

TPJ Manuscript Preparation Instructions

ARTICLE TYPES

Original Research Articles

Present scientific research reports of original, empirically based research—with results and analysis—of great clinical importance. These include: Randomized trials, intervention studies, outcomes research, case-control studies, observational studies, highly significant surveys, advanced quality improvement studies (guidelines and resources for quality improvement articles are available from SQUIRE at: <http://squire-statement.org/>), and rigorous evaluations of clinical best practices in large populations. *Limit of 5000 words, 5 tables, 5 figures; structured abstract required.*

Review Articles

Collect relevant, evidence-based reviews of clinical practice topics written for the general physician, though articles on specialty practice are encouraged to inform both generalists and specialists. These articles should include the most important recent references in the field. *Limit of 5000 words, up to 40 references; abstract required.*

Case Reports

Collect data from the point of care integrating clinical expertise with external evidence to inform the clinical practice guidelines and the delivery of high-quality individualized healthcare. “Good case reporting demands a clear focus, to make explicit to the audience why a particular observation is important in the context of existing knowledge” (Vandenbroucke 2001). The [CARE guidelines](#) for case reports help authors reduce bias, increase transparency, and provide early signals of what works, for which patients, and under which circumstances and are also available from the [EQUATOR](#) Network. Whenever appropriate, please follow the CARE guidelines checklist. *Limit of 2500 words, 3 tables or figures. Abstract and timeline are required.*

CARE references:

1. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley DS. The CARE guidelines: consensus-based clinical case reporting guideline development. *JClinEpi* 2014 Jan;46e51. doi.org/10.1016/j.jclinepi.2013.08.003.
2. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, et al. CARE 2013 Explanation and Elaborations: Reporting Guidelines for Case Reports. *JClinEpi* 2017 Sep;89:218-235. doi: 10.1016/j.jclinepi.2017.04.026.

Commentaries

Present a point of view of general interest about a currently relevant topic; comment on a published article touching on an important subject; highlight a significant contribution that has the potential to change the field; or to discuss a debate or conflicting data or findings. *The text is limited to 2000 words with no more than 20 references. No abstract is required.*

Letters to the Editor

Authors are invited to present opinions in response to articles already published in TPJ. Letters to the Editor should comment on a subject of importance and interest to the broader readership. The Letter may be sent to the author(s) of the originally published article and possibly to other interested parties for a response to be published in the journal as part of the Letter. Please note that the journal will not consider Letters to the Editor regarding content that was published **more than 3 months prior**. Correspondence concerning articles that have not been published in TPJ will not be considered. *Limit of 500 words and a maximum of 5 references, the first of which must be the citation for the original article under discussion. Letters may contain figures or tables only if they show data that refute the conclusions of the originating article. Figures or tables showing unpublished data in support of the conclusions of the originating article will not be considered. No abstract is required.*

Editorials

Editorials are generally written by or solicited by the Editor-in-Chief and are related to an article published in TPJ. *Limit of 1000 words with no more than 10 references. No abstract is required.*

COVER LETTER & TITLE PAGE

Manuscripts submitted to The Permanente Journal require the following:

- Cover Letter: provide a concise statement of the authors' view of the importance and uniqueness of the article. Let us know if the article has been submitted to or is under consideration for publication by another journal.
- Title page: should include the following and MUST be the first page of your manuscript file (not submitted as a separate page)
 - Title of submission
 - All authors' full names
 - Any change in authorship after submission requires confirmation from all co-authors, including those being added or removed.
 - Author degrees
 - An affiliation for each author
 - Corresponding author email address
 - Author contributions: Authors should declare and identify whether or not they were assisted in study design, data collection, data analysis, or manuscript preparation. Those whose contributions were significant enough to [qualify as co-authors](#) should be listed as such. Those who do not qualify to be listed as co-authors should be listed under an appropriate heading (i.e., clinical investigators or participating investigators), and their function or contribution should be described. Those making contributions who do not qualify as authorship should be listed in an "Acknowledgments" section.
 - Example: John Smith, MD, MP, FACP, participated in the critical review, drafting, and submission of the final manuscript. Susy Jones, MD, and Tom Lee, EdD, participated in the study design, acquisition and analysis of data, and drafting of the final manuscript. Peter White, EdD, participated in acquisition and analysis of data, and drafting of the final manuscript. All authors have given final approval to the manuscript.
 - Conflict of interest statement: each author should declare any potentially perceived conflicts of interests. Otherwise, a statement should be provided that "no conflicts of interest exist."
 - Funding statement: list all funding, sponsors, and other financial contributions. Any funding sources should be listed, or "none" should be stated.
 - Example: Dr. Wu has received research funding from AbbVie Inc, North Chicago, IL; Amgen Inc, Thousand Oaks, CA; and Pfizer Inc, New York, NY.
 - As applicable, authors should disclose financial and material support from study sponsor(s) including: study design; data collection, analysis, and interpretation; writing of the report; and the decision to submit for publication.
 - Number of tables and figures
 - Word count (see limits in article type descriptions above)
 - Keywords: provide 3-7
 - Define abbreviations in alphabetical order
 - Define all abbreviations except those that have been approved by the International System of Units for length, mass, time, electric current, temperature, luminous intensity, and amount of substance. Please review the AMA Manual of Style for appropriate abbreviations and conventions. Do not create abbreviations for drugs, procedures, or substrates. Use generic drug names. If a brand name is used, insert it in parentheses after the generic name.

