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The level of evidence should be cited whenever recommendations are made. Level IA evidence includes evidence from meta-analysis of randomized controlled trials; level IB evidence includes evidence from at least one randomized controlled trial; level IIA evidence includes evidence from at least one controlled study without randomization; level IIB evidence includes evidence from at least one other type of experimental study; level III evidence includes evidence from nonexperimental descriptive studies, such as comparative studies, correlation studies, and case-control studies; and level IV evidence includes evidence from expert committee reports or opinions or clinical experience of respected authorities, or both. All therapeutic recommendations should be accompanied by a table indicating their level of evidence, with a definition of the different levels included as a footnote.

To qualify for CME credit, authors must provide for each CME article 2 clinical vignettes, each followed by 2 or 3 questions that evaluate clinical competence acquired as a result of the CME activity. The questions should reflect appropriate clinical practice rather than simply testing factual knowledge. Suitable questions assess the learner's ability to diagnose or treat a condition appropriately after reading the CME article. Guidelines for question writing can be found at http://www.jaad.org/content/auth_page. Each question requires a brief discussion of why the correct answer is correct.

Original Articles

Original, in-depth clinical and investigative laboratory research papers. A description of the type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be included in the title and in the Methods section. Submissions of research articles should be accompanied by a supplementary document that includes the protocol and statistical analysis plan; this should be labeled "For editor/reviewer reference only" and is not for publication. Authors of randomized controlled trials must follow the guidelines presented in the CONSORT statement (http://www.consort-statement.org/), and submit a completed CONSORT manuscript checklist with their manuscript. A copy of the "CONSORT Checklist for Authors Submitting Reports of Randomized Controlled Trials" may be downloaded from the JAAD Web site (http://www.jaad.org/content/auth_page). Similar guidelines for authors of observational and epidemiologic studies are included in the STROBE statement (http://www.strobe-statement.org/Checklist.html) and the related RECORD checklist (http://dx.doi.org/10.1371/journal.pmed.1001885.t001), for observational comparative effectiveness studies in the GRACE principles (http://www.graceprinciples.org/), and for studies of diagnostic accuracy in the STARD statement (http://www.stard-statement.org/). The PRISMA statement (http://www.prisma-statement.org/) and Amstar 2 (http://www.bmj.com/content/358/bmj.j4008) can be useful resources for authors reporting systematic reviews and meta-analyses.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

Any reports of clinical trials must be registered before the first person is enrolled. The registry must meet ICMJE criteria (available at http://www.icmje.org). The registry at http://www.clinicaltrials.gov meets such requirements. When submitting a manuscript that reports a clinical trial, authors are asked to provide the date the first patient enrolled, the date the study was registered, and the registration number.

Citation of levels of evidence is encouraged when appropriate. Information on rating levels of evidence can be found in the instructions to authors of CME articles.

Please note that it has been the Journal's experience that most survey-based research can be adequately reported in research letter, rather than original article, format.

A structured abstract and capsule summary should be included with each original article. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.
Response rate: Manuscripts that rely on survey data, whether of physicians, patients, or the general public, must adhere to standard guidelines when reporting survey data, and should clearly define the population of interest as well as the denominator used when calculating response rates. Response rates must be included in both the abstract and the body of the manuscript. For most surveys, a response rate of at least 60% would be expected.

Reviews
An up-to-date review of a disease or treatment. A good review does not simply present the results of a literature search. The manuscript should take evidence-based data, analyze it, and present a bottom-line, take-home message to the reader. An abstract (which may be structured or unstructured) and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

Dermatologic Surgery
Articles emphasizing the surgical aspect of dermatology. If applicable, a description of the type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be included in the title and in the Methods section. A structured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

From the Dermatology Foundation
These manuscripts feature research that was funded in whole or in part by the Dermatology Foundation. They can be in either Original Article or Research Letter format.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

Dermatopathology
Articles emphasizing the histopathologic changes in skin disease of importance to practicing dermatologists. If applicable, a description of the type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be included in the title and in the Methods section. A structured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

A maximum of 5 total figures and tables may be included in the submission. Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. A single table should not exceed 3 typed pages in Microsoft Word. Supplemental figures and tables are not allowed.

