Submitting a Manuscript to Medical Decision Making – Information for Authors

How to Submit a Manuscript

We consider only online submissions made through our web site. Before submitting, please thoroughly read the manuscript requirements described below.

To submit electronically, use the following steps:


2. If you have not done so already, create an account in the SAGETRACK system powered by ScholarOne. Click on the Create Account button and follow the steps to create a user account.

3. Click into the Author Center to submit your manuscript and follow the prompts.

Before starting, please be sure you have all of the necessary documents in the proper formats. You will submit your cover letter online along with the rest of the document. All components of the manuscript will be converted to a single PDF file which will be used by reviewers and editors.

**Important: During the submission process, you will be asked to identify key words from 2 lists: a list of Application Areas and a list of Methodologic Areas. The editors use these keywords to identify reviewers with pertinent expertise.** It may be helpful to review the complete keyword lists to select the best possible keywords for your manuscript.

Notes on the submission process:
* It is not necessary to complete the submission in a single step. You can stop at any point, save, and continue at another session.

* It is not necessary to send e-mail notifying us of your submission but you may do so if you wish.

* Subsequent to submission, you may track the status of your manuscript by logging on again to SAGETRACK.

Inquiries should be addressed to the following:

Lauren Saxton, Editorial Manager
Phone: 503-418-2245
E-mail: mdm@ohsu.edu
Manuscripts

Scope of Interest

Medical Decision Making is the journal of the Society for Medical Decision Making. Our audience includes researchers, clinicians, and policy-makers interested in methodologic contributions to, and applications of, medical decision making. A paper does not have to be “methodologic” to be considered for publication. For example, Medical Decision Making is also particularly interested in exemplary applications of decision analysis, cost-effectiveness analysis, risk prediction, Bayesian statistical analysis, and other modeling techniques to clinical, public health, and management problems. MDM also has an interest in systematic reviews of methodologic literature, decision tools, and economic analyses.

We are interested in articles that develop, advance or evaluate methods or theory in clinical research, diagnosis, health economics, evidence synthesis, health policy, comparative effectiveness, informatics, health services research, judgment and decision psychology, mathematical models of diagnosis and treatment, assessment of preferences and quality of life, decision aids, risk communication, technology assessment, and statistical methods pertinent to any of these areas. Articles in one or more of these areas that are also pertinent to decision-making at any level may be suitable for this journal.

Manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. This does not preclude consideration of a complete report that follows publication of preliminary findings elsewhere, usually in the form of an abstract or as a report.

MDM will consider manuscripts based on larger reports, such as technology assessments, comparative effectiveness reviews, NICE reports, Institute of Medicine reports, or Cochrane reviews. If you intend to submit an article based on a larger report, it is best to do so as early as possible, preferably before the larger report is published on the internet or in print.

When submitting manuscripts, authors may also submit a copy of the original research protocol, larger report, and other supplemental data as attachments if they think such materials would help the editors or reviewers better understand the work. To help the editors form a judgment about the degree of duplicate publication, please include reprints of published papers and copies of other papers in press that contain data that appear in the submitted manuscript.

Types of Submissions and Word Limits

MDM publishes original research articles, reviews, tutorials, brief reports, letters to the editor, case studies, and commentaries (editorials).
Original research articles. A typical research article is 3,000 to 5,500 words in length. While exceptions are sometimes granted, the chance of acceptance will be higher if the author stays within this word guideline. This word count does not include material that can be published in a web only format. Authors should indicate which materials included in their submission can be published in the web only format, such as methodological appendices, certain figures, evidence tables and other long tables.

Reviews. MDM considers systematic reviews as well as informal (narrative) reviews. There is no preset length limit for review articles.

Tutorials. Authors should consult with the Editor-in-Chief before submitting a tutorial. The prospective authors should provide an outline of the tutorial and an estimate of its length. We are interested in tutorials about techniques (and software) for advanced mathematical, statistical, and economic modeling.

Brief reports and letters to the editor should be 1,500 words or less. Brief reports describe preliminary or limited results of original research, usually illustrating a new methodologic approach or a new feature of an established methodology.