MANUSCRIPT PREPARATION

Manuscripts should be prepared in Microsoft Word, double-spaced, with margins of at least 1 inch.

- Abstract (*limit: 250 words*): a summary of the paper's most significant aspects
 - Original articles should include a structured abstract with these headings: **Introduction** (Background and Objectives), **Methods** (Design and Main Outcome Measures), **Results, Discussion, and Conclusion**.
 - Review articles require an abstract, but it does not have to be structured.
 - See specific requirements for [Case Reports below](#).
 - Commentaries, Letters, and Editorials do not require an abstract.
- The manuscript body should follow. It should be separated into sections according to those included in the abstract (Introduction, Methods, Results, Discussion, Conclusion), as applicable.
- Figures and tables must be numbered and cited in order in the text using Arabic numerals.
 - Tables are acceptable in the following formats: Microsoft Word (.doc or .rtf) or Excel (.xls). They can be part of the manuscript document (if in Word, for example) or submitted as separate files.
 - Figures should be submitted separately (not embedded in document) and are acceptable in the following formats: Excel (.xls), Adobe Acrobat (.pdf), PowerPoint (.ppt), Joint Photographic Experts Group (.jpg), Encapsulated PostScript (.eps).
 - Types of figure files: data sets, line art, gray-scale images, and combination artwork
 - Files should be submitted at a minimum of 300 dpi.
 - All figures require a figure legend which should be included at the end of the manuscript document.
 - Abbreviations used in tables and figures must be defined in footnotes.
- Manuscript footnotes should be cited in the text in alphabetic order as cited and listed at the end of the text before the reference list. Do not use EndNotes for footnotes.
- References must be numbered with Arabic numerals and cited in the text in numeric order. The reference list at the end of the article must also be in numeric order (do not list references in alphabetical order).

Do NOT use the Microsoft Word "Footnote/EndNote function" or other EndNote programs for references. Citations must be listed in the manuscript text as: (1), (2), etc.

- Abbreviations for the title of medical periodicals should conform to those used in the latest edition of [Index Medicus/NLM](#). If available, DOIs should be included with the reference. If the manuscript is selected for publication, the author will be expected to submit documentation for any reference material that cannot be verified online.
- Examples of references:
 - Journal article, one to six authors, with and without DOI:
 - 1. Beutler E. The effect of methemoglobin formation on sickle cell disease. *J Clin Invest* 1961;40(10):1856-58. DOI: <https://doi.org/10.1172.JCI104410>.
 - 2. Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med* 2002 Jul 25;347(4):284-7.
 - Journal article, more than six authors
 - 1. Golomb HM, Vardiman J, Sweet DL Jr, et al. Hairy cell leukemia: Evidence for the existence of a spectrum of functional characteristics. *Br J Haematol* 1978;38(2):161-2. DOI: <https://doi.org/10.1111/j.1365-2141.1978.tb01032.x>.
 - Journal article in press
 - 1. O'Malley JE, Eisenberg L. The hyperkinetic syndrome. *Semin Psychiatry* (in press)

