DESCRIPTION

JACI: In Practice is an official publication of the American Academy of Allergy, Asthma & Immunology (AAAAI), and a companion title to the field-leading The Journal of Allergy and Clinical Immunology. It brings timely clinical papers, instructive case reports, and the latest management recommendations to clinical allergists and other physicians concerned with clinical manifestations of allergic and immunologic diseases in their practice.

Metrics

- Mean days from submission to first decision: **11.1**
- Mean days from acceptance to online publication **6**
- Clarivate Impact Factor **8.861**, ranking 3rd out of 28 journals in the Allergy category and 19th out of 162 journals in the Immunology category

Vision

The vision of JACI: In Practice is to be an indispensable resource for clinicians who manage patients with asthma, allergic, immunologic, and related conditions in order to optimize the care and health of these patients.

Mission

The mission of JACI: In Practice is to provide novel, valid, generalizable, and impactful information to support evidence-based clinical decisions in the diagnosis and management of asthma, allergic, immunologic, and related conditions.

AAAAAI Journals Diversity Statement

Equity and inclusion in publishing are critically important for scientific innovation and excellence. The AAAAI Journals value inclusion and diversity across research, through its various lenses, be it authors, reviewers, or editors. This is in line with the AAAAI Diversity Equity and Inclusion Statement as well as Elsevier’s support of the joint commitment for action on inclusion and diversity in publishing. We are committed to multilevel initiatives to promote diversity, equity, and inclusion in the articles we publish and in the people who write, review, and edit them.

Scope

JACI: In Practice publishes clinically impactful articles on the spectrum of conditions treated by allergist-immunologists in their practice: **food allergy, respiratory disorders** (including asthma, allergic and nonallergic rhinitis/rhinoconjunctivitis, nasal polyps, chronic sinusitis, cough, allergic bronchopulmonary aspergillosis [ABPA], and hypersensitivity pneumonitis), **drug allergy, insect sting**
allergy, anaphylaxis, dermatologic disorders (including atopic dermatitis, contact dermatitis, urticaria, angioedema, and hereditary angioedema [HAE]), immunodeficiency, autoinflammatory syndromes, eosinophilic disorders, and mast cell disorders. The Journal emphasizes cutting edge practical clinical information for practitioners that they can use in everyday practice or will help them acquire new knowledge or skills they can directly apply to patient care. Mechanistic or translational studies without immediate or near future clinical relevance and animal studies are not within the scope of the Journal.

Content
All JACI: In Practice content is peer-reviewed. The Journal welcomes original research articles that fit into the above scope. For each Original Article, a highlight box indicates what is already known about this subject, what this study adds, and how the new information impacts current management guidelines. Shorter original research and instructive case reports are presented as Clinical Communications. "Images in Allergy" articles consist of clinical pictures (eg, X-rays, CT scans, biopsies, allergens, endoscopic visualizations of the airway, eruptions, etc.) and impart important clinical information. In addition, JACI: In Practice features various types of review articles that will primarily be invited by the editors. Many of these offer CME, and the invited Difficult Cases feature offers MOC credit. The original and review articles are supplemented by Editorials, AAAAI Practice Papers, Practice Options From Beyond Our Pages, Ask the Expert, and Practice Pearls features.

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We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.

To find out more, please visit the Preparation section below.

INTRODUCTION

JACI: In Practice publishes clinically impactful articles on the spectrum of conditions treated by allergist-immunologists in their practice: food allergy, respiratory disorders (including asthma, allergic and nonallergic rhinitis/rhinoconjunctivitis, nasal polyps, chronic sinusitis, cough, chronic obstructive pulmonary disease (COPD), allergic bronchopulmonary aspergillosis (ABPA), and hypersensitivity pneumonitis), drug allergy, insect sting allergy, anaphylaxis, dermatologic disorders (including atopic dermatitis, contact dermatitis, urticaria, angioedema, and hereditary angioedema [HAE]), immunodeficiency, autoinflammatory syndromes, eosinophilic disorders, and mast cell disorders. The Journal emphasizes cutting edge practical clinical information for practitioners that they can use in everyday practice or will help them acquire new knowledge or skills they can directly apply to patient care. Mechanistic or translational studies without immediate or near future clinical relevance and animal studies are not within the scope of the Journal.

