reviewers only and that you intend to upload them to Mendeley. You may cite them as "Mendeley supplemental figure 1" or "Mendeley supplemental table 1" for the benefit of the reviewers.

**Patient consent forms and patient details**
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication.

Patients should be identified by numbers and must not be identified by name, initials, or hospital record number. No other information, including clinical photos or family trees, from which a patient could be identified is permitted unless express written permission from the patient/family is provided at the time of manuscript submission. Note that blocking the eyes is generally not sufficient; please crop the photo in such a manner that the patient cannot be recognized. Descriptive information in the text (such as details of a case or genetic pedigree) must be deidentified to protect patient confidentiality unless patient consent has been documented.

Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals, https://www.elsevier.com/patient-consent-policy. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

The *Journal of the American Academy of Dermatology (JAAD)* seeks to ensure that patient privacy is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

While *JAAD* accepts institution and private entity HIPAA patient sign-off for photo/image use, it also provides this document as a template for use by *JAAD* manuscript authors.

It is important to disclose to patients that images submitted to *JAAD* may be utilized in various forms of publication and mediums by the Journal, including but not limited to teaching, research, scientific meetings, other professional journals, medical books, broadcasts, advertising, social media, and other similar purposes. These materials may appear in print and online and the public may have access to them.

Care must be taken by authors submitting images to ensure that images are de-identified to the greatest extent possible, while preserving the teaching nature of the image/s.
Permissions
Direct quotations, tables, or illustrations that have appeared in copyrighted material must be
accompanied upon submission by written permission for their use from the copyright owner and the
original author along with complete information as to their source. Tattoos are considered copyrighted
material and the tattoo artist holds the copyright. If you include a figure with a tattoo in it, you
must also submit reprint permission from the tattoo artist. Patient consent is also required for tattoo
images. Permission to use an image of a specific product must be obtained in writing from the
product manufacturer if either the particular device or the manufacturer is identified or could be
considered reasonably identifiable by a practitioner within the relevant field. If neither the device nor
the manufacturer is identified and the specific product can be considered incidental to the purpose of
the photo, permission should not be necessary. Generic equipment (for example, a bedpan) does not
require permission unless a manufacturer name is clearly visible and has not been blurred, cropped,
or removed.

Submission
Our online submission system guides you stepwise through the process of entering your article
details and uploading your files. The system converts your article files to a single PDF file used in
the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for
final publication. All correspondence, including notification of the Editor's decision and requests for
revision, is sent by e-mail.

Please save all PDF files (IRB documentation, permissions, etc.) as reduced size PDFs in order
to reduce file download times. To do this, please open your PDF files, select "Save As," and
then click the "Reduced Size PDF" option. As an alternative you can use the following website:
http://compress.smallpdf.com. Files larger than 15 MB may be returned to the corresponding author
to be compressed.

Submit your article
Before proceeding, please review the new submission option, Your Paper Your Way, detailed at the
beginning of this Author Guide.


The site provides instructions for manuscript submission as well as a tutorial for authors. Word,
WordPerfect, RTF, and Text files will be accepted; Word and WordPerfect are preferred. Questions
about the program may be addressed to JAAD@aad.org. If not using the Your Paper Your Way option,
all manuscript submissions must include any relevant patient consent forms and IRB documentation.
These forms can be downloaded from either our Web site (http://www.jaad.org/content/auth_page)
or EM (http://www.editorialmanager.com/jaad/default.aspx).

Starting on August 1, 2019, all new manuscript submissions will utilize electronic author verification.
Each listed author will receive an email asking them to confirm or deny their authorship on the paper.
They will also be required to complete the related authorship questionnaire. This process replaces the
previously required Authorship Declaration, Conflict of Interest, and Copyright Transfer forms

Original manuscripts will be considered for publication. Correct preparation of the manuscript will
expedite the review and publication procedures. Please note the following requirements.

The original page-numbered copy of the manuscript must be double-spaced.

