

Journal of Pediatric & Adolescent Gynecology

Guide for Authors

These guidelines are in accordance with the "Recommendations for the conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals", which is a document revised in 2016 from the International Committee of Medical Journal Editors, available online <http://www.icmje.org/recommendations/>.

Type of Manuscripts

1. Original Studies
2. Case Reports
3. Brief Report
4. Reviews
5. Letters to the Editor
6. Editorials
7. Commentary
8. NASPAG Documents

Submission of Manuscripts

All new manuscripts must be submitted through the *Journal of Pediatric and Adolescent Gynecology* online submission and review Web site (<http://www.editorialmanager.com/jpag/default.aspx>). Manuscripts must be written in English. Manuscripts not received electronically will not be reviewed. Authors are requested to submit the text, tables, and artwork in electronic form (not as a PDF) to this address. In an accompanying letter, authors should state that the manuscript, or parts of it, have not been and will not be submitted elsewhere for publication, and include potential conflicts of interest, or lack thereof, for each author. Please note that an editable file is needed for production purposes, so please upload your text files as Word (.doc) files, not as a PDF.

Submission items include a cover letter (saved as a separate file for upload) which includes information about why this submission is appropriate for this Journal, 3 suggested reviewers (who will be considered as reviewers), the manuscript (including title page, abstract, manuscript text, references, and table/figure legends), tables, and figures. Revised manuscripts should also be accompanied by a unique file (separate from the covering letter) with responses to reviewers' comments. The preferred order of files is as follows: cover letter, suggested reviewers, response to reviews (revised manuscripts only), manuscript file(s), table(s), figure(s). Files should be labeled with corresponding or senior author name, along with appropriate and descriptive file names (e.g., SmithText.doc, Fig1.eps, Table3.doc). Upload text, tables, and graphics as separate files. Do not import figures or tables into the text document and do not upload your text as a PDF. Complete instructions for electronic artwork submission can be found at www.elsevier.com/artworkinstructions.

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Authors may send queries concerning the submission process manuscript status or journal procedures to the Editorial Office. Once the submission files are uploaded the system automatically generates electronic (PDF) proof, which is then used for reviewing. All correspondence, including the Editor's decision and request for revisions, will be by e-mail.

Previously published tables and illustrations must be appropriately referenced, and written permission from any copyright holders included with the manuscript.

Ethics

All photographs of person must be accompanied by signed releases or have all recognizable features masked. Manuscripts reporting on the results of experimental investigation on human subjects must include a statement that informed consent was obtained after the procedure was fully explained and approval given to the study by the Human Studies Review Committee, or equivalent committee, at the principal institution. It should also be stated whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional

or regional) or with the Helsinki Declaration of 1975, as revised in 1983. Reports on experiments on animals should indicate whether the institution's or the National Research Council's guide for, or any national law on, the care and use of laboratory animals was followed.

Authorship

Generally, the maximum number authors allowed for a manuscript is eight. In accordance with the ICJME statement on authorship, "An author is generally considered to be someone who has made substantive intellectual contributions to the published study".

The ICMJE recommends that authorship be based on the following four criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

When the manuscript is submitted, the corresponding author will be asked to describe the role of each listed author and to state that each has met these criteria.

Disclosure/Conflicts of Interest:

In a paragraph that appears just before the references, all listed authors must state all possible competing interests (conflicts of interest) in the manuscript, including all financial interests (consulting, board membership, stock ownership, patent applications, grants, or honoraria) or non-financial competing interests (sometimes called "private interests"), which can be personal relationships, political, religious, or personal convictions, academic writing or consulting, or serving as an expert witness, that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged in the manuscript.

For additional information on competing interests, see https://www.elsevier.com/_data/assets/pdf_file/0010/92476/ETHICS_COI02

Manuscript Format

Most of the instructions for Original Studies pertain to all manuscript types; any differences will be discussed under the individual article types below.

