

# Instructions for Authors

The *CJS* will consider original manuscripts in English or French on clinical research, original articles, surgical technique, surgical practice, trauma and critical care, clinical reviews, history of surgery, and a limited number of case reports (brief communications), editorials and letters. All manuscripts should be sent by mail or by courier to: Dr. Jonathan L. Meakins, *Canadian Journal of Surgery*, Department of Surgery, Room S10.34, Royal Victoria Hospital, 687 Pine Ave. W, Montreal QC H3A 1A1. Fax submissions are not acceptable.

The editors are using e-mail more and more to expedite publication: authors are encouraged to supply their e-mail address. We welcome the submission by e-mail of letters to the editor, as plain ASCII files ([madeleinebeaulne@muhc.mcgill.ca](mailto:madeleinebeaulne@muhc.mcgill.ca)).

## COVER LETTER

A cover letter **signed by all the authors** should state that the manuscript has not been published previously and is not under consideration by any other journal. It should also explain the purpose of the paper and its intended readership.

The authors should include a signed letter of permission from people identified as sources of personal communications, subjects of case reports and those mentioned in the acknowledgements or identifiable in illustrative material, as well as from the copyright holder of previously published material (e.g., tables, illustrations and lengthy quotations) that is being reproduced, with or without modification, in the submitted article. The authors must disclose the source of any financial or material support, any commercial interest they may have in the subject of the study and any affiliation or involvement with an organiza-

nization that has a financial interest in the research materials or the topic.

Authors should indicate the software program and version used in the preparation of their manuscript.

## MANUSCRIPT PREPARATION

Authors should consult "Uniform requirements for manuscripts submitted to biomedical journals" (*CMAJ* 1997;156:270-7 and [www.cma.ca/publications/mwc/uniform.htm](http://www.cma.ca/publications/mwc/uniform.htm)) for instructions about preparing manuscripts. An original printout and 4 high-quality copies should be submitted.

To facilitate editing and electronic scanning, all pages (title page, abstract and key words [MeSH terms if possible], text, references, tables and figure legends) must be double-spaced, in 10-cpi, letter-quality type, *without* right justification or proportional spacing. The top margin on the title page should be 5 cm deep; all other margins should measure 2.5 cm.

### Title page

All authors' names, academic degrees only, and affiliations should appear on the title page. Authors should also indicate any meeting(s) at which the work covered in their submission has been presented, in whole or in part.

If the authors wish to receive reprint requests by fax or email as well as by mail they should indicate as such and include the pertinent fax number or email address after the mailing address on the title page.

### Tables and figures

Tables and figures should be prepared according to the criteria in "Uniform requirements" and "Illustrative material: What editors and readers expect from authors" (*CMAJ* 1990;142:447-9).

The corresponding author's name should appear on the back of each set of illustrations.

Colour figures are expensive to reproduce; therefore, authors will be required to pay the additional cost. Authors should submit 4 glossy prints or laser prints of each figure.

## References

References should be cited in superscript in numerical order of appearance in the text. References cited in tables and figure legends should be numbered according to where the table or figure is first cited in the text.

## Original research articles

Abstracts of original research articles must be structured according to the format proposed by Haynes and colleagues (*Ann Intern Med* 1990; 113: 69-76), summarized below. Articles containing original data concerning the course (prognosis), cause (etiology), diagnosis, treatment, prevention or economic analysis of a clinical disorder or an intervention to improve the quality of health care should include a structured abstract of about 250 words with the following headings and information.

**Objective:** State the main questions or objectives of the study and the main hypothesis tested, if any.

**Design:** Describe the basic design of the study, indicating, as appropriate, use of randomization, blinding, criterion standards for diagnostic tests, temporal direction (retrospective or prospective) etc.

**Setting:** Indicate the study setting, including the level of clinical care (e.g., primary or tertiary, private practice or institutional).

**Patients (or participants):** State the selection procedures, the entry criteria and the numbers of participants entering and finishing the study.

**Interventions:** Describe, if appropriate, the essential features of any interventions, including their method and duration of administration.

**Outcome measure(s):** Indicate the primary study outcome measure(s) as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, clearly say so.

