Sage Journals

Annals of Pharmacotherapy

Impact Factor: **2.3**
5-Year Impact Factor: **2.7**

Submission guidelines

Submit manuscript

Please read the guidelines in full before submitting your manuscript.
Manuscripts not conforming to these guidelines may be returned.

Visit Submission Site

This Journal is a member of the Committee on Publication Ethics.

The Journal recommends that authors follow the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals formulated by the International Committee of Medical Journal Editors (ICMJE).

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' International Standards for Authors and view the author responsibilities section on the Sage Journal Author Gateway.

We also encourage you to familiarize yourself with our Editorial Policies and our Publication Ethics Policies.

Sage Publishing disseminates high-quality research and engaged scholarship globally, and we are committed to diversity and inclusion in publishing. We encourage submissions and peer review from a diverse range of authors and reviewers from across all countries and backgrounds. Read our diversity, equity, and inclusion pledge.

There are no fees payable to submit or publish in this journal. Open access options are available – see below.

Please read the guidelines below then submit your manuscript here.

Hide all

Key information

Access: Subscription
Accepts preprints? Yes
Identity transparency: Double anonymized

Publishing fees and open access

There are no fees payable to submit or publish in this journal.

Figures submitted in color will be published in color in the online version of the journal at no cost. If you wish to have color figures in the printed version, the following fees apply: To print figures in color there is a cost to the authors of $800 for the first page and $200 for each additional page.

Optional open access publishing is available for a fee via the Sage Choice program, and Open Access agreements, where authors can publish open access either discounted or free of charge depending on the agreement with Sage. Find out if your institution is participating by visiting Open Access Agreements at Sage. Open Access agreement eligibility is determined by the corresponding author's affiliation matching an agreement at acceptance. For more information on Open Access publishing options at Sage please visit Sage Open Access.

For information on funding body compliance, and depositing your article in repositories, please visit Sage's Author Archiving and Re-Use Guidelines and Publishing Policies.

Open access fees do not cover page or color charges and are charged separately.

Preparing your manuscript for submission

Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's Aims and Scope to see if your article is appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

Article types

RESEARCH REPORTS: Original research involving medication effectiveness, safety, pharmacoeconomics, pharmacokinetics, pharmacogenomics, interactions, adherence and use, and pharmacy practice. Meta-analyses are also considered research. Authors are encouraged to follow the PRISMA guidelines (Moher D, Liberati A, Tetzlaff J, Altman DG, and the PRISMAGroup. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. Ann Intern Med. 2009; 151:264269. doi:10.7326/0003-4819-151-4-200908180-00135) for meta-analyses. Well-designed prospective studies are given highest priority for acceptance. Limitations of studies must be stated in the main text and may be reported in either a separate section or as part of the required "Discussion" section preceding the "Conclusions and Relevance" section. All reports must include, when applicable, a statement in the Methods section that the work was conducted in compliance with Institutional Review Board/Human Subjects Research Committee requirements.

Abstract: less than 300 words. References: up to 30.

REVIEW ARTICLES: Comprehensive, significant, critical, and analytical reviews that include essential information on a well-delineated subject. Reviews must synthesize and critically evaluate available data rather than simply describing the findings.

A general review may be submitted if there is no review on the topic in the literature or if the proposed review will contain ample new and substantive data from published peer-reviewed research studies which will update previous reviews on the topic in the literature and provide a critical analysis leading to new recommendations and conclusions.

When preparing a general review, after the Introduction section, methods used to search the literature (databases including PubMed, search terms, search period, and limits), as well as inclusion and exclusion criteria for articles chosen for the review, should be described. Authors should consider inclusion of studies available on clinicaltrials.gov in the reviews. Study designs and outcomes, including limitations of research included in the review, should be discussed. Authors are encouraged to follow the PRISMA guidelines (Moher D, Liberati A, Tetzlaff J, Altman DG, and the PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses:

The PRISMA Statement. Ann Intern Med. 2009; 151:264-269. doi:10.7326/0003-4819-151-4-200908180-00135) for systematic reviews.

Abstract: less than 300 words. References: up to 100.