Please Note: When selecting a title for your paper, please consider the following guidelines:

Keep the title succinct: Limit it to 12 words or fewer. Communicate a single subject or idea in the title. Construct the title around the article's key words. Include the specific symptom, condition, intervention, mechanism, or function of the paper's central focus. Mention any defining population, age, or gender that distinguishes the work. Use terms that are specific rather than general (e.g., "penicillin" rather than "betalactam antibiotic") and include terms that clarify (e.g., "fractional exhaled nitric oxide" rather than "airway inflammation"). Avoid using strong words (such as "robust," "innovative," "significant," "vigorouos," and "aggressive"), as they may suggest exaggerated or unwarranted claims. Use wit carefully and appropriately; be informative first and clever second. Although a universally understood pun can work well to attract interest, ensure that it will not confuse or mislead the reader. The titles of papers accepted for publication in The Journal of Allergy and Clinical Immunology: In Practice may be revised for improved clarity and appeal to the readership. Such revision will have final approval by the authors.

Article types

The Journal will consider publication of several types of manuscripts:

A. Original articles. These articles should describe fully, but as concisely as feasible, the results of original clinical research. Original Articles should not exceed 3,500 words, not including the abstract, figure legends, and references. Each figure legend should be held to 60 words or less. Each Original Article may be accompanied by a total of no more than 8 graphic presentations (tables and/or figures).

Original Articles should include:

1. Title page. The first page of the manuscript should be a title page, containing the following items: A brief, clear title. The list of authors, including their full names, highest academic degrees, and institutional affiliations. Please note: The name, address, telephone number, and email address of the author who should be contacted regarding the manuscript following its publication. Note: A different author may be designated as the Corresponding Author in the submission system for the duration of the submission and review processes. Email addresses should be provided for all authors. A declaration of all sources of funding for the research reported in the manuscript. Note regarding National Institutes of Health (NIH)-sponsored research: JACI: In Practice's publisher, Elsevier, facilitates author posting in connection with the posting request of the NIH (referred to as the NIH "Public Access Policy"). For more information about PubMed Central, please visit http://www.ncbi.nlm.nih.gov/pmc/about/faq/. Word count for the Abstract and word count for the text.

2. Abstract. The abstract should be no longer than 250 words. It should summarize the results and conclusions concisely. Tabular data should not be included and acronyms/abbreviations should be avoided or spelled out fully. Abstracts should be structured as follows: Background: What is the
major problem that prompted the study? **Objective:** What is the purpose of the study? **Methods:** How was the study done? **Results:** What are the most important findings? **Conclusion:** What is the most important conclusion drawn?

In addition to written Abstracts, the Journal will also consider **Visual Summaries.** Visual Summaries should be submitted with the manuscript and will undergo peer review. Please note that these are not guaranteed for acceptance, even if the manuscript is accepted.

3. **Highlights box.** Each Original Article will be accompanied by a **highlights box** that provides answers (no longer than 35 words each) to the following questions: What is already known about this topic? What does this article add to our knowledge? How does this study impact current management guidelines? **Key words.** A list of up to 10 key words should follow the Highlights Box.

5. **Abbreviations.** Provide a list of any abbreviations/acronyms and their definitions following the key words. Only standard abbreviations are to be used. If you are uncertain whether an abbreviation is considered standard, consult *Scientific Style and Format* by the Council of Science Editors or the AMA's *Manual of Style.* A laboratory or chemical term or the name of a disease process that will be abbreviated must be spelled out at first mention, with the acronym or abbreviation following in parentheses. This policy should be followed for both the abstract and manuscript separately.

6. **Text.** The manuscript should be written in clear and concise English. The text should be organized into the following sections: **Introduction, Methods, Results,** and **Discussion.** Each section should begin on a new page. The generic terms for all drugs and chemicals should be used. In studies involving human subjects, a statement describing approval by the appropriate Institutional Review Board is required.

7. **Acknowledgments.** General acknowledgments for consultations, statistical analyses, and the like should be listed at the end of the text, including full names of the individuals involved. However, as noted above, acknowledgment of funding should be listed on the title page.