**Results:** State the main results of the study using actual numbers. Describe measurements that are not evident from the nature of the main results and indicate any blinding. If possible, the results should be accompanied by confidence intervals (most often the 95% interval) and the exact level of statistical significance. For comparative studies confidence intervals should relate to the differences between groups. Absolute values should be indicated when risk changes or effect sizes are given. No data should be reported in the abstract that do not appear elsewhere.

**Conclusions:** State only those conclusions of the study that are directly supported by the evidence reported, along with their clinical application (avoiding speculation and overgeneralization) and an indication of whether additional study is required before the information should be used in clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

### Systematic review articles

Abstracts of review articles and meta-analyses must be structured according to the format proposed by Haynes and colleagues (*Ann Intern Med* 1990;113:69-76), summarized below. Authors should prepare an abstract of about 250 words under the following headings.

**Objective:** State the primary objective of the review.

**Data sources:** Summarize the data sources used, including time restrictions, indexing terms and constraints.

**Study selection:** Identify the number of studies reviewed and the criteria used for their selection.

**Data extraction:** Describe guidelines used for extracting data and how they were applied.

**Data synthesis:** State the main results of the review and the methods used to obtain these results.

**Conclusions:** State primary conclusions and their clinical applications, avoiding overgeneralization. Suggest areas for additional research if needed.

Systematic review articles should normally be no longer than 4000 words (18 double-spaced pages). In addition, authors may wish to consult "Biomedical review articles: What editors want from authors and peer reviewers" (*CMAJ* 1989;141:195-7).

### Clinical practice guidelines or consensus statements

Abstracts of clinical practice guidelines or consensus statements from associations, societies or consensus groups must be structured according to the format proposed by Hayward and associates (*Ann Intern Med* 1993;118:731-7), summarized below. Authors should prepare an abstract of about 250 words under the following headings.

**Objective:** State the primary objective of the guidelines, including the health problem and the targeted patients, providers and settings.

**Options:** Indicate the clinical practice options considered in formulating the guidelines.

**Outcomes:** Describe significant health and economic outcomes considered in comparing alternative practices.

**Evidence:** Describe how and when evidence was gathered, selected and synthesized.

**Values:** Disclose how values were assigned to potential outcomes of practice options and who participated in the process.

**Benefits, harms and costs:** Indicate the type and magnitude of the expected benefits and harms to patients and the expected costs of guidelines implementation.

**Recommendation(s):** Summarize key recommendations.

**Validation:** Report any external review, comparison with other guidelines or clinical testing of guidelines use.

**Sponsor(s):** Identify the person(s) who developed, funded and endorsed the guidelines.

Clinical practice guidelines or consensus statements should normally not exceed 4000 words (18 double-spaced pages). In addition, authors may wish to consult "Initiating, conducting and maintaining guidelines development programs" (*CMAJ* 1993;148:507-12).

### Brief communications

In writing a brief communication it is not necessary to give a detailed patient history and results of physical examination in the standard clinical format. Negative findings and normal results of laboratory tests need be included only if they are essential for ruling out a possible diagnosis. It is enough to establish the reasons for the diagnosis and the management. The clinical course should be described briefly and the significant observation or event described in sufficient detail to establish its credibility. Reference to the literature should be confined to supporting the principal point being made about the event or observation.

### PEER REVIEW

All unsolicited manuscripts submitted to the Journal will be peer reviewed if the editors deem them appropriate for consideration for publication. Most solicited manuscripts, except editorials, will also be peer reviewed. The process of initial consideration, peer review and editorial decision-making usually takes about 8 to 10 weeks. The original copy of a rejected manuscript

will be returned to the authors; all other copies will be destroyed.

When a manuscript is accepted, the corresponding author will be expected to supply a diskette of the most recent version of the manuscript.

## CONFIDENTIALITY

Manuscripts under review are privileged communications between authors and editors. Editorial staff will discuss them only with the corresponding author and the peer reviewers, who

are not to discuss the paper with others without the editors' permission.