In addition to general reviews of pharmacotherapy used in specific conditions, the following categories may be considered for focused reviews:

REVIEW ARTICLE - NEW DRUG APPROVAL: Brief reviews of single drug entities that have recently received FDA approval. Manuscripts must include a section comparing existing similar or related FDAapproved medications to clearly describe the role of the new drug in therapy. Authors must ensure that there are ample published peer-reviewed research studies from which to prepare an evidence-based review including recommendations about the place of the new drug relative to other drugs used for the same FDA-approved indication(s) in patients.

Abstract: less than 250 words. References: up to 30; Tables and/or figures: 4

SPECIAL CONTRIBUTIONS: Articles on unusual, topical, or historical subjects that are of unique interest or importance. Contact the Editorial Office prior to submission (aop@sagepub.com).

Abstract: less than 300 words (unstructured). References: up to 15; Tables and/or figures: 1

EDITORIALS AND COMMENTARIES: Viewpoints on diverse, controversial, or topical subjects. Contact the Editorial Office prior to submission (aop@sagepub.com).

Abstract: less than 250 words for Editorials, less than 100 words for Commentaries (both unstructured). References: up to 20; Tables and/or figures: 2

LETTER TO THE EDITOR: Letters should address areas related to clinical practice, research, or education, including recently published articles. Letters are limited to no more than five authors. Before submitting a letter describing an adverse drug reaction, the Naranjo ADR prob- ability scale (Clin Pharmacol Ther. 1981;30:239-245) or other validated scale should be used to assess the likelihood that the events were drug-related. Likewise, for reports of drug interactions, the DIPS scale (Ann Pharmacother. 2007;41:674-680. DOI 10.1345/aph.1H423) or another validated scale should be applied. Ranking from the scale must be included in the text. Priority is given to letters for which the scores indicate a probable or definite association. Comments must be submitted within 6 months of an article's publication.

Abstract: none required; Text: up to 500 words References: up to 10; Tables and/or figures: 2

RESEARCH REPORTS

Background

Brief (2–3 sentences) description of why the study is needed and its importance to the field.

Objective

1. Concise (1–2 sentences) statement of the objective or hypothesis to be addressed.
2. Primary objective identified and stated first, followed by any key secondary objectives.

Methods

1. Design: Clear statement of the study's design, including all aspects (eg. parallel group, randomized, blinded). Indicate if Institutional Review Board or other ethical considerations were needed and/or approved.
2. Participants and setting: The most pertinent inclusion and exclusion criteria, and the setting within which the study was conducted.
3. Interventions: Complete details on treatment (eg. drug dose, route of administration, and du- ration of administration) and, if pertinent, control interventions.
4. Outcome: Primary and secondary outcome measures, identified as such.

Results

1. Number of participants: Total number, with breakdown into defined groups (eg. treatment, control) shown, followed by number of participants analyzed, again with breakdown into defined groups shown.
2. 2Outcome: Numbers of participants and events shown, with summary of the outcome in each group reported as effect size (eg. relative risk, odds ratio) and precision (confidence interval). Data on all outcome measures and any negative and/or non-significant findings must be included.
3. Adverse events/safety: Any unintended effects shown; if none, that should be stated.
4. Limitations: Factors affecting accuracy or generalizability of results (eg. small sample size, open- label design).

Conclusion and Relevance

1. Conclusions (not summary) of the study, based only on the results shown, with balance of benefits and harms.
2. What is new about the report and how do these results affect both our knowledge of the medical condition under discussion and future clinical treatment of the disorder? What is the clinical application of the findings, based only on the data obtained (ie. avoid over-generalization)?

esearch Report Abstract example:

Background: There is inadequate guidance for clinicians on selection of the optimal dextrose 50% (D50W) dose for hypoglycemia correction in critically ill patients.

Objective: The purpose of this study was to determine the blood glucose (BG) response to D50W in critically ill patients.

Methods: A retrospective analysis was conducted of critically ill patients who received D50W for hypoglycemia (BG< 70 mg/dL) while on an insulin infusion. The primary objective of this study was to determine the BG response to D50W. The relationship between participant characteristics and the dose-adjusted change in BG following D50W was analyzed using simple and multiple linear mixed-effects models.