Article types

1. Original Studies

Manuscripts must be typed double-spaced with at least 1 inch margins.

The manuscript must include the following arranged in this order: Title Page, **Structured Abstract** (to include these headings: Study Objective, Design, Setting, Participants, Interventions, Main Outcome Measure(s), Results and Conclusions) and Keywords, Introduction, Materials and Methods, Results, Discussion, and References. Number pages consecutively, beginning with the Title Page.

1. **Title Page.** The title page should include author's first and middle initials and last name, academic degree; city and state in which the study was undertaken; departments and institutional affiliation at the time the study was undertaken; acknowledgment of any source of funding; disclaimers, if any; name and address of author to whom requests for reprints and galley proofs should be addressed; and name, telephone number, FAX number, email address, and address of author responsible for correspondence concerning the manuscript, if different from above. If the findings were presented at a meeting, include the name of the meeting, the organization presenting the meeting, the location, and the date of the meeting. The title page should also include the word count of the abstract and the main text (not including title page, acknowledgements, references, figure legends, and figures).
2. **Authorship.** See above criteria

3. **Structured Abstract and Keywords.** An abstract of no more than 250 words. The abstract should state the purpose(s) of the study or investigation, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (give specific data and their statistical significance, if possible), and the principal conclusion. Emphasize new and important aspects of the study or observations. The following heading should be used in the abstract: Study Objective; Design; Setting; Participants; Interventions; Main Outcome Measures; Results; and Conclusion.

Below the abstract, provide 3 to 10 keywords or short phrases to assist in cross-indexing the article. Use terms from the medical subject heading (MeSH) list of *Index Medicus*, if possible.

4. **Introduction.** The introduction should contain a brief background and the objective of the study and should acquaint the reader with the current state of knowledge in the area under investigation. A limited number of references may be used. Do not include data or conclusions from the work being reported.
5. **Materials and Methods.** This section should contain a brief description of the experimental design that would allow others to replicate the study, patients and/or animal models and controls and methods and procedures. Statistical evaluation with appropriate reference should be included (see below). Institutional Review Board (IRB) statement of approval should be included here.
6. **Results.** This section should be presented in a concise, easily understood manner, which may necessitate use of figures and tables to illustrate detailed findings. All table and figures which supplement the text, should be cited here. Duplication of text and supporting material should be avoided.
7. **Conclusions.** The discussion of conclusions should focus on the specific findings of the study, its interpretation and how the new information relates to what has been published previously. Repetition of material presented in the Introduction or in Materials and Methods should be avoided. Implications of the results and the limitation of interpretation should be included. Opinions should be limited to those indicated by the results obtained. Interpretation of statistical analysis should be included in the Discussion.
8. **Acknowledgments.** Acknowledgments of collaboration or preparation of the manuscript may be included as a final page of the manuscript.
9. **Disclosure/Conflict of Interest Statement.** In this paragraph, a disclosure/conflict of interest statement must be included for all authors. Please either indicate the lack of conflict (i.e. nothing to disclose) or list possible conflicts for each named author. Conflicts of Interest include financial or other relationships that could be perceived to influence the manuscript. If uncertain as to what might be considered a potential conflict of interest, authors should err on the side of full disclosure.
10. **References.** References should be numbered consecutively in the order in which they appear in the manuscript and cited by superscript with no parentheses. References are not to be listed alphabetically. All references must be cited in the text. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration. References should be typed double-spaced, and journal names abbreviated according to the *Index Medicus*. Work in press should include journal title, volume, year in which it is to appear or the publisher's name and year of a book. Unpublished data, personal communications, and papers presented at annual meetings or symposia are not to be used. Types of references with proper format and punctuation are listed below.