8. **References.** It is the Editors' expectation that authors will perform a comprehensive search of the literature to gather the most current articles relative to the subject matter. Guidelines for formatting references can be found below.

**B. Clinical Communications.** Clinical Communications are brief reports of clinical or laboratory observations or case series. Single case reports will only be considered if they demonstrate a novel, impactful insight, rather than simply an educational point. Clinical Communications are limited in scope, and without sufficient depth of investigation to qualify as Original Articles. Like Original Articles, these manuscripts are subject to peer review.

In case report submissions, authors should include a statement in the manuscript confirming that informed consent was obtained from the patient (or caregiver if the patient is a dependent) to publish the case report along with all accompanying visual elements. Additionally, all identifying details of the patient should be omitted if they are not essential.

A Clinical Communication must:
(1) Be brief. A Clinical Communication should not exceed 1,000 words, not including the figure legend(s) and references. The figure legend(s) should be held to 60 words or less. Please note: Clinical Communication manuscripts that are determined to exceed these limits will be returned to the authors for shortening prior to review.
(2) Have a short, relevant title.
(3) Have a complete title page (see above section A1).
(4) Provide 1-2 sentences (maximum 40 words) that summarize the clinical implications and importance of the report to be used in a **Clinical Implications box** published at the beginning of the article.
(5) Have no more than 9 references.
(6) List the references as complete bibliographic citations following the end of the letter body.
(7) Be limited to a total of 2 figures and/or tables. (An additional 2 figures or tables may be placed in the article's Online Repository)
(8) Not have references in the Online Repository.
C. Images in Allergy. Images in Allergy articles focus on pictures (eg, of physical examination findings, cutaneous eruptions, allergens, radiographs, rhinoscopy findings, etc.) that intrinsically impart important clinical information that the allergist-immunologist should visually recognize to provide optimal care. Ideally, the image will provide characteristic features that are unique to a particular diagnosis. They are accompanied by a brief description, limited to 500 words, that elaborates upon the unique features of the image and their relationship to diagnosis or management of clinical disease, possibly related to a specific case presentation. Up to 2 references may be included.

In case report submissions, authors should include a statement in the manuscript confirming that informed consent was obtained from the patient (or caregiver if the patient is a dependent) to publish the case report along with all accompanying visual elements. Additionally, all identifying details of the patient should be omitted if they are not essential.

D. Correspondence and Replies. Correspondence concerning articles recently published in JACI: In Practice will be considered for publication and accepted based on their pertinence, their scientific quality, and available space in the Journal. If the correspondence is considered acceptable, a response will be requested from the authors of the referenced JACI: In Practice article. Upon review and approval by the Editor, the Correspondence and relevant Reply will both be published together. Both Correspondence and Reply manuscripts must:

1. Be no longer than 500 words.
2. Have a short, relevant title, distinct from the title of the referenced article. Please note that all Replies should have the title "Reply to [First author's name]."
3. Have a complete title page (see above section A1).
4. List the references as complete bibliographic citations at the end of the letter with the Journal article being discussed as the first reference. The total number of references should be no more than seven. Replies should include as two of the first references the Correspondence to which they are responding and the published article that initially started this conversation.
5. Have no more than one graphic presentation (table or figure).
6. Begin with the salutation "To the Editor:" and close with the author's name(s), academic degree(s), institution(s), and location(s).

E. Review articles. Review articles published in the Journal are invited by the Editors. Proposals for review articles may be emailed to the Editorial Office (InPractice@aaaai.org), but current space constraints do not usually allow for the acceptance of unsolicited review manuscripts. Specific guidelines for review articles will be provided to authors when needed.

F. Rostrum articles. Opinion articles about subjects of particular interest and/or debate may be accepted for peer review after preliminary review by the Editor. Proposals for rostrum articles may be emailed to the Editorial Office (InPractice@aaaai.org); they will be evaluated based on level of interest, novelty, and the current needs of the Journal. Specific guidelines for Rostrum articles will be provided to authors upon request.