Dermatoethics Consultations
Because of our substantial backlog of unpublished manuscripts, we are currently not accepting submissions for this article type.

Health Policy and Practice
These manuscripts feature topics focusing on health policy, management, operations design, population health, health economics, and regulatory issues as they pertain to the field of dermatology. An unstructured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.
Consultative Dermatology
These manuscripts feature topics focusing on the management of complex medical dermatology problems including those encountered when performing inpatient consultations. An unstructured abstract and capsule summary should be included. The word count should not exceed 2500 words excluding the abstract, references, figures, and tables.

Editorials/Commentaries
Because of our substantial backlog of unpublished manuscripts, submissions for this article type are by invitation only.

Letters
The Letters department has two sections, Research Letters and Notes & Comments.

Research Letters
New or preliminary research findings, early reports of therapeutic trials in a cohort of patients, and survey research may be considered for publication as Research Letters. Research Letters should not be subdivided into sections, eg, Introduction, Methods, Results, Discussion, etc. The type of study that was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc) should be noted in the title and in the text. Conclusions based on uncontrolled trials and/or limited experience should be stated in appropriately tentative terms. If the manuscript is based on a survey that was used to collect data, please describe how the survey instrument was developed and piloted, and whether/how the survey was validated. The authors must attest that the use of any proprietary sampling contact information (eg, mailing list) was approved by its owner. Include the survey instrument as a supplementary document; this should be clearly labeled "For editor/reviewer reference only" and is not for publication. Research Letters are published in the print JAAD. Supplemental figures and tables are not allowed for Research Letters.

Notes & Comments
Letters commenting on material previously published in the Journal will be considered for the Notes & Comments section. These will be sent for response to the authors of the article being commented upon. This response may be published or sent directly to the commentator at the discretion of the editor. Questions or comments that could be addressed directly by the authors (including complaints about missed citations) should be sent directly to them, rather than involving the Journal as an intermediary. Notes & Comments are designated for online-only publication.

Letters must not exceed 500 words and should not cite more than five references. Up to two figures or tables may be included. Each part of a multi-part figure is counted toward the maximum allotment, eg, a figure 1A and 1B are considered 2 figures.

JAAD no longer publishes Case Letters. All individual case studies or small case series may now be submitted to our new open access journal, JAAD Case Reports, at http://www.editorialmanager.com/jdcr/default.aspx.

Ethics Journal Club
Contributors can submit a real life practical ethical dilemma in the format of a "Dear Dr Dermatoethicist" letter. If our Editors agree that the ethical issue is one that is worthy of analysis, we will identify the most appropriate dermatoethicist to respond on how best to resolve or deal with this submitted conundrum. Alternatively, the authors who submit their ethical quandary can also submit their own analysis. The length of the entire letter to the ethicist cannot exceed 500 words and can only include 5 references.

Book Reviews
Books and monographs (domestic and foreign) will be reviewed depending on their interest and value to subscribers. Send books to the Editorial Assistant, Journal of the American Academy of Dermatology, 9500 W Bryn Mawr Avenue, Suite 500 Rosemont, IL 60018-5216. No books will be returned. Journal guidelines for writing book reviews are available online (http://www.jaad.org/article/S0190-9622(08)00647-6/fulltext). Book reviews are limited to 375 words and are designated for online-only publication.

In Memoriam
A tribute to a departed colleague who has contributed significantly to the field of dermatology. In Memoriam submissions are limited to 500 words and are designated for online-only publication.
**Pearls**

This online-only feature allows clinicians to communicate the "tricks of the trade" that help them practice more effectively and efficiently. A Case Report is NOT a Pearl. Four types of pearls will be published: (1) Clinical Pearls, (2) Therapeutic Pearls, (3) Surgical Pearls, and (4) Technology Pearls. Submissions should be structured as follows: Clinical (or Therapeutic, or Surgical, or Technology) challenge Solution Manuscripts should be no longer than 250 words. Figures (no more than 2) and references (no more than 2) are optional. Please indicate whether your Pearl is Clinical, Therapeutic, Surgical, or Technology within the cover letter for the submission. Technology Pearls should focus on new technological advances that afford us the ability to diagnose skin disease in its earliest stages, which can reduce patient morbidity and mortality as well as health care spending. **Note:** if your submission includes photos of products (such as dermatoscopes, apps, surgical equipment, etc), you need to obtain permission from the product manufacturer for publication of the photo.

