We greatly appreciate your interest in submitting your manuscript to *Anesthesia & Analgesia*. Our goal is to provide authors with a thorough yet timely review of their submissions. All initial decisions should be completed within 6 weeks, except for Review Articles and Special Articles, which may take up to 8 weeks. Authors will be updated as to the status of their manuscript via Editorial Manager.

**Notice:** The Instructions for Authors for *Anesthesia & Analgesia* have been further revised. New submissions should be prepared according to the Instructions that follow. Failure to do so may result in your submission being returned without review.

This current Version 3.2 of these Instructions for Authors replaces the earlier Version 3.1.

As of July 1, 2019, *Anesthesia & Analgesia* is not receiving or considering new Brief Report manuscript submissions.

Brief Report manuscripts that have been submitted prior to July 1, 2019 will undergo a complete review and final decision by *Anesthesia & Analgesia*. Previously accepted Brief Report manuscripts will still be published by *Anesthesia & Analgesia*.

Authors seeking to submit to *A&A Practice* (formerly *A&A Case Reports*) can find its separate *A&A Practice Instructions for Authors* and submit their papers through the *A&A Practice* Editorial Manager Submission Site.

As of January 1, 2018, all Echo Rounds and Echo Didactics articles are published online only in *A&A Practice*. Please refer to these separate *A&A Practice Instructions for Authors* for Echo Rounds and Echo Didactics submissions.

*A&A Practice* remains fully editorially aligned and operationally integrated yet distinct from *Anesthesia & Analgesia*.

**Mission and Scope**

*Anesthesia & Analgesia* exists for the benefit of patients under the care of health care professionals engaged in the disciplines broadly related to anesthesiology, perioperative medicine, critical care medicine, and pain medicine. The Journal furthers the care of these patients by reporting the fundamental advances in the science of these clinical disciplines and by documenting the clinical, laboratory, and administrative advances that guide therapy. *Anesthesia & Analgesia* seeks a balance between definitive clinical and management investigations and outstanding basic scientific reports. The Journal welcomes original manuscripts containing rigorous design and analysis, even if unusual in their approach.

Authors are encouraged to read this editorial, which describes some of the previous changes to the editorial philosophy of *Anesthesia & Analgesia*: Pittet JF, Vetter TR. Continuing the Terra Firma and Establishing a New EQUATOR for *Anesthesia & Analgesia*. Anest Analg. 2016;123(1):8-9.

Authors are strongly encouraged to adhere to the fundamentals of English grammar, syntax, punctuation, and composition.

Authors are encouraged to read this excellent synopsis on the fundamentals of writing a research report: Sessler DI, Shafer S. Writing Research Reports. *Anesthesia & Analgesia*. 2018;126(1):330-337.

If a paper is poorly written and thus difficult to understand, it will likely not receive as favorable a review, despite presenting strong science and/or novel information. If indicated, please consider using a Language Editing Service (see below) to address this issue before your initial submission.

**Anesthesia & Analgesia Instructions for Authors**

*Anesthesia & Analgesia* has specific Instructions for Authors for submitting articles, which are found below. We strongly encourage all authors to read these instructions completely and carefully, and to prepare their manuscripts in accordance with these instructions.

**Articles that are not submitted in accordance with our instructions may be returned for revision prior to peer-review or rejected outright.**

Brevity is crucial for a well-written and effective scholarly article. Particular attention should thus be paid to the listed word count, reference count, and table/figure limits for each article type, both for an initial submission and any subsequent revisions.

The word count, reference count, and table/figure limits will be strictly enforced, resulting in a manuscript being returned to the author(s) for revision prior to any initial or a subsequent peer-review.

Occasionally, authors will be asked by the Journal Editorial Board to resubmit their work as a different article type. If so, this subsequent manuscript will be handled as an entirely new submission, with a corresponding new assigned manuscript number.

Any changes (additions or deletions) of authors will need to be justified and clearly communicated. See below, Section 8.A. Role of Authors and Contributors.

Please note that a Glossary of Terms is now required for all submissions to A&A Practice (except Letter to the Editor). See below, Section 6.
Questions?
If you have a question specifically for the Editor-in-Chief, Dr. Jean-Francois Pittet, please email him at jpittet@iars.org, or contact the Deputy Editor-in-Chief, Dr. Thomas Vetter at thomas.vetter@austin.utexas.edu
If you have questions about these submission instructions, or the Journal peer review process in general, please contact the Editorial Office via editor@anesthesia-analgesia.org
Manuscripts may only be submitted via the Editorial Manager online submission system:
Submit your manuscript to Anesthesia & Analgesia here.
Submit your manuscript to A&A Practice here.