G. Practice Options From Beyond Our Pages. This feature is focused on identifying, critiquing, and placing into context research studies that have the potential to change our clinical practices. Published studies beyond the pages of the Journal of Allergy and Clinical Immunology: In Practice and the Journal of Allergy and Clinical Immunology that have a high likelihood of changing practice NOW should be the focus of submissions in this series. Articles to consider are meta-analyses, randomized double-blind placebo-controlled trials, effectiveness studies, new diagnostic breakthroughs, etc.

Who should submit: Allergy-Immunology Fellows-In-Training partnered with faculty members. Authors do not require an invitation to submit. Submission does not guarantee publication. Suggestions for revisions may be made before the contribution is considered acceptable.

Practice Options From Beyond Our Pages should have the following characteristics:

1. Be 1,000 words or less.
2. The title should be a succinct description of the major topic and the potential practice change.
3. The manuscript text should be arranged in the following format:
   a. Reference: The study that is being reviewed.
   b. Background: The authors should clearly state the current clinical practice and/or guideline and how this study has the potential to change the current practice.
   c. Methods: Summary of the methods used in the study that is being reviewed.
(d) **Results**: Summary of the main results. (Possibly include a small table. Please note that permissions would need to be obtained for any tables reproduced from the original study).

(e) **Critical appraisal**: The authors should discuss any major limitations of the study and how they influence the potential to translate the findings into practice. Comparisons with previous studies that addressed similar practice questions should be considered and appropriately cited in a reference list at the end of the manuscript.

(f) **Recommendation**: The authors should briefly state the recommended practice change.

**H. Practice Pearls**. This is a feature that promotes sharing of clinical wisdom among practicing allergist-immunologists. A **Practice Pearl** is something that helps an allergist-immunologist practice more safely, effectively, timely, efficiently, equitably, or in a more patient-centered, way. A **Practice Pearl** is generally not a case report of a very unique situation and is not based on a formal study, but is rather a solution to a practical challenge that is developed by the submitter and can be applied by allergist-immunologists to help many patients.

Submissions should be structured into two sections: (1) Practice Challenge and (2) Practice Solution. Submissions should be no longer than 300 words and inclusion of up to two illustrations (figures or tables) and two references are optional. Audio and video online supplements are encouraged. Submissions will be peer-reviewed prior to acceptance.

**I. Case Studies in Health Disparities**. This feature is a case report with particular attention given to highlighting any social determinants of health (SDOH) as described by Healthy People 2030 (https://health.gov/healthypeople/objectives-and-data/social-determinants-health) that are relevant to and have an impact on the case. Salient features of the case should be integrated into the discussion and clarify the specific SDOH(s) relevant to allergy/immunology clinical care. The case should also be used to provide practical actionable steps that a clinician could apply with similar future patients.

In case report submissions, authors should include a statement in the manuscript confirming that informed consent was obtained from the patient (or caregiver if the patient is a dependent) to publish the case report along with all accompanying visual elements. Additionally, all identifying details of the patient should be omitted if they are not essential.

**Case Studies in Health Disparities must:**
1. Be no longer than 1000 words.
2. Have no more than two visual elements (tables or figures).
3. Have no more than 9 references.
4. Have a final section of "Practical Tips" based on the case that clinicians could implement in their practices.

**J. Topics in Quality Improvement and Patient Safety**. The content of this feature includes quality and safety measurement techniques, requirements, and recommendations as well as quality and safety improvement processes and outcomes in various aspects of the field of Allergy/Immunology. Health equity is a component of health care quality and thus a relevant topic for this feature. Articles may be either Original Articles or Review Articles, which can be submitted without an invitation.

**Original Article submissions of Topics in Quality Improvement and Patient Safety**

The formatting for the **Original Articles** in this feature is as described above for Original Articles. Specific potential research topics include:

Development, adaptation, and/or implementation of innovative thinking, strategies, and practices in improving quality and safety in health care. Development, validation and/or assessment of clinical tools for quality improvement. Research studies of new methodologies or novel applications of methodologies on the effectiveness of improvement interventions. Research advances and field applications in areas of patient safety including adverse events, system modifications that are barriers to error, and the impact of regulatory changes on healthcare delivery. Research advances in understanding and addressing modifiable reasons for health inequities and interventions aimed at reducing health disparities.