Results: There were 470 hypoglycemic events (BG < 70 mg/dL) corrected with D50W. The overall median BG response was 4.0 (2.53, 6.08) mg/dL per gram of D50W administered. Administration of D50W per protocol resulted in 32 episodes of hyperglycemia (BG > 150 mg/dL), resulting in a 6.8% rate of overcorrection; 49% of hypoglycemic episodes (230/470) corrected to a BG >100 mg/dL. A multivariable GEE analysis showed a significantly higher BG response in participants with diabetes (0.002) but a lower response in those with recurrent hypoglycemia (P=0.049).The response to D50W increased with increasing insulin infusion rate (P = 0.022). Burn patients experienced a significantly larger BG response compared with cardiac, medical, neurosurgical, or surgical patients.

Conclusion and Relevance: This represents the first report of the BG response to D50W in critically ill patients and the observed median effect of D50W on BG was approximately 4 mg/dL per gram of D50W administered. Application of these data may aid in rescue protocol development that may reduce glucose variability associated with hypoglycemic episodes and the correction.

REVIEW ARTICLES

Objective

Explain the rationale and goals for the review.

Data Sources Provide specific search details in the abstract and specify the resources employed in the search and include date ranges, search terms, and limits.

Study Selection and Data Extraction

Quantify the original reports included and how they were chosen, as well as the methods used for abstracting the data.

Data Synthesis

Summarize main results and provide interpretation of the data from various studies.

Relevance to Patient Care and Clinical Practice (for general reviews)

What is new about the review article and how do the evaluated findings affect both our knowledge of the medical condition under discussion and future clinical treatment of the disorder?

Relevance to Patient Care and Clinical Practice in Comparison to Existing Drugs (for New Drug Approval reviews)

In addition, addressing the questions raised for the general reviews above, New Drug Approval manuscripts should also include the merits of the new drug under discussion relative to those existing drug therapies.

Conclusions

Summarize the key “take-home” points from the review. NOTE: Reviews that can only conclude with the suggestion that “additional studies are needed” will be of a lower priority than reviews that can provide direct clinical recommendations or assessments as based on the literature being reviewed.

Review Article Abstract example:

Objective: To describe properties of cobicistat and ritonavir; compare boosting data with atazanavir, darunavir, and elvitegravir; and summarize antiretroviral and comedication interaction studies, with a focus on similarities and differences between ritonavir and cobicistat. Considerations when switching from one booster to another are discussed.

Data Sources: A literature search of MEDLINE was performed (1985 to April 2017) using the following search terms: cobicistat, ritonavir, pharmacokinetic, drug interactions, booster, pharmacokinetic enhancer, HIV, antiretrovirals. Abstracts from conferences, article bibliographies, and product monographs were reviewed.

Study Selection and Data Extraction: Relevant English-language studies or those conducted in humans were considered.

Data Synthesis: Similar exposures of elvitegravir, darunavir, and atazanavir are achieved when combined with cobicistat or ritonavir. Cobicistat may not be as potent a CYP3A4 inhibitor as ritonavir in the presence of a concomitant inducer. Ritonavir induces CYP1A2, 2B6, 2C9, 2C19, and uridine 5’-diphospho-glucuronosyltransferase,

whereas cobicistat does not. Therefore, recommendations for cobicistat with comedications that are extrapolated from studies using ritonavir may not be valid. Pharmacokinetic properties of the boosted antiretroviral can also affect interaction outcome with comedications. Problems can arise when switching patients from ritonavir to cobicistat regimens, particularly with medications that have a narrow therapeutic index such as warfarin.

Relevance to Patient Care and Clinical Practice: This review compares and contrast the pharmacological, pharmacokinetics, and drug interaction studies for ritonavir and cobicistat and a discus- sion on considerations when switching from one booster to another is included to guide clinicians.

Conclusions: When assessing and managing potential interactions with ritonavir- or cobicistat-based regimens, clinicians need to be aware of important differences and distinctions between these agents. This is especially important for patients with multiple comorbidities and concomitant medications. Additional monitoring or medication dose adjustments may be needed when switching from one booster to another.

Text: Appropriate headings and subheadings should be used liberally throughout the text. For research reports the final subsection of the text should be titled “Conclusion and Relevance” (instead of just “Conclusion)” and contain information in more detail as outlined on page 5 of these author guidelines for the abstract section of this heading.

For review articles, a new subsection in the text just prior to the “Summary” section should be added and titled “Relevance to Patient Care and Clinical Practice” and similarly contain information in more detail as outlined on page 5 of these author guidelines for the abstract section of this heading.