**Infographics**

Infographics are increasingly being used to convey information in a visual format. The single image or diagram should be one page in length and contain fewer than 150 words. This article type should typically be based on new original data. Novel presentation of existing data should be approved in advance by the editors of the journal.

**Supplements**

The Journal follows the guidelines for supplements established by the International Committee of Medical Journal Editors. These guidelines are included in the document entitled "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," which can be found at [http://www.icmje.org](http://www.icmje.org). Supplements undergo peer review and are processed in the same fashion as regular submissions to the Journal. All manuscript submission requirements, including clear disclosure of authorship contributions, must be satisfied for each paper. Inquiries about proposed supplements should be directed to the Editor before submitting the supplement. Please note Journal policy on the use of the word "unrestricted" in the description of educational grants: The use of the term "unrestricted" will be limited to situations in which the granting institution has no influence on the selection of the subject, speakers, or authors. In circumstances in which the granting institution has had such influence (as, for example, in organizing a symposium or supplement on a particular subject), it is nonetheless required that the granting organization have no influence over the content of the articles. It is also understood that the authors assume full responsibility for the content of the articles and for complete disclosure of all funding sources, potential conflicts of interest, role of any sponsor, and role of any third parties involved in the preparation or writing of the manuscripts.

**ARTICLE STRUCTURE**

**Formatting requirements**

There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Capsule Summary (for major articles), Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions. If your article includes any Videos and/or other Supplementary material (for editor/reviewer reference only), these should be included in your initial submission for peer review purposes. With the exception of Research Letters, divide the article into clearly defined sections.

**Title page**

Note that the following items must be included on the title page even if using the Your Paper Your Way option:

The title, authors' full names, highest earned academic degrees, and institutional affiliations and locations. A separate word count for the abstract, capsule summary, and text (excluding references, figures, and tables), as well as a figure and table count. A statement whether your IRB has approved the study or exempted it from review. Clinical trials registration information (if applicable), including name of registry and registration number. A list of attachments for editor/reviewer reference only (if applicable), eg. CONSORT checklist, research protocol/statistical analysis plan, survey instrument, and any other supporting materials.

The title page must also include a statement of all funding sources for the work as well as a publishable conflict of interest statement. Designate one author as correspondent (provide address, telephone and fax numbers, and e-mail address) to receive communications from the Editorial Office and galley
proofs from the publisher. The name and address of the author who will receive reprint requests should be noted if different from the correspondent. The corresponding author should promptly inform the managing editor (JAAD@aad.org) of any change in e-mail or mailing address.

**Sample manuscript**

Please see a sample title page and manuscript here.

**Abstract**

Unless otherwise stated, all articles must be accompanied by a typed, double-spaced abstract not exceeding 200 words. Abstracts of papers submitted for publication in the Original Articles, Dermatopathology, and Dermatologic Surgery sections should be structured as follows: Background: What is the major problem that prompted the study? Objective: What is the purpose of the study? Methods: What type of study was done (case series, case-control, cohort, cross-sectional, randomized controlled trial, ecologic, etc)? How was the study done? Results: What are the most important findings? Limitations: What are the limitations of the study? Conclusion: What is the single most important conclusion? Abstracts for Reviews may be structured or unstructured at the discretion of the author. Abstracts for CME articles, Health Policy & Practice, and Consultative Dermatology articles should be unstructured. Other article types do not require abstracts.

**Graphical abstract**

Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.

Authors can make use of Elsevier’s Illustration Services to ensure the best presentation of their images and in accordance with all technical requirements.

**Capsule summary**

Papers submitted for publication in the Original Article, Review, Dermatologic Surgery, Dermatopathology, Health Policy & Practice, and Consultative Dermatology sections must include a capsule summary of up to 50 words. The capsule summary should not contain abbreviations, and should be composed of 2 bulleted statements which address the following:

(First bullet) How does this article integrate into what was already known? (Second bullet) How does it change practice? That is, what does the article mean to the practice of dermatology and what should you do as a result of having read this article? What should change in the way you practice?

