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DESCRIPTION

The Journal of Pain publishes original articles, reviews, and focus articles related to all aspects of pain, including basic, translational, and clinical research, epidemiology, education, and health policy. The journal is the scientific publication of the United States Association for the Study of Pain (USASP), whose mission is to promote scientific advances that reduce the burden of pain.

The Journal of Pain follows the ICMJE’s Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals.

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General Information
The Journal of Pain publishes articles related to all aspects of pain and pain management, including basic, translational, and clinical research, epidemiology, education, and health policy. The Journal of Pain is interdisciplinary in focus and committed to advancing knowledge about pain mechanisms and pain management. The Journal will publish reports of original research, focus articles, reviews, and letters to the editor.

The Journal does not publish case reports, studies that include open-label medication trials, uncontrolled studies, reports on the translation of established measures, or meeting announcements. However, rigorous single case experimental design studies and pilot feasibility studies will be considered.

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Some common study types and the appropriate guidelines are listed below. We strongly encourage authors to visit the Equator Network for a comprehensive overview of reporting guidelines, https://www.equator-network.org/. Editable checklists are available at Equator Network, which also gives general information on how to choose the correct guideline.

If you are reporting a systematic review or meta-analysis of the existing literature Use the PRISMA guideline for systematic reviews or meta-analyses, and the PRISMA-ScR for scoping reviews.

If you are reporting on animal research Use the ARRIVE guideline for research on animals in a lab

If you are reporting research into diagnosis Use the STARD guideline if you compared the accuracy of a diagnostic test with an established reference standard test Reporting clinical trials If you are reporting research into an intervention, treatment, exposure, or protective factor on people use the CONSORT guideline or one of its extensions: If you selected your participants before they received the intervention/exposure/etc. under study, AND You controlled which intervention/exposure/etc. they each received, AND You used a random allocation method to decide which intervention/exposure/etc. they each received, ie: a randomised controlled trial All randomized controlled trials (RCTs) must be registered at or before the time of first patient enrollment in any primary registry of the WHO International Clinical Trials Registry Platform (ICTRP) or in ClinicalTrials.gov. Provide the registry name
and registry number in the cover letter and methods section. RCTs should be presented according to the CONSORT guidelines. You can use CONSORT checklist extensions (e.g., cluster trials) for different designs and types of trials. 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.

Use the STROBE guideline or one of its extensions: If you selected your participants after they received the intervention/exposure/etc. under study, OR You selected your participants before they received the intervention/exposure/etc. under study AND you did not control which intervention/exposure/etc. they received (they decided/their doctor decided/life just happened) ie: an observational study

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The *Journal of Pain* is committed to addressing pain inequities across the pain scientific community. Please read the editorial from the Antiracism Coalition in Pain Research (ACTION-PR) here and plans for implementation at The *Journal of Pain*. As part of ACTION-PR’s efforts, they have developed the Inclusion, Diversity, Equity, Antiracism, and Accessibility (IDEAA) guidelines. These guidelines were informed by state-of-the-science recommendations from health equity scholars (e.g., Boyd et al., 2020, Health Affairs; Flanagin et al., 2021, JAMA) and insights from stakeholders, including people with lived experience of pain and pain researchers across the translational spectrum. The *Journal of Pain* will be the first journal to adopt these guidelines which provide a checklist of items to guide authors, reviewers, and editors in promoting equity and transparency in their reporting. Editors from multiple pain journals have banded together to promote equity, inclusion and diversity in pain science, please review the general principles for authors, reviewers, and editors here. Societal oppression occurs globally and can include racism, colorism, sexism, ageism, classism, ableism, biases related to a person’s LGBTQ2S+ identity, and limited proficiency in a society’s dominant language. These forms of oppression - and their intersections - are detrimental to individuals' well-being, lead to health inequities, and must be addressed through active change. The IDEAA guidelines are designed to help authors submit articles that center the experiences of people living with pain who have additional burdens on physiological processes, well-being, and adequate pain care due to societal oppression. Authors are encouraged to think deeply about how their work can advance equity in the pain field and act beyond strict compliance to the IDEAA guidelines. The full version of the IDEAA guidelines is forthcoming. In the interim, authors are asked to address the following items in their manuscript submissions to The *Journal of Pain*:

**Inclusive language.** Use language that minimizes bias and holds oppressive systems accountable. Authors should consult available style guides (e.g., the APA Style and Grammar Guidelines for Bias-Free Language available here and the AMA Style Manual: Inclusive Language for best practices. **Accurate interpretation of race, ethnicity, sex, and gender.** Describe and interpret racialized identity and ethnicity as social and cultural constructs. Describe and interpret sex assigned at birth and gender identity as separate constructs. **Inclusion and representativeness of study samples (human and animal).** Describe efforts (e.g., recruitment strategies, people with lived experience of pain in the research team) to promote diversity and inclusion in the study sample, including inclusion of people who experience racism and/or societal oppression in the country of interest and that improve accessibility (e.g., for a range of abilities/disabilities, language fluency, etc.) in human participants studies, and equal representation of female and male animals in preclinical studies. **Comprehensively report sample characteristics.** Provide a comprehensive description of the
sample's characteristics e.g., reporting of racialized or gender identities (including human participants, human in vitro, non-human animals, and systematic review/meta-analysis studies). Describe how the sample's inclusivity advances or limits progress toward pain equity in the population of interest and the specific steps that will be taken in future work.

**Reporting sex- and gender-based analyses**

**Reporting guidance**

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Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [resources on this page](https://www.sager-guidelines.org/) offer further insight around sex and gender in research studies.

**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](https://www.consort-statement.org/) are available online.

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