Rounds. MDM has ongoing, occasional series in the areas of “clinical decision making rounds” and “policy decision making rounds.” Typically, clinical decision making rounds illustrate the application of a decision model to an individual patient. “Policy” rounds describe the role of an actual decision model, cost-effectiveness analyses, or other type of mathematical model in actual policy decisions, including, for example, a clinical practice guideline or a national coverage policy decision. The ideal “policy rounds” includes detailed information about the problem that was addressed; collaboration between the modelers and decision-makers in framing questions; development and results of the model; and how the model influenced (or failed to influence) a decision. Requirements for all categories of articles largely conform to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” developed by the International Committee of Medical Journal Editors. Authors should write for a sophisticated general medical readership and follow principles of clear scientific writing. For randomized trials and systematic reviews, adherence to CONSORT reporting guidelines and checklists, is encouraged, but not required. Other CONSORT statements, such as STAR-D or STROBE, may also be useful for structuring research papers. These CONSORT guidelines are available at http://www.consort-statement.org/.

Manuscript Format and Style

Format the manuscript for standard 8½ × 11-inch or A4 paper, double-spaced throughout with margins of at least 2.5 cm and font size of at least 11 point. Do not justify the right margin.

Arrange components of manuscripts in the following order: title page, abstract, text, acknowledgements (if any), references, tables in numerical sequence, figure legends, figures in numerical sequence, and appendices (if any). Number all pages consecutively,
starting with the title page. List the word count of the text of the manuscript at the bottom of the title page. Double space the text of the manuscript.

Use generic names for all drugs. If the author desires, the propriety name may be added in parentheses the first time a drug is mentioned. Use SI units, optionally with traditional units given in parentheses. Currency can be presented in U.S. dollars, Canadian dollars, British pounds, or euros; if you do not use U.S. dollars, you may wish to provide the rate of exchange to dollars at the time the study was conducted in the methods section (e.g., 1 Euro = 1.57 U.S. dollars (4/15/08).

Equations should be typed exactly as they are to appear in the final manuscript. The table, adapted from the guidelines for authors for the Annals of Internal Medicine, shows how to present certain percentages and some statistical measures.

### How to present numbers and statistics

#### Issue Notes

**Percentages**
- Report percentages to one decimal place (i.e., xx.x%) when sample size is >=200.
- To avoid the appearance of a level of precision that is not present with small samples, do not use decimal places (i.e., xx%, not xx.xx%) when sample size is < 200.

**Standard deviations**
- Use “mean (SD)” rather than “mean ± SD” notation. The ± symbol is ambiguous and can represent standard deviation or standard error.

**Standard errors**
- Report confidence intervals, rather than standard errors, when possible.

**P values**
- Report exact p-values to two decimal places except when p<0.001, in which case “p<0.001” is sufficient.

**“Trend”**
- Use the word trend when describing a test for trend or dose-response.
- Avoid the term “trend” when referring to p-values near but not below 0.05. In such instances, simply report a difference and the confidence interval of the difference (if appropriate) with or without the p-value.

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**Title Page:** Provide a main title and subtitle (if any). If the study is a randomized trial, systematic review, or meta-analysis, add that descriptor as the subtitle at the end of the title (e.g.: Effectiveness of a decision aid for patients with asthma: a randomized trial.) Provide a running head of no more than 50 letters and spaces; name(s) of author(s) exactly as it (they) should appear in print, including highest degree(s) earned; name of department(s) and institution(s) where the work was done; meeting at which the paper was presented (if any); grant or other financial support (if any); contact information for the corresponding author, and contact information for the author to receive reprint requests. List the word count for the text of the manuscript. Don’t include the abstract or the references in word counts.

As mentioned above, during the submission process, you will be asked to identify one or more key words from a list of Application Areas and three or more from a list of Methodologic Areas. Keywords should be selected from these lists. If there is no
Abstracts: Abstracts should accompany all submissions except editorials. The abstract should be factual, not descriptive, and should present the reason for the study, the main findings (give specific data if possible), and conclusions, including clinical or policy implications, if applicable.

Structured abstracts (275 words or less) are required for cost-effectiveness studies and systematic reviews, including meta-analyses. Structured abstracts are preferred but not required for other original research articles. If you use an unstructured abstract, the word limit is 250 words for an Original Article and 175 for a Brief Report.

Organize structured abstracts as shown below:

Cost-Effectiveness Study

Background, Objective, Design, Data Sources, Target Population, Time Horizon, Perspective, Interventions, Outcome Measures, Results of Base-Case Analysis, Results of Sensitivity Analysis, Limitations, Conclusions.