Download a PDF version of the full Instructions for Authors of Anesthesia & Analgesia

INSTRUCTIONS FOR AUTHORS

Section 1: Anesthesia & Analgesia Article Types
Section 2: Articles at a Glance
Section 3: Standardized Study Reporting Requirements
Section 4: Standards for Statistical Methods and Statistical Reporting
Section 5: Digital Copyright Transfer Agreement
Section 6: Open Access Option for Publication
Section 7: Manuscript Preparation Requirements
Section 8: Editorial, Ethical and Legal Requirements
Section 9: Common Reasons Your Submission is Returned Without Review

SECTION 1: ANESTHESIA & ANALGESIA ARTICLE TYPES (Back to Contents): Each is described in detail below.

Original Clinical, Health Services or Education Research Report
Original Laboratory Research Report
Narrative Review Article
Systematic Review Articles
Meta-Analysis
Editorial
The Open Mind
Special Article
Letter to the Editor
Book and Multimedia Reviews
Meeting Report

DESCRIPTIONS OF SPECIFIC ARTICLE TYPES

Anesthesia & Analgesia

Original Clinical, Health Services, or Educational Research Report (Back to Top)

- An Original Clinical, Health Services, or Educational Research Report describes an investigation that focuses on the clinical practice of anesthesiology, perioperative medicine, critical care medicine, or pain medicine.
- Original Clinical, Health Services, or Educational Research Reports span the spectrum of patient-reported outcomes, clinical effectiveness, quality and performance improvement, patient safety, health services delivery, dissemination and implementation science, health policy, healthcare economics, population health, and education.
- An Original Clinical, Health Services, or Education Research Report includes a Title Page and structured Abstract of no more than 400 words.
- A “Key Points” summary is also provided, which describes the Question, Findings, and Meaning, each composed of one sentence.
- These Reports are divided into four sections: Introduction, Methods, Results, and Discussion.
- The Introduction section should be focused and contain no more than 400 words. The Introduction succinctly describes, in a series of short paragraphs, the significance of the topic, pertinent background, rationale for the study, a priori study aims or objectives, and primary study hypothesis, and if appropriate, secondary study hypothesis.
- The Discussion section should also be focused and contain no more than 1,000 words. The Discussion succinctly interprets the primary findings of the study and how they relate to previous published findings. The limitations of the present study are clearly stated. If applicable, future, related research opportunities are briefly proposed.
- An Original Clinical, Health Services, or Education Research Report ranges in total length from 1,500 to 4,000 words (not counting the Abstract and references), with no more than 30-40 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.

Study Reporting Requirement (EQUATOR)
Instructions for Manuscript preparation
Instructions for Figure preparation
Instructions for Table preparation
Instructions for Supplemental Material
Original Laboratory Research Report (Back to Top)

- An Original Laboratory Research Report describes an investigation that focuses on an aspect of basic science related to anesthesiology, perioperative medicine, critical care medicine, or pain medicine.
- Original Laboratory Research Reports span the spectrum of cell biology, immunology, neurobiology, biochemistry, pharmacology, microbiology, and genetics.
- An Original Laboratory Research Report includes a Title Page and structured Abstract of no more than 400 words.
- A “Key Points” summary is also provided, which describes the Question, Findings, and Meaning, each composed of one sentence.
- These Reports are divided into four sections: Introduction, Methods, Results, and Discussion.
- The Introduction section should be focused and contain no more than 400 words. The Introduction succinctly describes, in a series of short paragraphs, the significance of the topic, pertinent background, rationale for the study, a priori study aims or objectives, and primary study hypothesis, and if appropriate, secondary study hypothesis.
- The Discussion section should also be focused and contain no more than 1,000 words. The Discussion succinctly interprets the primary findings of the study and how they relate to previous published findings. The limitations of the present study are clearly stated. If applicable, future, related research opportunities are briefly proposed.
- An Original Laboratory Research Report ranges in total length from 1,500 to 4,000 words (not counting the Abstract and references), with no more than 30-40 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.

