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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.

**Dermatopathology 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. 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 (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*. 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, 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.

**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, for example Abstract, Keywords, Capsule Summary (for major articles), Introduction, Materials and Methods, Results, Conclusions, 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.

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

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

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

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

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

**Image manipulation**
Although authors may need to manipulate images for clarity, manipulation for purposes of deception or fraud constitutes scientific and ethical abuse and will be dealt with accordingly. For graphical images, JAAD's policy is that no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.
Black and white graphs must be legible and clearly printed. The fill for bar graphs or pie charts should be distinctive; avoid shading or dotted patterns. Use thick, solid lines and bold, solid type. Place lettering on a white background; avoid reverse type (white lettering on a dark background). All lettering must be done professionally and should be in proportion to the drawing, graph, or photograph. Typewritten or freehand lettering is unacceptable. Consistency in size within the article is strongly recommended. Any special instructions regarding sizing should be clearly noted.

Figures and tables

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

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

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

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

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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.

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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.

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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.

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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:


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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.

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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:

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