**Review Article submissions of Topics in Quality Improvement and Patient Safety**
The formatting for Review Articles in this feature is as follows:

The overall length of the manuscript should be limited to 3000 words (not counting the title page, abstract, key words, abbreviations, and references) and should include relevant figures and tables. Please also include in the manuscript file a conflict of interest disclosure statement, an unstructured abstract of approximately 200 words, as well as a list of keywords and abbreviations used in your manuscript.

Review articles for this feature should summarize information pertaining to relevant aspects of quality and safety, such as: process improvement, quality measurement, safety culture, adverse event reporting, root cause analysis, health equity, and patient experience. The articles should provide practical guidance for the allergy/immunology clinician.

SUBMISSION
Submission to this journal online (through https://www.editorialmanager.com/inpractice/default.aspx) and you will be guided stepwise through the creation and uploading of your files. The system automatically converts source files to a single PDF file of the article, which is used in the peer-review process. Please note that even though manuscript source files are converted to PDF files at submission for the review process, these source files are needed for further processing after acceptance. All correspondence, including notification of the Editor's decision and requests for revision, takes place by e-mail removing the need for a paper trail. For instructions regarding how to use the submissions site, please visit https://service.elsevier.com/app/answers/detail/a_id/116.

Submit your article

Peer Review Process
All manuscripts are reviewed by at least one editor. Manuscripts may be rejected by the editor(s) without peer review due to being out of the journal scope or if they are determined to be low priority based on considerations such as novelty, validity, generalizability, and clinical impact. Manuscripts warranting further consideration are sent for peer review. Most manuscript are evaluated by at least 2 reviewers, and a biostatistical reviewer is requested when appropriate. The peer review process is single-blind with the identity of the reviewers concealed from the authors. The editor(s) make decisions regarding the acceptability of the manuscripts (accept, revise, decline) based on the reviewer recommendations, including confidential comments to the editors and comments to the authors. Appeals may be considered by contacting the editorial office (inpractice@aaaai.org).

BEFORE YOU BEGIN

Ethics in publishing
Please see our information on Ethics in publishing.

Human studies and consent
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.

In case report submissions, authors should include a statement in the manuscript confirming that informed consent was obtained from the patient (or caregiver if the patient is a dependent) to publish the case report along with all accompanying visual elements. Additionally, all identifying details of the patient should be omitted if they are not essential.

Conflict of Interest
All authors must disclose all financial relationships for themselves and their immediate family/significant others. The Journal requires all authors to acknowledge, on the title page of the manuscript, all funding sources that supported their work and any commercial
associations that might pose a conflict of interest. These include consultant arrangements, speakers’ bureau participation, stock or other equity ownership, patent licensing arrangements, support such as financial or materials grants for research, employment, or expert witness testimony. Further information can be found at https://www.elsevier.com/conflictsofinterest and at https://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing.

The Corresponding Author is responsible for obtaining each author’s statement and all authors should see and approve the complete disclosure before submission to the Journal.

**Declaration of generative AI in scientific writing**

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier’s AI policy for authors.

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

**Disclosure instructions**

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled ‘Declaration of Generative AI and AI-assisted technologies in the writing process’.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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**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.
When applicable, self-identification is the gold standard for identification of race and ethnicity with other variables being tested. Original literature relevant to the conceptual model should be referenced provided: Provide a conceptual model to convey the relationships between race and/or ethnicity with the overall representatives of the clinical study regarding race and ethnicity and discuss the relevance of any underrepresentation to the condition being studied.

When appropriate, outcomes should be stratified by race and ethnicity. In the Discussion, comment on the overall representatives of the clinical study regarding race and ethnicity and discuss the relevance of any underrepresentation to the condition being studied.