Study Reporting Requirement (EQUATOR)

Instructions for Manuscript preparation
Instructions for Table preparation
Instructions for Supplemental Material

Narrative and Systematic Review Articles (Back to Top)

- A Narrative Review Article or Systematic Review Article synthesizes previously published material into an integrated presentation of the current understanding of a topic.
- A Narrative Review can be either focused or comprehensive, based on its topic and scope.
- A Narrative Review Article should describe aspects of a topic about which scientific and evidence-based consensus exists, as well as aspects that remain controversial and are thus topics for ongoing and future research.
- A duly noted and entitled Consensus Practice Guideline is considered a specific type of a focused Narrative Review.
- A duly noted and entitled Statistical Grand Rounds is another specific type of a focused Narrative Review of the conventional or novel application of contemporary quantitative sciences (i.e., statistics, epidemiology, or database management) to issues of concern to anesthesia, critical care or pain researchers. Here the inclusion of programing code and/or illustrative datasets as online supplemental material is encouraged.
- For a Systematic Review, a formal strategy to search and to critically evaluate the medical literature should be applied and well-described. Such explicit methods are used in a Systematic Review to minimize bias in its content and findings.
- All Review Articles include a Title Page and an unstructured Abstract with no more than 400 words.
- The Introduction section should be focused and contain no more than 400 words.
- The Discussion section should also be focused and contain no more than 1,000 words.
- A Review Article ranges in total length from 1,500 to 5,000 words (not counting the Abstract and references), with up to 150 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.
- Exceptions to the word count, reference count, and table/figure limits may be granted at the discretion of the Journal Editorial Board for a Consensus Practice Guideline manuscript.

Study Reporting Requirement (EQUATOR)

Instructions for Manuscript preparation
Instructions for Table preparation
Instructions for Supplemental Material

Meta-Analysis (Back to Top)

- A Meta-Analysis uses analytic techniques to combine the quantitative results from existing individual studies, which are initially identified via a Systematic Review, thereby (a) allowing for a more precise estimate of the magnitude of benefit or harm of an intervention and/or (b) increasing the applicability of the results to a broader range of patients.
- A Meta-Analysis should not be written and submitted as a Systematic Review Article but as a separate submission type.
- A Meta-Analysis includes a Title Page and structured Abstract of no more than 400 words.
- A “Key Points” summary is also provided, which describes the Question, Findings, and Meaning, each composed of one sentence.
- These manuscripts are divided into four sections: Introduction, Methods, Results, and Discussion.
- The Introduction section should be focused and contain no more than 400 words.
- The Discussion section should also be focused and contain no more than 1,000 words.
- A Meta-Analysis ranges in total length from 1,500 to 5,000 words (not counting the Abstract and references), with no more than 150 references and 4-6 tables and/or figures. Online supplemental material can be provided when appropriate.

Study Reporting Requirement (EQUATOR)

Instructions for Manuscript preparation
Instructions for Table preparation
Instructions for Supplemental Material

Editorial (Back to Top)

- Editorials are solicited by the Editorial Board
An Editorial either (a) provides an editorial perspective on an article published in the Journal or (b) expresses the general policies or opinions of the Journal Editorial Board. If an Editorial is intended to provide an expert perspective on an article or topic published in the Journal, it is typically solicited from reviewer(s) who provided unusually thoughtful insight during the peer-review process, and which the Editors believe should be shared with the Journal readership.

- An Editorial includes a Title but not an Abstract.
- An Editorial contains no more than 2000 words (not counting the references), with no more than 15 references and occasionally 1 table and/or 1 figure.
- Instructions for Manuscript preparation
- Instructions for Figure preparation
- Instructions for Table preparation
- Instructions for Supplemental Material

The Open Mind (Back to Top)

- The Open Mind is a unique forum for thoughtful, scholarly, and preferably well-referenced perspectives. The Open Mind is intended to stimulate lively yet civil discussion. It is a forum for (a) challenging myths or dogma and/or (b) proposing new approaches or solutions to an important issue facing the anesthesiology community.
- Descriptive data collection and reporting are not permitted with The Open Mind submission.
- Comparative data collection and analyses are not permitted with The Open Mind submission.
- Submissions to The Open Mind include a Title Page but not an Abstract.
- An Open Mind article ranges in total length from 1,500 to 3,000 words (not counting the references), with up to 20 references and 2-3 tables and/or figures.
- These tables or figures can be reproductions of previously published, illustrative data with the required appropriate attribution and permission.
- Instructions for Manuscript preparation
- Instructions for Figure preparation
- Instructions for Table preparation
- Instructions for Supplemental Material

Special Article (Back to Top)