For New Drug Approval reviews, the penultimate section of the main text should be titled “Relevance to Patient Care and Clinical Practice in Comparison to Existing Drugs”, and also include the merits of the new drug under discussion relative to that of existing drug therapies.

Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers’ code numbers should be used only when a generic name is not yet available. Trade names should be included only in the text (and not in the title) to distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved by the FDA.

REFERENCES: All references, including those related primarily to figures and tables, must appear in the text and be cited consecutively. References in text, tables, and figure legends should be denoted with superscript Arabic numerals. Personal communications (ie. unpublished data) may not be used as numbered references. Information obtained through personal communication must be inserted in parentheses within the text and include the contact person's name, academic degree, affiliation, and date of communication. Signed permission letters from quoted sources indicating the content of the personal communication must be provided to the Editorial Office (aop@sagepub.com). Abstracts and Letters to the Editor may be used as numbered references but must be identified as such in the citations. Inclusive pagination must be provided for all references. Journal names should be italicized and abbreviated as they appear in PubMed. Those not appearing in PubMed should be spelled out. Referenced articles that are cited as "In press" must include the title of the journal that has accepted the paper. List all authors when there are 6 or fewer; with 7 or more authors, list the first 3, followed by "et al." To facilitate online retrieval of references, include a citation's digital object identifier (DOI) if available. More information about DOIs can be obtained at www.crossref.org or dx.doi.org. When citing articles that have been published online prior to print, authors are encouraged to include the date published online (EPUB date) in addition to the full print information. When the article has appeared in print, the URL will not be used; however, a DOI should be included if available. Some examples of correct referencing style are given below:

Article

Basaran O, Filiz Basaran N, Cekic EG, et al. Prescription pat- terns of oral anticoagulants in nonvalvular atrial fibrillation (PROPER study). Clin Appl Thromb Hemost 2017;23:384- 391. doi:10.1177/1076029615614395

Article with URL

National Association of Community Health Centers. Community health center chartbookhttp://www.nache.org/wpcontent/uploads/2017/06/Chartbook2017.pdf. Accessed August 30, 2017.

Abstract

Tringale KR, Shi Y, Hattangadi JA. Marijuana utilization in cancer patients: a comprehensive analysis of national health and nutrition examination survey data from 20015-2014 [abstract]. Int J Radiat Oncol 2017;99:S11. doi:10.1016/ i.ijrobp.2017.06.042

Journal Supplement

Jellinger PS, Handelsman Y, Rosenblit PD, et al. American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of dyslipidemia and prevention of cardiovascular disease. En docr Pract 2017;23(suppl 2):1-87. doi:10.4158/EP171764. APPGL.

Prescribing Information or Package Insert

The most recent insert or prescribing information should be used and include the month and year (or access date for electronic information) of the specific product sheet being cited:

Jardiance (empagliflozin) [package insert]. Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT, January 2020.

Vyleesi (bremelanotide) [package insert]. Waltham, MA: AMAG Pharmaceuticals Inc; 2019. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/210557s000lbl.pdf. Accessed December 4, 2019.

APPENDICES: When necessary, appendices should be used to present lengthy or detailed surveys, descriptions of extensive mathematical calculations, and/or itemized lists. They should be placed (with legends as needed) following the reference list in the manuscript. Lengthy appendices, such as algorithms, surveys, and protocols, will be published only online; the URL will be provided in the printed article where the appendix is cited.

Clinical trial registration

The journal conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

Reporting guidelines

Your manuscript **must** follow the relevant EQUATOR Network reporting guidelines, depending on the type of study. The EQUATOR wizard can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at NLM's Research Reporting Guidelines and Initiatives.

If your research involves animals, you will be asked to confirm that you have carefully read and adhered to the ARRIVE guidelines.

Formatting your manuscript

Accepted file types

The preferred format for your manuscript is Word. You do not need to follow a template, but please ensure your heading levels are clear, and the sections clearly defined.

Your article title, keywords, and abstract all contribute to its position in search engine results, directly affecting the number of people who see your work. For details of what you can do to influence this, visit How to help readers find your article online.

Title

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

Abstract

Please include a structured abstract of 250 words between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

Keywords

Please include a minimum of 3 keywords, listed after the abstract. Keywords should be as specific as possible to the research topic.

Artwork, figures, and other graphics

For guidance on the preparation of illustrations, pictures, and graphs in electronic format, please read Sage's artwork guidelines.