Systematic Reviews, including Meta-analyses

Background, Purpose, Data Sources, Study Selection, Data Extraction, Data Synthesis, Limitations, Conclusions.

Other Original Research Article

Background, Objective, Design, Setting, Patients, Intervention (if any), Measurements, Results, Limitations, Conclusions. If the study is a randomized controlled trial, list where the trial is registered and the trial’s unique registration number at the end of the abstract.

Manuscript Text

For original articles, economic analyses, systematic reviews, and meta-analyses, use four main headings when arranging text: Introduction, Methods, Results, and Discussion. Aim for clear and concise and logically organized presentations. Avoid convoluted sentences and use active voice, whenever possible. Specific guidance regarding text content follows.

Introduction: Use short introductions that concisely set-up the context of the research for readers. Always end the introduction section with a clear statement of the study’s objectives or hypotheses.

Methods: For studies involving humans, describe in the Methods section how participants were assembled and selected, and the sites or setting from which they were recruited. Then describe study procedures including any interventions, measurements and data collection techniques. Use figures to diagram study processes including the flow of participants through the study. Provide the number of patients at each stage of recruitment and follow-up, including the number who declined to participate and the number who completed follow-up.
For studies that have numerical data and use statistical inference, include a section under Methods that describes the methods used for the statistical analysis and state the specific statistical software. For all studies, include a statement at the end of the Methods section describing the role of the funding source for the study. If the study had no external funding source or if the funding source had no role in the study, state so explicitly.

**Results:** Fully describe the study sample so that readers can gauge how well the study findings apply to their patients (external validity). Then present primary findings followed by any secondary and subgroup findings. Use tables and figures to demonstrate main characteristics of participants and major findings. Avoid redundancy between text and tables and figures.

**Discussion:** Consider structuring the discussion according to the following sequence.

1. Provide a brief synopsis of key findings, with particular emphasis on how the findings add to the body of pertinent knowledge.
2. Discuss possible mechanisms and explanations for the findings.
3. Compare study results with relevant findings from other published work.
4. Discuss the limitations of the present study and any methods used to minimize or compensate for those limitations.
5. Mention any crucial future research directions.
6. Conclude with a brief section that summarizes in a straightforward and circumspect manner the clinical implications of the work. It is not necessary, however, to have a separate “Conclusion” heading.

**Tables**

Tables should be typed double-spaced, each on a separate sheet, with a caption for each table on the same sheet. Excessive tabular material should be avoided; most data are better presented in text or figures. Information should never be duplicated among tables, text, and figures. Footnotes in tables should be used in the following order: *, †, ‡, §, ||, ¶, **, ††, ‡‡, and so on. Do not use numbers or letters.

**Figures**

1. Figures should be done in a graphics format that permits editing of objects. Bitmap or low-resolution output from some computer programs should be redrawn in a graphics file format such as PowerPoint (ppt), eps, tif, psd, or xls.
2. Avoid pie charts and 3-D effects.
3. Whenever possible, present measures of variability in charts and graphs.
4. Avoid clutter. Remove unnecessary borders and decimal places. Space axis values so they are legible. Below, for example, the graph on the right is preferred: 1) the upper and right borders are deleted 2) on the y-axis, unnecessary decimal
places have been removed, and, on the x-axis, “0.0-15” is changed to “0-15” 3) the x axis is longer so the round-trip distances appear on one line and are more legible and 4) open and closed markers makes the 4 data series more distinguishable. Also, the label for the x-axis indicates the units (km, not miles.)
Models, Applications, and other Interactive Electronic Formats

*MDM* has the capability to post interactive (“live”) spreadsheet models, applications, and other electronic formats as supplemental material or as an appendix to a research paper.

Reasons to publish such material include:

- To provide readers more information about a computer-based application than screen shots alone.
- To make tools for researchers described more accessible.
- To stimulate discussion of a model’s assumptions and structure.

Acknowledgments Section

Acknowledge only persons who have contributed to the scientific content or provided technical support. Authors should obtain written permission from anyone that they wish to list in the Acknowledgments section. The corresponding author must also affirm that he or she has listed everyone who contributed significantly to the work in the Acknowledgments.

References

References should be typed double-spaced in order of citation. All references must be cited in the text, tables, or figure legends.

1. The style of references is the Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals, Philadelphia, PA, American College of Physicians, 1997) as used by Index Medicus, except that book titles should be capped.

