THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY: IN PRACTICE

AUTHOR INFORMATION PACK

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DESCRIPTION

JACI: In Practice covers the spectrum of conditions treated by allergist-immunologists in their practices. The emphasis of the journal is on information that is practical for clinicians—material that can be used in everyday practice or will help in acquiring new knowledge or skills that can be directly applied to patients. A major goal of JACI: In Practice is to provide our readers with a high level of evidence to support their clinical decisions in diagnosis and management.

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" submissions that consist of clinical pictures (e.g., X-rays, CT scans, biopsies, allergens, endoscopic visualizations of the airway, eruptions, etc.) and impart important clinical information are also included. In addition, JACI: In Practice features various types of review articles that will primarily be invited by the editors. Many of these will offer CME. The original and review articles are supplemented by Editorials, AAAAI Practice Papers, and a regular Ask the Expert column.

IMPACT FACTOR

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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: asthma, allergic bronchopulmonary aspergillosis, hypersensitivity pneumonitis, allergic and nonallergic rhinitis, nasal polyps, chronic sinusitis, urticaria and angioedema (including HAE), atopic dermatitis, contact dermatitis, anaphylaxis, food allergy, drug allergy, insect sting allergy, mast cell disorders, ocular allergy, eosinophilic gastrointestinal disorders, and immune deficiency. 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 are discouraged.

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. Abstracts should be 250 words or less. 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).

Each Original Article will be accompanied by a highlights box that provides bulleted answers to the following questions (each answer should be no longer than 35 words):
1. What is already known about this topic?
2. What does this article add to our knowledge?
3. How does this study impact current management guidelines?

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.
(4) Present a list of Key words, as relevant.
(5) 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.
(6) Begin with the salutation "To the Editor:"
(7) Have no more than nine references.
(8) List the references as complete bibliographic citations following the closure of the letter.
(9) 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 consist of clinical pictures (e.g., X-rays, CT scans, biopsies, allergens, endoscopic visualizations of the airway, eruptions, etc.) that impart important clinical information. They are accompanied by a brief description, limited to 500 words.
D. Correspondence and Replies. Correspondence concerning recent publications 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 [Corresponding author's name]."
3. Have a complete title page.
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 the Correspondence to which they are replying as one of the references.
5. Have no more than one graphic presentation (table or figure).
6. Begin with the salutation "To the Editor:"

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.

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.

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 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: The Journal of Allergy and Clinical Immunology: In Practice is seeking Allergy-Immunology Fellows-In-Training partnered with faculty members to submit an article of 1000 words or less.

The article's title should be a succinct description of the major topic and the potential practice change. The manuscript text should be arranged in the following format:

Reference: The study that is being reviewed (see web site for accepted bibliographic style).
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.
Methods: Summary of the methods used in the study that is being reviewed.
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).
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.
Recommendation: The authors should briefly state the recommended practice change.

"Practice Options Beyond From Our Pages" contributions should adhere to the "Guide for Authors" of the Journal of Allergy and Clinical Immunology: In Practice for bibliographic style, general format, and other matters.

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.
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 2 sections: (1) Practice challenge and (2) Practice solution. Submissions should be no longer than 300 words and inclusion of up to 2 illustrations (figures or tables) and 2 references are optional. Audio and video on-line supplements are encouraged. Submissions will be peer-reviewed prior to acceptance.

Submission checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
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**Required documents**

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Reporting clinical trials
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

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.
The following is an excellent article that discusses many of the statistical errors that arise in immunologic research: Murphy JR. Statistical errors in immunologic research. J Allergy Clin Immunol 2004;114:1259-63.

The following is an excellent article that discusses the reporting of subgroup analyses in clinical research: Wang R, Lagakos SW, Ware JH, Hunter DJ, Drazen JM. Statistics in medicine-reporting of subgroup analyses in clinical trials. NEJM 2007;357:2189-2194.

Finally, if authors desire more detailed guidance on appropriate methods for analyzing study outcomes, then they can visit the Web sites of other biomedical journals. An excellent example is the Web site of the Annals of Internal Medicine (http://www.annals.org/shared/author_info.html).

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Adherence to key guidelines

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

**STROBE statement for observational studies**

When preparing observational reports, we encourage authors to review the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) Statement, available at www.strobe-statement.org.

**PRISMA guidelines for systematic reviews and meta-analyses**

For meta-analysis of RCTs, we encourage authors to consult the recommendations of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement, available at www.prisma-statement.org.

**STARD statement for diagnostic studies**

For reports of diagnostic studies, we recommend the STARD (Standards for Reporting of Diagnostic Accuracy) Statement, available at www.stardstatement.org.

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**PREPARATION**

The title page, abstract, key words, abbreviations, text, acknowledgments, references, tables, and figure legends should be included in a single file (.doc or .docx format). Figures should be loaded as separate files in the format specified below.

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.

**Basic formatting**

All sections should be double-spaced. On each page, the last name of the first author and the page number should appear in the upper right corner. Begin numbering with the title page as page 1. Be sure to display line numbers (1, 2, 3, and so forth) in the left margin of the manuscript. The line numbering should be continuous throughout the entire manuscript, from the title page through final page (i.e., do not begin numbering from 1 again at the top of each page).

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**References**

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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