Figures supplied in color will appear in color online regardless of whether or not these illustrations are reproduced in color in the printed version. If you have requested color reproduction in the print version, we will advise you of the costs on receipt of your accepted article.

Please ensure that you have obtained any necessary permission from copyright holders for reproducing any illustrations, tables, figures, or lengthy quotations previously published elsewhere. For further information including guidance on fair dealing for criticism and review, please see the Frequently Asked Questions page on the Sage Journal Author Gateway.

Title page

To ensure fair and anonymous peer review, your manuscript must be fully anonymized. Please ensure any identifying information is removed from the main manuscript document and included on the Title Page instead. Do not include any author names in the manuscript file name and remove names from headers and footers. This version of the manuscript **will** be sent to the peer reviewers. The Title Page **will not** be sent to peer reviewers. See the Sage Journal Author Gateway for detailed guidance on making an anonymous submission.

The Title Page should include:

- Article title
- The full list of authors including names and affiliations of each
  - **The listed affiliation should be the institution where the research was conducted**. If an author has moved to a new institution since completing the research, the new affiliation can be included in a note at the end of the manuscript – please indicate this on the title page.
  - **All persons eligible for authorship must be included at the time of submission (please see the authorship section for more information)**.
- Contact information for the corresponding author: name, institutional address, phone, email
- Acknowledgments section
- Declaration of conflicting interest
- Funding statement
- Ethical approval and informed consent statements
- Data availability statement
- Any other identifying information related to the authors and/or their institutions, funders, approval committees, etc, that might compromise anonymity.

Acknowledgments

If you are including an Acknowledgements section, this will be published at the end of your article. The Acknowledgments section should include all contributors who do not meet the criteria for authorship. Per ICMJE recommendations, it is best practice to obtain consent from non-author contributors who you are acknowledging in your manuscript.

Writing assistance and third party submissions: if you have received any writing or editing assistance from a third-party, for example a specialist communications company, this must be clearly stated in the Acknowledgements section and in the covering letter. Please see the Sage Author Gateway for what information to include in your Acknowledgements section. If your submission is being made on your behalf by someone who is not listed as an author, for example the third-party who provided writing/editing assistance, you must state this in the Acknowledgements and also in your covering letter. **Please note that the journal editor reserves the right to not consider submissions made by a third party rather than by the author/s themselves.**

Author contributions

You will be asked to list the contribution of each author as part of the submission process. Please include the Author Contributions heading within your submission after the Acknowledgements section. The information you give on submission will then show under the Author Contributions heading later at the proofing stage.

Criteria for Authorship

All authors must have fulfilled the criteria for author- ship, reviewed and approved the paper, and must be able to attest to the integrity of the work submitted. Authorship is based on substantial contributions to all of the following:

(1) project conception or design and collection, analysis, and/or interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) approval of the version to be published; and (4) agreeing to be accountable and willing to investigate and resolve all questions pertaining to accuracy and/or integrity of the work. Assistance solely in non-substantive aspects of the submission, for example, the acquisition of funding, assembly of data, and referral of patients, does not justify authorship. At least one author must be responsible for each section of the manuscript. Individuals who provided writing assistance, e.g., from a specialist communications company, do not qualify as authors and so should be included in the Acknowledgements section. Authors must disclose any writing assistance including the individual's name, company and level of input, and identify the entity that paid for this assistance. It is not necessary to disclose use of language polishing services.

Acknowledgment

Persons who have contributed significantly to the substance of the paper, but whose contributions do not justify authorship, should be acknowledged. Acknowledgment of technical writers must include their sources of funding. Authors must ensure that all

persons named in the acknowledgment, excluding those providing financial or technical support, have agreed in writing to be named

Statements and declarations

To ensure proper anonymization, please include a section with the heading 'Statements and Declarations' on your title page, after the Acknowledgements section [and Author Contributions section if applicable] including each of the sub-headings listed below. If a declaration is not applicable to your submission, you must still include the heading and state 'Not applicable' underneath. Please note that you may be asked to justify why a declaration was not applicable to your submission by the Editorial Office. This information will be added to the end of your published paper.

Ethical considerations

Please include your ethics approval statements under this heading, even if you have already included ethics approval information in your methods section. If ethical approval was not required, you need to explicitly state this. You can find information on what to say in your ethical statements as well as example statements on our Publication ethics and research integrity policies page.