2. Number references, using Arabic numerals in parentheses, in the order in which they first appear in the text. References cited in a table/figure should appear in numeric order relative to the first citation of the table/figure in the text. For example, if the last reference cited before the table/figure in question is mentioned as reference 14, and that table/figure contains 5 references that have not been cited, the references in the table/figure would be numbered 15 through 19. Reference citations in the text would then recommence with number 20.

3. Appendix material should not have separate reference sections. References that appear in both the text and the appendix should be numbered as they appear in the text. Any references that appear only in the appendix should be added consecutively to the end of the text reference list.

4. List all authors when there are 6 or fewer; when there are 7 or more authors, list only the first 6 and add “et al.”.

5. Do not use *ibid.* or *op cit.*
6. Include an “available from” note for documents that may not be readily accessible.

7. Cite symposium papers only from published proceedings.

8. When citing an article or book accepted for publication but not yet published, include the title of the journal (or name of the publisher) and the year of expected publication.

9. Include references to unpublished material in the text, not in the references.

10. Ensure that URLs used as references are active and available (the references should include the date on which the author accessed the URL)

**Manuscript Processing**

**Peer Review**

After initial review by the Editors, we send about 80% of submitted papers for peer review, usually to at least 2 reviewers. The Editors select reviewers from an electronic database of about 1,000 reviewers, supplemented, if necessary, by review of the reference list of the submitted article and by searching the literature. Authors are encouraged to suggest reviewers. We do not send a manuscript to a reviewer who is affiliated with the same institution as any of the authors. Authors may list individuals that they do not want to be a reviewer.

Almost all papers that we accept require some editorial or statistical revision before publication. Approximately ½ of first submissions that are sent out for peer review receive a “Revise and Reconsider” decision; 1/3 are rejected.

The editors reject some manuscripts without outside review. Before a manuscript is rejected without outside review, two editors (the Editor-in-Chief and one Associate Editor, or two Associate Editors) must agree on the decision. If either editor believes the article should be sent to reviewers, it will be sent.

For other manuscripts, when outside reviews are complete, the Editors make one of the following decisions:

Accept.

Provisional Accept.

Revise and Resubmit. A “Revise and Resubmit” decision means that the authors are invited to revise the manuscript to address the reviewers’ and Editor’s concerns. Approximately ½ of first submissions result in “Revise and Resubmit” or “Provisional Accept” decision.

Reject. About 40% of first submission that are sent out for peer review receive a “Reject” decision. We sometimes reject an article but invite a resubmission that addresses
specific concerns of the Editors (“Reject and Resubmit”). Such an invitation means that the Editors believe it is possible that the research described is of potential interest and would have a chance of eventual acceptance if presented in a different manner. Invariably, this decision usually means that the paper must be changed fundamentally. Unfortunately, we cannot make any guarantee that the resubmission will be successful.

**Acceptance and Rejection Rates**

In 2006, approximately 40% of first submissions were rejected, 20% were provisionally accepted, and the remainder received a “Revise and Resubmit” decision. A large majority of articles that receive a “Revise and Resubmit” decision are eventually accepted. Almost all papers that we accept require some editorial or statistical revision before publication. We do not yet have enough experience with the “Reject and Resubmit” decision to calculate the rate of eventual acceptance.

**Submitting an Appeal**

Authors who think that their manuscripts were rejected wrongly may e-mail an appeal letter to the editor who handled the manuscript. The letter should detail the author’s concern and state how the manuscript could be revised or clarified to address key problems mentioned by editors and reviewers. Editors only consider appeals that are submitted within 3 months of the manuscript’s rejection and consider appeals only once. Upon receiving the appeal, editors may confirm their decision to reject the manuscript, invite a revised manuscript, or seek additional peer review or statistical review of the original manuscript.

**Manuscript Publication**

Online versions of articles are published as soon as the final proofs are processed by the publisher. The print version of *MDM* is published 6 times a year. Subscribers receive these issues by mail near the end of January, March, May, July, September, and November.

Once an author has edited the proof of an accepted article, the author may send an advance copy of the article to their institution’s members of the news media. Authors are free to discuss their research with representatives of the media but should not distribute copies of papers accepted for publication unless the Editor gives permission to do so.