- A Special Article is intended for when authors occasionally seek to publish a scholarly manuscript that does not fit one of the other above article types.
- A Special Article can also be invited by the Editorial Board to examine a specific novel topic.
- After first communicating directly in writing with and obtaining written pre-approval from the Journal Editor-in-Chief, a manuscript may be submitted as a Special Article. This initial communication to the Journal Editor-in-Chief must include a Title and an Abstract for the proposed Special Article submission.
- When submitted, the cover letter for a Special Article manuscript must state that the corresponding author has first communicated directly with and obtained written approval from the Journal Editor-in-Chief.
- Descriptive data collection and reporting are not permitted with a Special Article submission.
- Comparative data collection and analyses are not permitted with a Special Article submission.
- All Special Articles include a Title Page and an unstructured Abstract with no more than 400 words.
- A Special Article ranges in total length from 1,000 to 5,000 words (not counting the Abstract and references), with up to 150 references and 4-6 tables and/or figures.
- These tables or figures can be reproductions of previously published, illustrative data with the required appropriate attribution and permission.
- Instructions for Manuscript preparation
- Instructions for Figure preparation
- Instructions for Table preparation
- Instructions for Supplemental Material

Letter to the Editor (Back to Top)

- A Letter to the Editor is intended to offer brief, objective, and constructive comments or criticism concerning a previously published article. A Letter to the Editor is not intended to provide other communication of general interest to the readership. Such correspondence submissions are also not a venue for Case Reports, and authors must attest during the submission process, in their cover letter, that a case description is not included in their correspondence.
- A Letter to the Editor should be brief, with no more than 1000 words. Six or fewer references, a small table or a pertinent illustration may be provided.
- All Letters to the Editor should be submitted via the Anesthesia & Analgesia Online Submission and Review System and not via email or postal service.
- Letters are edited by the Correspondence Editor, sometimes extensively, to sharpen their focus. A Letter to the Editor may be sent for peer review, at the discretion of the Correspondence Editor.
- A Letter to the Editor that is written in response to a published paper must be submitted no later than 3 months after the first of day of the month of the original article’s print publication date.
- Instructions for Manuscript preparation

Book and Multimedia Reviews (Back to Top)

- A Book and Multimedia Review reports on a current publication about anesthesiology, perioperative medicine, critical care medicine, or pain medicine, or a book on another topic that is directly relevant to the practicing clinician.
- Publishers interested in having their book or multimedia material reviewed by the Journal should first contact our Media Reviews editor at: bookreviews@iars.org.
• A Book Review contains no more than 750 words. The title page for all book reviews must include the following information regarding the book you reviewed: Title. Author Name(s). Publisher, Year, Number of Pages, Paperback Price (USD), eBook Price (USD), ISBN: Number (Paperback), Number (eBook).
• Additional recommendations on preparing a Book or Multimedia Review can be found at this online link.
• Instructions for Manuscript preparation

Meeting Report (Back to Top)

• A Meeting Report is a scholarly outline of the program and content of a scientific meeting.
• A Meeting Report may be organized temporally (day by day) or thematically (topic by topic).
• Authors interested in submitting meeting reports should first contact our Media Reviews editor at bookreviews@iars.org to confirm that the meeting is of general interest to the readership.
• A Meeting report does not have an Abstract and contains no more than 1500 words.
• Instructions for Manuscript preparation

SECTION 2: ARTICLE TYPES AT A GLANCE (Back to Contents)

Particular attention should be paid to the listed word count, reference count, and table/figure limits for each article type, both for an initial submission and any subsequent revisions.

These listed limits for word count, reference count, and tables/figures will be strictly enforced, resulting in a manuscript being returned to the author(s) for revision prior to any initial or a subsequent peer-review.

<table>
<thead>
<tr>
<th>Anesthesia &amp; Analgesia ARTICLE TYPES AT A GLANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manuscript Type</strong></td>
</tr>
<tr>
<td>Clinical, Health Services, or Education Report</td>
</tr>
<tr>
<td>Laboratory Research Report</td>
</tr>
<tr>
<td>Narrative Review Articles</td>
</tr>
<tr>
<td>Systematic Review Article</td>
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<tr>
<td>Meta-Analysis</td>
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<tr>
<td>Editorial</td>
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<tr>
<td>Solicited by the Editorial Board</td>
</tr>
<tr>
<td>The Open Mind</td>
</tr>
<tr>
<td>Special Article</td>
</tr>
</tbody>
</table>
A. Enhancing the Quality of and Transparency of Health Research (EQUATOR) Network

The Enhancing the Quality of and Transparency of Health Research (EQUATOR) Network was created to monitor and to propagate the proper use of guidelines to improve the quality of scientific publications by promoting transparent and accurate reporting of human subjects, health services, and animal research.