All papers reporting studies involving human participants, human data or human tissue must state that the relevant Ethics Committee or Institutional Review Board approved the study, or waived the requirement for approval, providing the full name and institution of the review committee in addition to the approval number. If applicable, please also include this information in the Methods section of your manuscript.

Consent to participate

Please include any participant consent information under this heading and state whether informed consent to participate was written or verbal. If the requirement for informed consent to participate has been waived by the relevant Ethics Committee or Institutional Review Board (i.e. where it has been deemed that consent would be impossible or impracticable to obtain), please state this. If this is not applicable to your manuscript, please state 'Not applicable' in this section. More information and example statements can be found on our Publication ethics and research integrity policies page.

Consent for publication

Submissions containing any data from an individual person (including individual details, images or videos) must include a statement confirming that informed consent

for publication was provided by the participant(s) or a legally authorized representative. Non-essential identifying details should be omitted. Please do not submit the participant's actual written informed consent with your article, as this in itself breaches the patient's confidentiality. The Journal requests that you confirm to us, in writing, that you have obtained written informed consent to publish but the written consent itself should be held by the authors/investigators themselves, for example in a patient's hospital record. The confirmatory letter may be uploaded with your submission as a separate file in addition to the statement confirming that consent to publish was obtained within the manuscript text. If this is not applicable to your manuscript, please state 'Not applicable' in this section.

Declaration of conflicting interest

The journal requires a declaration of conflicting interests from all authors so that a statement can be included in your article. For guidance on conflict of interest statements, see our policy on conflicting interest declarations and the ICMJE recommendations.

If no conflict exists, your statement should read: 'The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article'.

Funding statement

All articles need to include a funding statement, under a separate heading, **even if you did not receive funding**. You'll find guidance and examples on our Funding page.

Data availability

The Journal is committed to facilitating openness, transparency and reproducibility of research, and has the following research data sharing policy. For more information, including FAQs please visit the Sage Research Data policy pages.

Subject to appropriate ethical and legal considerations, authors are encouraged to:

- Share your research data in a relevant public data repository
- Include a data availability statement linking to your data. If it is not possible to share your data, use the statement to confirm why it cannot be shared.
- Cite this data in your research

Reference style and citations

The journal follows the AMA Manual of Style. View the AMA Manual of Style to ensure your manuscript conforms.

Every in-text citation must have a corresponding citation in the reference list and vice versa. Corresponding citations must have identical spelling and year.

Authors should update any references to preprints when a peer reviewed version is made available, to cite the published research. Citations to preprints are otherwise discouraged.

Supplemental material

This Journal can host additional materials online (e.g. datasets, podcasts, videos, images etc.) alongside the full text of the article. Your supplemental material must be one of our accepted file types. For that list and more information please refer to our guidelines on submitting supplemental files.

English language editing services

Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using Sage Author Services. Visit Sage Author Services for further information.

Submitting your manuscript

As part of the submission process you will need to confirm that this is your original work, that you have the rights in the work, that this is for first publication in this Journal, that it is not being considered for/has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

Please see our guidelines on prior publication and note that the journal may accept submissions of manuscripts that have been posted on preprint servers.

Preprints

The journal will consider submissions of manuscripts that have been posted on preprint servers.

Please enter the preprint DOI in the designated field when submitting your manuscript. We advise that you inform the Journal Editorial office about your posted preprint at submission.

Note that you should **not** post an updated version of your manuscript on a preprint server while it is being peer reviewed.

Learn more about our preprint policy.

Submission site

Submit your manuscript online via Sage Track.

IMPORTANT: Please check whether you already have an account in Sage Track before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne Online Help.

Manuscripts should only be submitted with the consent of all contributing authors. The individual responsible for submitting the manuscript should carefully check that all those whose work contributed to the manuscript are listed as authors.

Ensure you upload all relevant manuscript files, including any additional supplemental files (including reporting guidelines where relevant).

Authorship

Please view our authorship policies, which includes information on criteria for authorship, who should be the corresponding author and more.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more information see the policy on Use of ChatGPT and generative AI tools.

