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## Description

*The Journal of Pain and Symptom Management* is an internationally respected, peer-reviewed journal and serves an interdisciplinary audience of professionals by providing a forum for the publication of the latest clinical research and best practices related to the relief of illness burden among patients afflicted with serious or life-threatening illness.

The Journal has strongly supported both quantitative and qualitative research underpinning the evolving discipline of palliative care, including clinical trials of pain or symptom control therapies, epidemiology of phenomena related to life-threatening disease and end-of-life care, instrument development to enhance clinical assessment and facilitate investigation, and health services studies evaluating the outcomes of diverse therapeutic models. It also offers extensive coverage of clinical practice issues, publishing both systematic and narrative reviews, case series and case reports, and both special articles and columns that present important updates on topics as varied as the international diversity of palliative medicine, the economics of palliative care, and bioethics in end-of-life care.

## Audience

Clinicians and Researchers working in pain management, palliative care or hospice care, including Oncologists, Anesthesiologists, Neurologists, Pharmacologists, Nurses, Therapists, Psychologists, and Psychiatrists.

## Impact Factor

2020: 3.612 © Clarivate Analytics Journal Citation Reports 2021
ABSTRACTING AND INDEXING

PubMed/Medline
Embase
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GUIDE FOR AUTHORS

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The Journal of Pain and Symptom Management publishes the following types of articles:

Note: JPSM publishes descriptions of original research findings in multiple sections. Please submit new work of this type to the appropriate section based on the description below.

Original Articles may describe research studies of any type or design. The section is appropriate for articles describing methodologically rigorous studies and studies that generate complex results. Articles that describe clinical trials should generally comport with the Consolidated Standards of Reporting Trials (CONSORT) Statement and guidelines (see http://www.consort-statement.org and its links). Clinical trials also must be registered at an accepted online repository before enrollment. Most Phase II and Phase III trials should be registered at either the National Institute of Health site, http://www.clinicaltrials.gov, or the International Standard Randomized Controlled Trials site, http://www.controlled-trials.com (see http://www.clinicaltrials.gov for guidance concerning the types of trials that must be registered). The maximum length for Original Articles is 3500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References. In the Methods section of an article describing a clinical trial, please include a statement about where the registration information is available.

Brief Reports may describe research studies of any type or design. The section is appropriate for work that can be described succinctly, often because it is preliminary, largely confirmatory, or limited by its design or methodology. Articles that describe clinical trials should generally comport with the Consolidated Standards of Reporting Trials (CONSORT) Statement and guidelines (see http://www.consort-statement.org and its links). Clinical trials also must be registered at an accepted online repository before enrollment. The maximum length of a Brief Report is 2500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References.

Brief Methodological Reports present research studies that are intended to expand the measurement capabilities of existing instruments. Although translation may be part of the reported work, appropriate submissions typically describe validation or statistical innovation. The maximum length is 2500 words (not including Abstract or references) and the text should be divided into sections with the headings Abstract (see below), Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments, and References.

Brief Quality Improvement Reports present quality improvement research. Appropriate submissions describe the problem that has been addressed, the quality framework used to implement change, and the specific methods and outcomes. Details sufficient to encourage replication are encouraged. The maximum length is 2500 words (not including Abstract or references) and an Abstract is required (see below). Suggested headings include Background, Measures, Intervention, Outcomes, Conclusions/Lessons Learned.

Clinical Notes are case series or small observational studies describing new or interesting clinical observations. The maximum length is 2500 words (not including Abstract or references) and an Abstract is required (is required). Suggested headings include Introduction, Methods, Results, Discussion, Disclosures and Acknowledgments.

Palliative Care Rounds use a case to describe an important clinical condition or syndrome, and then provide a brief narrative review of the evidence supporting best practices of assessing and/or managing that condition. The narrative review should include a description of the condition or syndrome, prevalence and pathophysiology, and a concise summary of treatment options with the evidence supporting each. The maximum length is 2500 words (not including references), and an Abstract is not required. Suggested headings include Introduction, Case Description, Discussion, and References.
Letters may be used to report case descriptions or preliminary observations acquired through studies. They are also a forum for opinion, including specific comments related to a previously published article. Letters may undergo external review, and those that comment on a prior JPSM publication are typically forwarded to the authors of this publication for a response. Letters are published online only; the title and a link to the JPSM website appears in the contents of the printed Journal. The maximum length for all types of Letters is 1250 words (not including references); no more than 10 references and one table or figure is suggested. Letters should begin with "To the Editor." Those that describe research findings may use additional headings, include Methods, Results, Comment, and References; those that present a case description may include the headings Case Description, Comment, and References.

Note: JPSM publishes clinical observations, experiences and reviews of existing work in multiple sections. Please submit new work of this type to the appropriate section based on the description below.

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Educational Exchange describes innovations related to pedagogy in palliative care. The maximum length is 2500 words and an Abstract is not required. Authors interested in submitting work to this section are strongly encouraged to write the Managing Editor to indicate this interest and describe the planned submission. Feedback about the proposed submission will be provided by an Editor of this section.

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In an effort to critically review the Journal’s standards and practices, we are implementing the following guidance principles for the treatment of race and racial disparities in manuscripts that are submitted for consideration:1 Race should be clearly defined, and the rationale for including race as a variable should be clearly stated; Authors should address systemic racism, calling it out by name and identifying the form it takes (e.g. internalized, personally mediated, institutionalized);2 Authors should not present 'mistrust' as a proximal cause of inequities or disparities, without exploring the contribution of systemic racism to mistrust; Manuscripts should avoid genetic arguments that are grounded in race; Analysis and interpretation of race as an explanatory variable should utilize Critical Race Theory or an equivalent construct that moves beyond simple descriptions of disparities and facilitates planning and action.3 Boyd RW, Lindo EG, Weeks LD, McLemore MR. On racism: A new standard for publishing on racial health inequities. Health Affairs Blog, July 2, 2020. Available at:  https://www.healthaffairs.org/do/10.1377/hblog20200630.939347/full/?utm_medium=social. Access verified July 29, 2020. Jones CP. Levels of Racism: A theoretic framework and a gardener’s tale. American Journal of Public Health. 200; 90:1212-1215. Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public health: Toward antiracist praxis. American Journal of Public Health. 2010; 100:S30-S35

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