Providing copies of a submitted manuscript to media, manufacturers, or government agencies of requires the permission of the Editor. Authors should discuss any possible prepublication disclosure with the Editor in advance and obtain his or her agreement.

**Wellcome Trust and National Institutes of Health-Funded Research Articles**

Some authors need to comply with new stringent funding body requirements, such as those in place from the Wellcome Trust and the National Institutes of Health.
The National Institutes of Health (NIH) Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research (Public Access Policy) strongly encourages all investigators to make their NIH-funded peer-reviewed, author’s final manuscript available to other researchers and the public through the NIH National Library of Medicine’s (NLM) PubMed Central (PMC) immediately after the final date of journal publication. In support of this policy, we encourage authors of accepted manuscripts that describe original research funded entirely or in part by a NIH grant to submit their manuscript to the NIH grantees site (http://grants.nih.gov/grants-guide/notice-files/NOT-OD-05-045.html).

Authors of accepted papers have two options for making their articles available to nonsubscribers. One is to pay a fee to Sage Publications as described at http://www.sagepub.co.uk/sageopen.sp. The other is to submit a pre-publication version to NIH. If the latter approach is taken, authors should ask PubMed Central to display prominently the following disclaimer:

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Both the prepublication version and the published manuscript are protected by Medical Decision Making copyright at the time of publication and thereafter (see Copyright, below.)

Prepublication Policy

Online versions of articles are published as soon as the final proofs are processed by the publisher. The print version of MDM is published 6 times a year. Subscribers receive these issues by mail near the end of January, March, May, July, September, and November.

Once an author has edited the proof of an accepted article, the author may send an advance copy of the article to their institution’s members of the news media. Authors are free to discuss their research with representatives of the media and to be interviewed about their work. However, providing copies of a submitted manuscript to media, manufacturers, or government agencies requires the permission of the Editor. Authors should discuss any possible prepublication disclosure with the Editor in advance and obtain his or her agreement.

Research/Publication Ethics

Conflicts of Interest

When authors submit a manuscript, they must disclose all financial relationships that
might bias their work. To prevent ambiguity, authors must state explicitly whether potential conflicts do or do not exist. Authors must disclose all financial relationships (both personal and institutional) that could be viewed as presenting a potential conflict of interest. These include, but are not limited to, any financial relationship that involves conditions or tests or treatments discussed in the manuscript AND alternatives to the tests or treatments for those conditions. Financial relationships (such as employment, consultancies, honoraria, stock ownership or options, paid expert testimony, grants or patents received or pending, and royalties) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and science itself. Disclosure of these relationships is essential not only for original research articles but also for editorials, letters, commentary, and review articles. MDM will publish conflict of interest disclosures. If authors are uncertain, they should err on the side of full disclosure.

We also ask the corresponding author to attest that the authors had access to all the study data, take responsibility for the accuracy of the analysis, and had authority over manuscript preparation and the decision to submit the manuscript for publication. We request this information as part of the electronic submission process and we do not consider an article unless the corresponding author makes this attestation on behalf of the authors. The following statement should be included in the cover letter that accompanies the manuscript and should also be included in the manuscript as a footnote for the title page:

“Financial support for this study was provided[choose one: entirely or in part] by a [choose one: grant from or contract with] [here insert the name(s) of the funding source(s), whether a company, government agency, philanthropic foundation, institute, etc.]. The funding agreement ensured the authors' independence in designing the study, interpreting the data, writing, and publishing the report. [The following sentence should be inserted, if applicable:] The following author(s) is/are employed by the sponsor: [identify employees].”

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Appendix

Sample References

Journals

1. **Standard article** (List all authors when there are 6 or fewer; when there are 7 or more authors, list only the first 6 and add “et al.”)


2. **Corporate author**


3. **Supplement**


4. **Special format (also applies to abstracts and editorials)**


Books

List all authors or editors when 6 or fewer; when there are 7 or more authors, list only the first 6 and add “et al.”

1. **Author**


2. **Editors**


3. **Chapter in a book**


4. **Published proceedings paper**

Other Citations in Reference List

1. In press (must have journal title)


2. Magazine article


In-Text Citations of Unpublished Material (to be placed within parentheses)

1. Personal communication

(Strott CA, Nugent CA. Personal communication)

2. Unpublished papers

(Lerner RA, Dixon FJ. The induction of acute glomerulonephritis in rats. In preparation)


Citations of Electronic References


References