Files

- **Cover Letter**. A separate file for the cover letter is required and must include the following:
    1. Name of corresponding author with full mailing address, telephone and fax numbers, and email address;
    2. Article type preference (see “Article Types”);
    3. Brief explanation of the topic’s significance to patient care;

- **Title Page** with all required identifying information as laid out in Preparing your manuscript for submission (above). This **will not** be sent to the peer reviewers.
- Your **manuscript**, properly formatted and anonymized according to all stipulations above, and within the scope of the journal. Any information that compromises the anonymity of the author(s) should be removed or anonymized and included on the Title Page instead. See above for more information on anonymization. This version **will** be sent to the peer reviewers.
- **Figures and images.**Figures and artwork should be submitted in their original file formats and with minimum resolution of 300 DPI (600 DPI for line art). Letters, numbers, and symbols should be clear, uniform in size, and large and dark enough to be legible when the size of the figure is

reduced to fit column width in the journal. Titles and detailed explanations should appear in the legends rather than in the figures. Bar graphs or pie charts should be in black and white only and not contain gray shading as filler or background; distinctive fillings should be used instead (eg. white or solid black; horizontal, vertical, or slanted stripes; cross-hatching; dots). Dotted lines and decimal points should be dark enough to reproduce well. Background horizontal or vertical lines should not be used. Figures should have labels on their margins indicating file number, figure number, and corresponding author's name at top of figure. The top of a figure should also be designated if the figure lacks distinguishing features. Legends should

- More information on figure/image preparation can be found here.
- **Supplemental material.** This journal can host additional materials online (e.g. datasets, podcasts, videos, images, etc) alongside the full-text of the article. Your supplemental material must be one of our accepted file types. For that list and more information please refer to our guidelines on submitting supplemental files.

Other information required for submission

- ORCID ID of the submitting author.
  - It is strongly encouraged that all co-authors ensure their ORCID IDs are linked to their accounts in the submission system prior to article acceptance, as this is the only way to have their ORCID ID present on the published article. **ORCID IDs cannot be added to manuscripts after acceptance/publication.** Please note that each co-author must log in to the submission system to add their own ORCID ID to their account. To add an ORCID ID, edit your account, click the link when prompted, and sign into your ORCID account to validate your ID. You will then be redirected back to the submission system and your ORCID ID will become part of your accepted publication's metadata.
  - Please create an ORCID ID if you do not already have one or visit our ORCID homepage to learn more.
- Complete list of authors, with their institutional affiliations.
  - The author information you enter at submission must exactly match what is included on your manuscript and/or title page, including full names, academic affiliations, and corresponding author contact details.
  - **The listed affiliation should be the institution where the research was conducted.** If an author has moved to a new institution since completing the research, the new affiliation can be included in a note at the end of the manuscript.
  - **All listed authors must meet the criteria for authorship (above).**
  - **All persons eligible for authorship must be included at the time of submission.**
  - All authors must have given consent for the manuscript to be submitted in its current form.
- Keywords: During submission, you may be asked to select or enter keywords for your manuscript. These keywords are used to match appropriate reviewers to your manuscript.
- The number of figures, tables, and words in your manuscript.
- Funder information: Name, grant/award number.
- You may be required to enter your declaration of conflicting interest as part of the submission process, in addition to listing it on your manuscript and/or title page. Please have it on hand.

- If you have posted your manuscript to a preprint server, you will be asked to supply the DOI (this does not prohibit submission, but no changes should be made to the preprint version while your manuscript is under evaluation in this journal). Please see our guidelines on prior publication. If the article is accepted for publication, the author may re-use their work according to the journal's author archiving policy. If your manuscript is accepted, you must include a link in your preprint to the final version of your published article.

Peer review policy

The following summary describes the peer review process for this journal:
Identity transparency: Double Anonymized
Reviewer interacts with: Editor
Review information published: None

Your manuscript will undergo an initial evaluation. If it does not conform to the requirements laid out in these guidelines, it will be returned to you for amendments prior to peer review. Manuscripts may be desk rejected without peer review at this point if they are out of scope for the journal or otherwise unsuitable.

After passing the initial evaluation, your manuscript will then be peer reviewed. You can log in at any time to check the status of your manuscript. We will notify you when a decision has been reached.

The journal adheres to a rigorous double-anonymized reviewing policy in which the identity of both the reviewer and author are always concealed from both parties. Two independent reviews are required for a manuscript to reach a Revise or Accept decision.