Journal Articles

1. Jones J, Smith K, Allen P: Adolescent pelvic inflammatory disease. *Adolesc Ped Gynecol* 1986; 1:120

Journal Articles, More than Three Authors

2. Petry J, McDonald R, Spevak P, et al: endometriosis in adolescent patients. *J Adolesc Health Care* 1986; 2:109

Journal Articles, Online Ahead of Print

3. Gillespie L, Hicks, CW, Santana, M, et al: The Acceptability of Human Papillomavirus Vaccine among Parents and Guardians of Newborn to 10-year-old Children. *J Pediatr Adolesc Gynecol.* (2010).
Doi:10.1016/j.jpaa.2010.07.004

Textbook

4. Golden D: *Clinical Diagnosis in Pediatric Gynecology*, New York, Springer-Verlag, 1985, pp 1-22

Chapter in Book

5. Scott R: Neuroendocrinological development in pubertal females. In: *Pediatric Adolescent Gynecology*. (2nd ed.). Edited by J Alexander. Philadelphia, W.B. Saunders, 1988, pp 108-142

Edited Book

6. Gold A (ed): *Molecular Biology as Applied to Adolescent Gynecology*. Chicago, Yearbook Publishers, 1984, pp 57-89

No Author Given

7. Contraceptive use by teenagers (editorial). *B Med J* 1981; 283:628

Issue with No Volume

8. Adams D: Chlamydia and pelvic inflammatory disease. *Obstet Gynecol* 1989;(3):353

Newspaper Article

9. Barry D: Infertility on increase. *The Washington Post* 1980 Aug 7; Sec. A: 2(col. 5)

Audiovisual

10. *Laparoscopic laser treatment of endometriosis (videorecording)*. Louisville (KY):University of Louisville School of Medicine, 1991.

Dataset

11. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>.

Data References. This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

12. **Figures.** Figures should be submitted in an acceptable format (TIFF, JPEG, EPS, or PDF) at a resolution of at least 300 dpi. Authors are encouraged to submit figures in color. All color figures will be published online in color at no charge to the authors. The editors will select which figures should be published in color in the print edition, and those figures that are chosen for color printing will be at no charge to the authors. If not selected for color publication, authors may choose this option for an additional fee. Figures should be numbered consecutively in the order of their appearance in the manuscripts. Each figure must be accompanied by a descriptive legend. Figure legends may be included in the manuscript file and they should appear after the references. If any figure has been previously published, a letter of permission from the copyright to reprint the figure must be included, and appropriate attribution provided.
13. **Tables.** Type each table double-spaced on a separate sheet. Do not submit tables as photographs. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Give each column a short or abbreviated heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in table. For footnotes use the following designation in superscript: a,b,c,d,e,... Identify statistical measure of variation such as standard deviation and standard error of the mean. Do not use internal horizontal and vertical rules. Be sure that each table is cited in the text. If you use data from another published or unpublished source, obtain permission and acknowledge fully.
14. **Statistical Analysis.** The statistical methods used in the study should be appropriately referenced. Specify any general use computer programs used. Put general descriptions of methods in the Method section. When data are summarized in the Results section specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables: Avoid nontechnical uses of technical terms in statistics, such as "random," "normal," "significant," "correlation," and "sample." Define statistical terms, abbreviation, and most symbols.

2. Case Reports

A case report is a brief description of a specific finding and management that is unusual and instructive and not previously reported.

Text is limited to 6 manuscript pages, up to 8 references and up to 3 tables and/or figures. The case report should have a clear purpose and teaching point; simply being the first case reported does not usually justify publication.

1. **Abstract:** Case reports should have a structured abstract of no more than 125 words, organized as follows:

- **Background:** importance of the subject matter and specific purpose of the report
- **Case:** Pertinent information regarding clinical findings, laboratory results, treatment and outcome
- **Summary and Conclusion:** Findings and relevant clinical application of information.

2. **Headings:** Case report articles have three basic components.

- **Introduction:** Brief background about why the case is important
- **Case:** Should be narrative and include the essential findings and patient management
- **Summary and Conclusion:** May include a brief review of the literature but should focus primarily on the clinical implications of the case(s) presented.

