

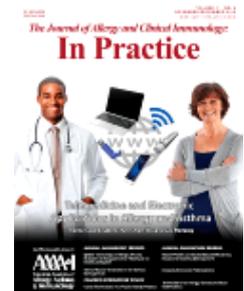


# THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY: IN PRACTICE

## AUTHOR INFORMATION PACK

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ISSN: 2213-2198

### DESCRIPTION

#### About the Journal

An official publication of the American Academy of Allergy, Asthma & Immunology (AAAAI), JACI: *In Practice* 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

- Clarivate Impact Factor **7.55**, ranking 2nd out of 27 journals in the Allergy category and 17th out of 158 journals in the Immunology category
- Average days to first decision: **18**
- **Less than 7 days** from acceptance to online publication

#### 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.

#### Scope

JACI: *In Practice* covers the spectrum of conditions treated by allergist-immunologists in their practice: *food allergy* (including eosinophilic gastrointestinal disorders), *respiratory disorders* (including asthma, allergic and nonallergic rhinitis/rhinoconjunctivitis, nasal polyps, chronic sinusitis, 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*, and *mast cell disorders*. It also covers symptoms and signs for which patients are referred to an allergist-immunologist, such as cough, pruritis, rash, dyspnea, and eosinophilia. The emphasis of the Journal is on **practical information for clinicians** they can use in everyday practice or will help them acquire new knowledge or skills they can directly apply to their

practice. 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.

## Contact Us

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## IMPACT FACTOR

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2018: 7.550 © Clarivate Analytics Journal Citation Reports 2019

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## GUIDE FOR AUTHORS

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### *Your Paper Your Way*

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

*The Journal of Allergy and Clinical Immunology: In Practice* covers the spectrum of conditions treated by allergist-immunologists in their practice: food allergy (including eosinophilic gastrointestinal disorders), respiratory disorders (including asthma, allergic and nonallergic rhinitis/rhinoconjunctivitis, nasal polyps, chronic sinusitis, 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, and mast cell disorders. It also covers symptoms and signs for which patients are referred to the allergist-immunologist, such as cough, pruritis, rash, dyspnea, and eosinophilia. The emphasis of the Journal is on **practical information for clinicians** that they can use in everyday practice or that will help them acquire new knowledge or skills they can directly apply to their practice. Mechanistic or translational studies without immediate or near future clinical relevance and animal studies are discouraged.

*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," "vigorous," 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:**

(A) To be listed as an author, an individual must meet the requirements approved by the International Committee of Medical Journal Editors (ICMJE). In order to be included in the list of authors, 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; and (3) given final approval of the version to be published.

(B) *The Journal of Allergy and Clinical Immunology: In Practice* (*JACI: In Practice*) does not allow "ghostwriting," or uncredited authorship. All writers of a manuscript should be clearly identified.

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-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"; see <http://publicaccess.nih.gov/>). 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?

3. Highlights box. Each Original Article will be accompanied by a *highlights box* that provides answers (no longer than **35** words) 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

4. 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. 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) Begin with the salutation "To the Editor:"

(6) Have no more than **9** references.

- (7) List the references as complete bibliographic citations following the end of the letter body.
- (8) Be limited to a total of **2** figures and/or tables. (Additional figures or tables may be placed in the article's Online Repository; please see the relevant section below.)

**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.

**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.

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](https://service.elsevier.com/app/answers/detail/a_id/116).

*Submit your article*

Please submit your article via <https://www.editorialmanager.com/inpractice/default.aspx>.

## **BEFORE YOU BEGIN**

### **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.

### **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,

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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.

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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](#).

### **Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

### **Changes to authorship**

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

### **Reporting clinical trials**

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. **NOTE: CLINICAL TRIALS MUST REGISTER AT OR BEFORE THE ONSET OF PATIENT ENROLLMENT.** The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures

and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. For any questions, please contact the Editorial Office at [inpractice@aaaai.org](mailto:inpractice@aaaai.org).

*JACI: In Practice* offers expedited reviews for qualifying randomized controlled clinical trials. An expedited review will provide an initial decision within 14 days. To qualify for expedited review, randomized clinical trials must be 1) deemed to be novel, generalizable, and clinically impactful by the editors, 2) registered with [ClinicalTrials.gov](http://ClinicalTrials.gov) or a similar acceptable registry, and 3) accompanied by the [CONSORT checklist](#), final trial protocol, and Statistical Analysis Plan (SAP).

#### *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 log-transformed 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

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