To ensure the integrity of the peer review process we assign reviewers and cannot accept author recommendations.

We request peer reviewers to submit comments online by following a secure link provided in the editor's email within 10 days. Peer reviewers may submit their comments in the provided template but should not employ the .pdf format for their replies.

Peer reviewers and editors are required to disclose any potential financial and non-financial conflicts of interest. Comments provided by two to four peer reviewers are used by the editors in making a decision about acceptance or rejection of each manuscript

All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and recommendations to the Managing Editor or the Editor-In-Chief who then makes the final decision on all manuscripts, including those appearing in a special issue or special collection. The Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the Journal. In these cases, the peer review process will be managed by alternative members of the Board and the submitting Editor/Board member will have no involvement in the decision-making process.

The journal has an Editorial Board and Editorial Review Board who serve the journal as external peer reviewers. Each member of the Editorial Review Board and Editorial Board are active researchers in the field and selected based on strict criteria, ensuring they possess the necessary expertise and experience. The Editor(s) may use one Editorial Review Board member or Editorial Board Member as a reviewer for each manuscript, and will then reach beyond this pool to include additional reviewers to meet the required number before a decision can be made. This ensures a comprehensive and robust peer review process, aligning with our commitment to publish the most credible and valid research. Care is taken not to invite any Editorial Review Board Member or Editorial Board Member that has any potential conflict of interest with any author of the paper.

As a COPE member we engage with multiple forms of post-publication discussion in line with wider guidance from Sage: Commentaries, Critiques and Responses.

You can view our complaints and appeals policy here.

Read Sage's complete peer review policy.

Plagiarism

The journal and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. Please read Sage's complete policy on plagiarism and the actions we may take.

After acceptance

Contributor's Publishing Agreement

Before publication, we require the author as the rights holder to sign a Journal Contributor's Publishing Agreement. Sage's Journal Contributor's Publishing

Agreement is an exclusive license agreement which means that the author retains copyright in the work but grants Sage the sole and exclusive right and license to publish for the full legal term of copyright. Exceptions may exist where an assignment of copyright is required or preferred by a proprietor other than Sage. In this case copyright in the work will be assigned from the author to the society. For more information please visit the Sage Journal Author Gateway.

Preprints

If your manuscript was posted on a preprint server prior to acceptance, you must include a link in your preprint to the final published version of your published article.

Production

Your Sage Production Editor will keep you informed as to your article's progress throughout the production process. Proofs will be made available to the corresponding author via our editing portal, Sage Edit, or by email, and should be returned promptly to avoid delaying publication. Authors are reminded to check their proofs carefully to confirm that all author information, including names, affiliations, sequence, and contact details are correct, and that Funding and Conflict of Interest statements, if any, are accurate. **This is the final opportunity to make changes to your manuscript. Further corrections will not be possible after publication. Changes to the author list are not permitted at this stage.**

Publication

OnlineFirst publication: This enables us to publish final articles online immediately, without waiting for assignment to a future issue of the Journal. This usually significantly reduces publication lead time. Visit the Sage Journals help page for more details, including how to cite OnlineFirst articles.

Access to your published article: We provide you with online access to your published article. The online access link is provided to the corresponding author for sharing with their co-authors.

Promoting your article

Publication is not the end of the process. Between us, we can ensure that your article is found, read, downloaded and cited as widely as possible. Many of the most effective tactics are those you can do quickly and easily to your network of contacts and peers.

Visit the Promote Your Article page on the Sage Journal Author Gateway for numerous resources to help you promote your work.

Further resources

The Sage Journal Author Gateway has some general advice on how to get published, plus links to further resources. Sage Author Services also offers authors a variety of ways to improve and enhance your article including English language editing, plagiarism detection, and video abstract and infographic preparation.

If you have any questions about publishing with Sage, please visit the Sage Journals Solutions Portal.

You can view our complaints and appeals procedure.

Contact us

Any correspondence, queries, or additional requests for information on the manuscript submission process should be sent to the AOP editorial office as follows: aop@sagepub.com. Please include the AOP manuscript number, if applicable, in any correspondence to the Editor.

Browse journal

Current issue

OnlineFirst

All issues

Free sample

Journal information

Journal overview and metrics

Editorial board

Submission guidelines

Reprints

Journal permissions

Subscribe

Recommend to library

Advertising and promotion