3. Brief Reports

A brief report may describe studies of any type of design. Brief reports describe preliminary or confirmatory work, or studies that are limited by their design or methodology. This report should be not more than 1500 words (not including abstract or up to 10 references), and it must contain a structured abstract of less than 150 words. The brief report may also include 1 table or figure. The headings should include Introduction, Methods, Results, and Discussion.

4. Reviews

Reviews address a specific topic and represent literature review and author opinions and recommendations. Reviews must have a narrative abstract that introduces the topic being reviewed and summarizes the article. Text is limited to 2500 words and a maximum of 10 tables. Reviews are typically commissioned by the Editor-in-Chief.

5. Letters to the Editor

Letters not exceeding 500 words and containing pertinent observations on an article previously published in the journal or on research in general will be considered. Letters should provide constructive criticism and information that is of interest to the reader. Letters to the Editor are limited to 3 authors, and 1-4 references, including the related Journal article. When a specific article published in the journal is the topic of the letter, the senior author of the article will be asked to respond. The Editorial Board reserves the right to shorten letters when necessary to comply with journal style. All letters to the editor should be submitted through the journal's online submission system: <http://www.editorialmanager.com/jpag/default.aspx>

6. Editorials

A guest editorial may be requested by the Editor-in-Chief related to a specific topic in the field of pediatric and adolescent gynecology, or specifically related to an article published in the journal.

7. Commentary

Commentary papers are typically by invitation only and address topics including clinical perspectives, practice-related issues, ethical dilemmas, or experiences of clinical relevance to pediatric and adolescent gynecology. These may be topics about which evidence is insufficient for a systematic or expert review. Length should not exceed 2,000 words (approximately 8 manuscript pages). An unstructured abstract (1 paragraph, no subheadings) should be included. Headings are not required in the body of the paper, but may be used if needed. Keywords should be included.

8. NASPAG Documents

Position Statements and Clinical Opinions from NASPAG Committees that have been endorsed by the NASPAG Board are published in the Journal.

Video data

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Reviewer Policy Statement

The practice of peer review is intended to ensure that good science is published. It is an objective process at the heart of good scholarly publishing, and is carried out by all reputable scientific journals. Our reviewers therefore play a vital role in maintaining the high standards of JPAG, and all manuscripts are peer reviewed following the procedure outlined below.

Special issues and/or conference proceedings may have different peer review procedures involving, for example, Guest Editors, conference organizers or scientific committees. Authors contributing to these projects may receive full details of the peer review process on request from the Editorial office.

Initial manuscript evaluation

The Editor-in-Chief first evaluates all manuscripts. It is rare, but feasible for an exceptional manuscript to be accepted at this stage. Other submissions will be rejected at this state of an initial review by the Editor-in-Chief with or without input from other members of the Editorial Advisory Board. Those rejected at this stage are insufficiently original, have serious scientific flaws, have poor grammar or English language, or are outside the aims and scope of the journal. Authors of manuscripts rejected at this stage will be informed within 2 weeks of receipt. The purpose of this policy is to ensure that reviewers are only asked to consider papers that have a reasonable chance of eventual publication, and to provide the authors with a timely response to allow them to better prepare the paper for subsequent submission in another journal or to revise sufficiently to be reconsidered by JPAG. Manuscripts that meet the minimum criteria are passed on to at least 2 experts for review. The critique provided by the reviewers is intended to improve the quality of the science that is eventually published.

Online proof correction

Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors.

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Checklist

- Cover letter including all information deemed necessary for the editor's review.
- Original manuscript arranged as follows: title page, abstract, introduction, materials and methods, results and discussion, disclosure, references listed consecutively, tables, illustrations and legends.
- Each reference cited in the text by superscript figures and numbered consecutively in the order in which they appear in the text.
- Corresponding author identified, including address and phone numbers.

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