Submission checklist
The following list will be useful during the final checking of an article prior to sending it to the journal
for review. Please consult this Guide for Authors for further details of any item. Ensure that the
following items are present:

Before uploading, please assure that PDF files (IRB documentation, permissions, etc) are
saved as reduced size PDFs in order to reduce file download times. To do this, please
open your PDF files, select "Save As," and then click the "Reduced Size PDF" option. As an
alternative you can use the following website: http://compress.smallpdf.com. Files larger
than 15 MB may be returned to the corresponding author to be compressed.
One author has been designated as the corresponding author with contact details:

E-mail address Full postal address Telephone

All necessary files have been uploaded, and contain:

A title page with all the requested information Keywords Figures and artwork with a minimum of 300 dpi to allow for quality reproduction All figure captions Ancillary documents (patient consent forms, IRB documentation, etc.) if not using the Your Paper Your Way option For research studies, a copy of the research protocol, statistical analysis plan and, for randomized clinical trials, the CONSORT checklist For survey-based research, a copy of the survey instrument For sponsored trials, agreement by the sponsor to share original data for review when the integrity of the work is in question

Further considerations:

Manuscript has been 'spell-checked' and 'grammar-checked' All references mentioned in the Reference list are cited in the text, and vice versa Permission has been obtained for use of copyrighted material from other sources (including the Web) All .pdf files have been reduced in size

For any further information please visit our customer support site at https://service.elsevier.com.

PROCEDURE FOR REVIEW
The Journal employs a confidential and anonymous peer review process to evaluate submitted papers for possible publication. A small number of papers are rejected after in-house editorial review when editors deem that the paper is not appropriate for the Journal or is not of sufficient quality to warrant further evaluation. The overall acceptance rate is less than 50%.

The author may suggest several reviewers for the manuscript, who may be contacted at the discretion of the editors. The editorial staff will review the manuscript and will ordinarily send it to at least two reviewers. Reviewers will pay particular attention to scientific accuracy, relevance, novelty, importance, appropriate style, and quality of illustrations. First decisions (accept, revise, reject) are usually made within four weeks, although delays are possible. Some degree of manuscript revision should be expected and regarded as constructive. A request to submit a revised manuscript does not guarantee that it will be accepted, only that it will be reconsidered, perhaps after additional peer review. Because space in the Journal is limited, the final editorial decision rests not only on the validity of the report and the opinions of the reviewers, but also on the editors' judgment of a paper's novelty, clarity, importance, and likely degree of interest to the readership. The editor will consider requests for double blind peer review on a case-by-case basis.

Please see https://www.elsevier.com/connect/8-reasons-i-accepted-your-article and https://www.elsevier.com/connect/8-reasons-i-rejected-your-article for more insight as to why articles may be accepted or rejected.

Expedited review and publication
Our goal is to have all manuscripts reviewed as rapidly as possible. Authors who feel that their paper should receive expedited review and/or priority publication should request it and explain their rationale in the Comments section of EM (http://www.editorialmanager.com/jaad/default.aspx). They should also send a separate explanatory e-mail to the managing editor: JAAD@aad.org. The time frame for rapid review is ordinarily 2 to 3 weeks; for expedited online publication, 3 to 6 weeks from the date of acceptance of the final revision. Authors are reminded that as a monthly clinical journal, we do not operate on the time frame of a weekly and do not ordinarily publish "news" items.

SSS Publishing. For most article types, JAAD now posts uncorrected, nonformatted manuscripts online within 1 week of acceptance. These manuscripts can be cited immediately upon posting. This file will be replaced with the final version upon incorporation of any corrections received from the authors at the proof stage. If possible inaccuracies are discovered that may have the potential to cause harm, the article may be temporarily removed at the Editor's discretion until necessary edits are incorporated. Authors must resubmit the corrected manuscript within 60 days or the manuscript will be withdrawn. Please review Elsevier's policy on article withdrawal.

REVISED SUBMISSIONS
Although a request to revise is not a guarantee of acceptance, authors should pay strict attention to detail when revising their manuscript to assure that it is "publication ready" should a favorable decision be granted. A cover letter detailing the authors' point-by-point response to the reviewers' comments should accompany every revision.

**Use of word processing software**
Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article structured as described below. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: https://www.elsevier.com/guidepublication). See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processing software.

**AFTER ACCEPTANCE**

**Online proof correction**
To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

**Electronic publishing**
Articles in Press: As previously noted, most articles destined for the print JAAD are now initially published "online ahead of print" in the Articles in Press section at http://www.jaad.org. Some articles are published online only in our JAAD Online section ("online-only publication"). Please note that online publication is considered a bonafide form of publication and can be cited using the DOI number located in the footnotes on the first page of each article.

The full content of each regular monthly issue is routinely posted online at http://jaad.org.

**Offprints**
The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Author Services. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

**AUTHOR INQUIRIES**
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.
You can also check the status of your submitted article or find out when your accepted article will be published.

© Copyright 2018 Elsevier | https://www.elsevier.com