- Note: A copy of the manuscript must be included.
- Complete book
 - 1. Lillie RD. *Histopathologic Technique and Practical Histochemistry* (ed 3). New York, NY: McGraw Hill: 1965.
- Chapter of book
 - 1. Moore G, Minowada J. Human hemopoietic cell lines: A progress report. In: Farnes P. *Hemic Cells in Vitro*, Vol 4. Baltimore, MD: Williams & Wilkins; 1969. 100-5.
- Web content citations vary somewhat according to the content (monograph, journal article, etc). Please include as much information as possible. The URL must be included.
- Additional documentation as required (see the “For Consideration” list on the Author page)

Guidelines for writing and formatting a Case Report

Title: The title should be brief and help readers identify the focus of the case report, such as a medical condition, therapeutic intervention, or outcome. It is useful for the article to be identified as a case report in the title to help readers searching for case reports.

Abstract: The abstract provides a brief summary of the case report and is often the first section a reader consults to help determine their interest in the case report. The abstract commonly ranges between 100 and 250 words and may be unstructured or structured with 3 sections: (1) background or introduction, (2) case presentation, and (3) conclusion.

Keywords: 3-7 keywords, separated by commas, should be added to aid digital searching. It is usually helpful to include the term “case report” as one of the keywords to identify the type of publication. Keywords that identify the focus of the case report can be selected using [MeSH terminology available from PubMed](#).

Introduction: A 1-2 paragraph summary introducing the case and why it is important, with references where necessary. The introduction provides context for the case report, a brief mention of the patient, and key “take-away” messages. It may include a few key scientific references. We encourage author to include the following statement at the end of the introduction: “This case report was prepared following the CARE Guidelines” and include a citation of the CARE Statement publication: Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, et al. CARE 2013 Explanation and Elaborations: Reporting Guidelines for Case Reports. *JClinEpi* 2017 Sep;89:218-235. doi: 10.1016/j.jclinepi.2017.04.026.

Timeline: Please include a timeline showing important dates and times using the following format: www.thepermanentejournal.org/files/Create-A-Case-Report-Timeline-Using-Microsoft-Word.docx.

Case Narrative: In 3-5 paragraphs describe WHAT happened. This chronological summary should include (1) patient information, (2) clinical findings, (3) diagnostic assessments and diagnosis, (4) therapeutic interventions, and (5) follow-up visits including final outcome. The narrative is commonly written as a continuous chronological narrative. Remember to de-identify all of the patient information throughout your case report.

Discussion: The discussion section is commonly 3-5 paragraphs that provide a scholarly discussion of the key features of the case report and WHY these results might have happened, with references to the scientific (or historical) literature. Basic mechanisms of action (or pathophysiological or other principles) may be important, particularly if they help explain WHY something might have happened. Compare the results in this case with results from those in other published case reports, clinical trials, or systematic reviews. Include a discussion of the limitations of your conclusions. For example, case reports usually report associations, not causations, even for individual patients, and the results from an individual patient may not be applicable to a broader population.

Conclusion: A one paragraph summary that focuses on the primary “take-away” lessons for the reader. The conclusion is usually written without references.

Acknowledgements: List the affiliation for each author and any potential conflicts of interest. For example, disclose any funding received related to the publication of this case report.

References: The references section should contain a list of all of the references.

FOR CONSIDERATION

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Authors should consider the following and include required statements, forms, or information with their submission as applicable:

- IRB Approval - Any manuscript that has been submitted for institutional review board approval, whether given or deemed unnecessary, must include a copy of the IRB letter. Documentation of IRB approval or exemption must be appended to the manuscript being submitted for publication in *TPJ*. If there has been no IRB review of the project, please indicate such on the title page of the manuscript. In this case, the article will be reviewed to determine if IRB review should have been conducted. The result of this review may determine whether or not the manuscript will be considered for publication.
- Informed Consent - Any manuscript that includes identifiable patient information (e.g. Case Reports), must include informed consent from the patient.
- Photo Release - Any manuscript that includes photographs of individuals who are identifiable, must include a photo release signed by those individuals.
- Permissions - Authors must obtain permission for use for any material taken from another source (Tables or Figures from another journal or website, for example).
- Manuscripts published by *TPJ* are in accordance with the [International Committee of Medical Journal Editors \(ICJME\) Uniform Requirements](#) (2019 Update). Authors seeking more information on appropriate manuscript preparation may review these requirements at: <http://www.icmje.org/about-icmje/>