"The names of races, ethnicities, and tribes should be capitalized, such as eg, African American, Alaska Native, American Indian, Asian, Black, Cherokee Nation, Hispanic, Kamba, Kikuyu, Latino, and White."* The term "White" should be used instead of "Caucasian" except when referring to people from the Caucasus region in Eurasia. "The term minorities should not be used when describing groups or populations because it is overly vague and implies a hierarchy among groups."* Other terms such as underserved populations, underrepresented populations, marginalized/historically marginalized, or historically excluded may be used as more accurate and descriptive terminology. "Racial and ethnic terms should not be used as a noun form (eg, avoid Asians, Blacks, Hispanics, or Whites)."* The adjectival form should be used instead (eg, Asian women, Black patients, Hispanic children, or White participants), which follows AMA style regarding person-first language. Do not use the term race/ethnicity but use the term race and ethnicity instead. Provide an explanation of how participant race and ethnicity was classified "and the source of the classifications used (eg, self-report or selection, investigator observed, database, electronic health record, survey instrument)."* Provide an explanation of how participant race and ethnicity was classified and the source of the classifications used (eg, self-report or selection, investigator observed, database, electronic health record, survey instrument). "Specific racial and ethnic categories are preferred over collective terms, when possible."* Define what categories are included in groups labeled as other. "The terms multiracial and multiethnic are acceptable in reports of studies if the specific categories these terms comprise are defined or if the terms were predefined in a study or database to which participants self-selected."* "Categories should be listed in alphabetical order in text and tables. "Race and ethnicity categories of the study population should be reported in the Results section of the manuscript."* When appropriate, outcomes should be stratified by race and ethnicity. In the Discussion, comment on the overall representatives of the clinical study regarding race and ethnicity and discuss the relevance of any underrepresentation to the condition being studied.

For studies focusing on health disparities by race or ethnicity, the following additional guidance is provided: Provide a conceptual model to convey the relationships between race and/or ethnicity with other variables being tested. Original literature relevant to the conceptual model should be referenced when applicable. Self-identification is the gold standard for identification of race and ethnicity with other variables being tested.
write-in and/or ability to select multiple categories. Unless the study design allows more specific and/or precise race and ethnicity identification, use the 2020 U.S. Census classifications established with guidance from the Office of Management and Budget: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Pacific Islander, White; and whether of Hispanic, Latino/a/-x or Spanish origin (ethnicity). Provide justification in the context of the scientific question when including race or ethnicity as a covariate in risk-adjustment models. Test and report the results from analyses according to the proposed conceptual framework. Interpret data according to the proposed conceptual model.

**Reporting Sex and Gender**
The term *sex* should be used when reporting biological factors and *gender* should be used when reporting gender identity or psychosocial/cultural factors. The methods used to obtain information on sex, gender, or both (eg, self-reported, investigator observed or classified, or laboratory test) should be explained in the Methods section. The sex and/or gender distribution of study participants should be reported in the Results section. When appropriate, outcomes should be stratified by sex and/or gender. In the Discussion, comment on the overall representatives of the clinical study regarding sex and/or gender and discuss the relevance to the condition(s) being studied.

**Authorship**
As recommended by the International Committee of Medical Journal Editors (ICMJE) ([ICMJE | Recommendations | Defining the Role of Authors and Contributors]), in order to be included in the list of authors on a manuscript, an individual must have done all of the following: (1) made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafted the article or reviewed it critically for important intellectual content; (3) given final approval of the version to be published; and (4) agreed to be accountable for all aspects of the work.

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Special instructions regarding statistical analyses and reporting
1. METHODS: Reporting on Statistical Methods. The Consolidated Standards of Reporting Trials (CONSORT) statement is a set of guidelines for reporting on the methods and results of randomized and nonrandomized medical research studies.

The first CONSORT statement provides a checklist of items that should be included in a manuscript that reports the results of a randomized clinical trial (RCT). Items 7 through 12 of the checklist are relevant to the statistical methods section for a manuscript submitted to JACI: In Practice based on a RCT. Thus:

• With respect to item 12, the statistical methods and commercial software should be cited.
• Item 7 and item 12 of the checklist are relevant to the Statistical Methods section of a manuscript submitted to JACI: In Practice based on a nonrandomized study. Thus:

2. RESULTS.
Items 13 through 19 of the CONSORT checklist describe items that are important to the Results section for a manuscript submitted to JACI: In Practice based on a RCT (some of the items might not be relevant if the study is nonrandomized). Thus:

2A. Results: Descriptive Statistics at Baseline
If the distribution for a continuous variable is approximately normally distributed, then report either
• the sample mean and the sample standard deviation or
• the sample mean and the 95% confidence interval for the population mean.
If the distribution for a continuous variable is known (or suspected) to be nonnormal, then report either
• the sample median and the sample interquartile range or
• the sample median and the sample first and third quartiles.
Many blood and urine measurements are log-normally distributed-i.e., the logtransformed variable is approximately normally distributed. If the distribution for a continuous variable is known (or suspected) to be lognormal, then an alternative to sample medians and quartiles is to report either
• the sample geometric mean (calculate as the exponentiation of the sample mean of the natural logtransformed data) and the sample coefficient of variation or
• the sample geometric mean and the 95% confidence interval.
If the distribution of the variable is categorical, then report the raw numbers and the percentages for the categories. Do not use more than three digits for the percentages-i.e., 79% or 79.3% are fine, but 79.32% is not.
Statistical tests, along with reported P values, for comparing groups at baseline are not necessary unless there is a strong reason to include them.

2B. Results: Outcomes
• Every P value should be reported using two digits after the decimal point. If each of the first two digits after the decimal point is zero, then a third digit can be used. If each of the first three digits after the decimal point is zero, then simply report P < .001.
• If the P value is close to the level to be used for claiming a statistical significance or if each of the first two digits after the decimal point is zero, then a third digit can be used. For example, if the significance level is 0.05, then P = .046 or P = .054 can be reported. Nonsignificant results (e.g., where the P value is > 0.05) should be accompanied by P values; it should not simply be stated that they are nonsignificant (NS).
• P values alone are not sufficient to report the results of statistical tests. JACI: In Practice’s readers need to see the magnitude of the effects via point estimates and 95% confidence intervals for the group comparisons.
An estimate of odds ratios and relative risks (and their corresponding confidence interval estimates) should not exceed two digits beyond the decimal point.

2C. Results: Primary Outcomes, Multiple Comparisons, and Post Hoc Comparisons
• Prespecified primary outcome/analysis should be identified, as well as any prespecified secondary, subgroup, and/or sensitivity analyses. Additional analyses considered during the course of the prespecified analyses or after the study was completed should be identified as post hoc. For analyses of more than one primary outcome, corrections for multiple testing should generally be used. For secondary outcomes, address multiple testing or consider such analyses as exploratory and interpret them as hypothesis-generating. For secondary and subgroup analyses, there should be a description of how the potential for type I error due to multiple comparisons was handled, for example, by adjustment of the significance threshold. In the absence of some approach, these analyses should generally be described and interpreted as exploratory.

2D. Results: Missing Data
• Report losses to observation, such as dropouts from a clinical trial or those lost to follow-up or unavailable in an observational study. If more than 10% of participants are excluded from analyses because of missing or incomplete data, provide a supplementary table that compares the observed characteristics between participants with complete and incomplete data. Consider multiple imputation methods to impute missing data and include an assessment of whether data were missing at random.

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JACI: In Practice endorses the following guidelines and encourages authors to make every attempt to conform to their recommendations:

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The systematic allergen nomenclature of the World Health Organization/International Union of Immunological Societies (WHO/IUIS) Allergen Nomenclature Sub-committee should be used for manuscripts that include the description or use of allergenic proteins. For manuscripts describing new allergen(s), the systematic name of the allergen must be approved by the WHO/IUIS Allergen Nomenclature Sub-Committee prior to manuscript publication. To avoid the risk of delay of publication, authors are encouraged to apply for a new allergen name using the posted submission form at the WHO/IUIS Allergen Nomenclature website (http://www.allergen.org) before manuscript submission. The systematic nomenclature consists of the first three letters of the taxonomic genus of the allergen source, followed by a space; the first letter of the species epithet, followed by a space; and an Arabic numeral usually indicating the chronological order in which the allergen was described. For example, the first allergen to be purified from the house dust mite, Dermatophagoides pteronyssinus, is named "Der p 1." Further examples of the systematic allergen nomenclature for over 500 allergens can be found at : http://www.allergen.org. The submissions to the Allergen Nomenclature Sub-Committee will be kept confidential until publication if requested by the authors."

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