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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. 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includes the protocol and statistical analysis plan; this should be labeled "For editor/reviewer reference only" and is not for publication.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/). The PRISMA statement (http://www.prisma-statement.org/) and Amstar 2 (http://www.bmj.com/content/358/bmj.j4008) can be useful resources for authors reporting systematic reviews and meta-analyses.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word.

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.

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.

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.
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.

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 3 typed pages in Microsoft Word.

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

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word.

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

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word.

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

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word.

Dermatoethics Consultations
Because of our substantial backlog of unpublished manuscripts, we are currently not accepting submissions for this article type.

Health Policy and Practice
These manuscripts feature topics focusing on health policy, management, operations design, population health, health economics, and regulatory issues as they pertain to the field of dermatology. An unstructured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

Consultative Dermatology
These manuscripts feature topics focusing on the management of complex medical dermatology problems including those encountered when performing inpatient consultations. An unstructured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.
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, e.g., Introduction, Methods, Results, Discussion, etc. The type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be noted in the title and in the text. Conclusions based on uncontrolled trials and/or limited experience should be stated in appropriately tentative terms. If the manuscript is based on a survey that was used to collect data, please describe how the survey instrument was developed and piloted, and whether/how the survey was validated. The authors must attest that the use of any proprietary sampling contact information (e.g., mailing list) was approved by its owner. Include the survey instrument as a supplementary document; this should be clearly labeled "For editor/reviewer reference only" and is not for publication. Research Letters are published in the print JAAD. Supplementary material may be uploaded to Mendeley with a link in the article. Include them for the reviewers as Mendeley supplemental image #1, etc.

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, e.g., a figure 1A and 1B are considered 2 figures.

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

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.

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.
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.

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**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.

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

**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.

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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.

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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 smaller than its corresponding critical value was identified and all smaller $P$ values (lower ordinal rankings) are considered significant.

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Acknowledgements

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