## EDITING

Accepted manuscripts will be edited not only to conform with CMA style and for correctness of grammar, syntax and punctuation but also for clarity and brevity. The corresponding author will receive a proof before publication **and is responsible for obtaining the coauthors' approval of it.**

## COPYRIGHT

Before publication all authors will be expected to sign a document transferring copyright to *CJS*. All accepted manuscripts become the permanent property of the CMA and may not be published elsewhere, in whole or in part, without written permission from the publisher. Reprints will be available for purchase and may be distributed as the author desires.

© 2000 Canadian Medical Association

# Notices Avis

## Urogynecology

The ninth annual course on urogynecology and disorders of the female pelvic floor, sponsored by the Mayo Clinic Scottsdale, will be held Apr. 6 to 8, 2000, at the Royal Palms Hotel & Casitas, 5200 East Camelback Rd., Phoenix, Ariz. The course director is Dr. Jeffrey L. Cornella. The course will provide an understanding of the anatomy and pathophysiology of the pelvic floor essential for the prudent treatment of associated disorders. Credits: AMA Category I and ACOG. For further information contact Maree Stone, CME Department, Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale AZ 85259; tel 480 301-7564, fax 480 301-8323.

## Foot and ankle symposium

The Fourth Biennial Foot & Ankle Symposium, sponsored by the Department of Surgery, University of Toronto, will be held on Apr. 8 and 9, 2000, at the Medical Sciences Building, Auditorium, University of Toronto, 1 King's College Circle, Toronto. Credits: MOCOMP, Type II, AMA Category I. For further information contact Continuing Education, Faculty of Medicine, University of Toronto, Rm. 121, 150 College St., Toronto ON M5S 3E2; tel 416 978-2719, fax 416 971-2200, a.lind@utoronto.ca

## SPORC 2000

The 13th Ste. Justine Paediatric Orthopaedic Review Course, organized by L'hôpital Sainte-Justine, the Shriner's Hospital and the Montreal Children's Hospital, will be held from Apr. 12 to 14, 2000, at the Hôtel du Parc, Montreal, Que. For further information contact Dr. Hubert Labelle, Chairman, SPORC 2000, Hôpital Sainte-Justine, 3175 Côte Sainte-Catherine, Montréal (Québec) H3T 1C5; tel 514 345-4876, fax 514 345-4755.

## Canadian Society of Cataract and Refractive Surgery

The annual meeting of the Canadian Society of Cataract and Refractive Surgery will be held at the Sheraton Centre, Toronto from Apr. 14 to 16, 2000. For further information contact The Canadian Society of Cataract and Refractive Surgery, Ste. 110, 1565 Carling Ave., Ottawa ON K1Z 8R1; tel/fax 613 822-6582, cscrs@netcom.ca

## World congress of pediatric thoracic disciplines

The first world congress on pediatric thoracic disciplines will be held from Apr. 20 to 22, 2000, in Izmir, Turkey. Information on the congress can be obtained on the Internet at [www.med.ege.edu.tr/pedsurg/](http://www.med.ege.edu.tr/pedsurg/)

[congress.htm](http://congress.htm) or contact Professor Oktay Mutaf, Department of Pediatric Surgery, Ege University, Faculty of Medicine, Bornova 35100, Izmir, Turkey; fax 90 232 375 12 88, omutaf@med.ege.edu.tr

## Update in general surgery

The Faculty of Medicine, University of Toronto will be presenting a course entitled "Update in General Surgery 2000" from Apr. 27 to 29, 2000, at the Sutton Place Hotel, Toronto. Credits: MOCOMP and AMA Category I. For registration information contact Continuing Education, Faculty of Medicine, University of Toronto, Rm. 121, 150 College St., Toronto ON M5S 1A8; tel 978-2719, fax 416 971-2200, adriana.migliarisi@utoronto.ca

## American Society for Surgery of the Hand — call for abstracts

The American Society for Surgery of the Hand is now accepting abstracts for the Adrian E. Flatt Residents and Fellows Conference to be held in conjunction with its annual meeting "Overcoming Adversity: Hand Surgeons Shaping the 21st Century" from Oct. 5 to 7, 2000, in Seattle, Wash. The deadline for submissions is Mar. 15, 2000. The Call for Abstracts is available on-line at [www.hand-surg.org](http://www.hand-surg.org) or by calling Ryan Kelly at 857 384-8300, ext. 112.