Because the CME article includes a list of bulleted key points for each section, a capsule summary is not required.

**Key words**

The selection of key words is the most important step in the submission process. This is how most clinicians and investigators will find your work, and the key words should be chosen carefully to allow ready retrieval of the study through PubMed and other search engines. Choose as many key words as necessary to ensure that literature searches capture your article. Make sure that every key term that appears in the title is chosen as a key word.

**Classifications**

Select at least 6 classifications to facilitate matching the manuscript with reviewers. You can do this in EM by clicking 'Select Document Classifications' to open a window containing a list of the classifications pertaining to the Journal. Then click the check-box next to any classification you wish to select. Click 'Submit' when you are done.

**Abbreviations and acronyms**

Abbreviations must be limited primarily to those in general usage. Only standard abbreviations are to be used. Weights and measurements must be expressed in metric units. Temperatures must be expressed in degrees centigrade. Consult *Scientific Style and Format* by the Council of Biology Editors or the *Manual of Style* by the American Medical Association. Abbreviations in the title are not acceptable and they should be avoided in the abstract whenever possible. A laboratory or chemical
term or a disease process must be spelled out at first mention, with the acronym or abbreviation following in parentheses. List all abbreviations and acronyms on a separate page within the manuscript document before the references.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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For specific information about how to format your artwork, please visit https://www.elsevier.com/artworkinstructions.

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Although authors may need to manipulate images for clarity, manipulation for purposes of deception or fraud constitutes scientific and ethical abuse and will be dealt with accordingly. For graphical images, JAAD's policy is that no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

Black and white graphs must be legible and clearly printed. The fill for bar graphs or pie charts should be distinctive; avoid shading or dotted patterns. Use thick, solid lines and bold, solid type. Place lettering on a white background; avoid reverse type (white lettering on a dark background). All lettering must be done professionally and should be in proportion to the drawing, graph, or photograph. Typewritten or freehand lettering is unacceptable. Consistency in size within the article is strongly recommended. Any special instructions regarding sizing should be clearly noted.

Figures and tables
Tables, figures, and legends should supplement, not duplicate, the text. Clinical photographs should be of high quality without distracting backgrounds. A reasonable number of halftone photographs and line drawings will be published at no extra charge to the author. Color illustrations will be reviewed by the Editor and those considered appropriate will be published free of charge to the authors. Figures and tables must be cited in the text and numbered in order of mention. Figures must have an arrow marking the top edge and must be numbered consecutively using Arabic numerals (ie, 1, 2, 3). Multi-part figures must be marked clearly (ie, 1A, 1B, 1C). Each part of a composite image counts towards the maximum allotment, eg, a figure 1A and 1B are considered 2 figures. Recognizable patient images require patient consent for publication. Figures that contain a brand name product must have permission from the manufacturer for publication.

Figure legends should begin with the name of the condition or disease being depicted. They should be as brief as possible. Any symbols and abbreviations used should be explained. Legends should be typed double-spaced and inserted after the references within the manuscript document. If an illustration has been published previously, full credit to the original source must be given in the legend and permission to reprint must have been obtained from the copyright holder. For histologic/microscopic figures, the legend must specify stain. Arrows and arrowheads should be used freely to clarify findings. Please note that online-only figures also require legends.

If they have not already done so, authors will be contacted to provide print-quality figures after their articles have been accepted.

Tables should be self-explanatory and numbered sequentially in Roman numerals in order of their mention in the text. A brief title should be provided for each. Any symbols and abbreviations used should be explained using a footnote. If a table, or any data therein, has been published previously, full credit to the original source must be given in a footnote. A single table should not exceed three pages length in Microsoft Word.

Supplemental tables and figures are not allowed.

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General points
Use uniform lettering and sizing. Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier. Number the illustrations according to their sequence in the text. Use a logical naming convention for your artwork files. Indicate per figure if it is a single, 1.5 or 2-column fitting image. For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage. Please note that individual figure files larger than 10 MB must be provided in separate source files.

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