As advocated by the EQUATOR Network, Anesthesia & Analgesia strongly encourages adherence to the applicable statement/guidelines and checklist for all submitted research-related manuscripts (see Table below). Manuscripts adhering to the applicable statement/guidelines and checklist will typically receive a more favorable review by the Journal.

Adhering to the applicable statement/guidelines and checklist promotes consistent study design and manuscript content, which are major advantages for the Journal’s authors, reviewers, editors, and readers.

Authors should consult the EQUATOR Network webpage and/or the webpage URL or citation listed in the Table below for the most current version of the specific, applicable statement or guideline and its checklist.

- The applicable study checklist should be completed and uploaded under the EQUATOR Checklist File category at the time of initial manuscript submission via Editorial Manager.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Title of Guideline</th>
<th>Webpage URL or Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSORT</td>
<td>Consolidated Standards of Reporting Trials (See footnote* below)</td>
<td><a href="http://www.consort-statement.org/">http://www.consort-statement.org/</a></td>
</tr>
<tr>
<td>TRED</td>
<td>Transparent Reporting of Evaluations with Nonrandomized Designs</td>
<td><a href="http://www.cdc.gov/trendstatement/">http://www.cdc.gov/trendstatement/</a></td>
</tr>
<tr>
<td>STROBE</td>
<td>Strengthening the Reporting of Observational Studies in Epidemiology</td>
<td><a href="http://www.strobe-statement.org/">http://www.strobe-statement.org/</a></td>
</tr>
<tr>
<td>PRISMA</td>
<td>Preferred Reporting Items for Systematic Reviews and Meta-Analyses</td>
<td><a href="http://www.prisma-statement.org/">http://www.prisma-statement.org/</a></td>
</tr>
<tr>
<td>SQUIRE</td>
<td>Standards for Quality Improvement Reporting Excellence</td>
<td><a href="http://www.squire-statement.org/">http://www.squire-statement.org/</a></td>
</tr>
<tr>
<td>SRQR or COREG</td>
<td>Standards for Reporting Qualitative Research</td>
<td>PMID: 24979285</td>
</tr>
<tr>
<td></td>
<td>Consolidated Criteria for Reporting Qualitative Research</td>
<td>PMID: 17872937</td>
</tr>
<tr>
<td>STARD or TRIPOD</td>
<td>Standards for Accurate Reporting of Diagnostic Tests</td>
<td><a href="http://www.stard-statement.org/">http://www.stard-statement.org/</a></td>
</tr>
<tr>
<td></td>
<td>Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis Or Diagnosis</td>
<td><a href="http://www.tripod-statement.org/">http://www.tripod-statement.org/</a></td>
</tr>
<tr>
<td>STREGA</td>
<td>Strengthening the Reporting of Genetic Associations</td>
<td><a href="http://www.equator-network.org/reporting-guidelines/strobe-streaga/">http://www.equator-network.org/reporting-guidelines/strobe-streaga/</a></td>
</tr>
<tr>
<td>ARRIVE</td>
<td>Animal Research: Reporting of In Vivo Experiments</td>
<td><a href="http://www.nc3rs.org.uk/arrive-guidelines">http://www.nc3rs.org.uk/arrive-guidelines</a></td>
</tr>
</tbody>
</table>
* The main CONSORT Statement is based on the “standard” two-group parallel design. However, there are several different types of randomized trials, some of which have different designs (e.g., cluster, non-inferiority and equivalence, or pragmatic trials), interventions (e.g., herbal medicinal, non-pharmacological, or acupuncture) and data (e.g., harms), for which specific CONSORT Extensions exist.

### B. SPECIFIC STUDY TYPE AND ASSOCIATED PUBLISHED GUIDELINE

1. **Randomized Controlled Trials.** Authors reporting the results of a randomized controlled trial must follow the CONSORT statement and provide a completed CONSORT checklist. Authors must also provide a CONSORT flow diagram as Figure 1 of the submitted manuscript.

   Please note that there are CONSORT Extensions for several different types of randomized trials, and the most applicable Extension should be followed by authors.

2. **Non-Randomized Controlled Trials.** Authors reporting the results of a non-randomized controlled trial must follow the TREND statement and provide a completed TREND checklist.

3. **Observational Studies.** Authors reporting the results of a cohort, case-cohort, nested case-control, case-control, or cross-sectional study (or any other type of observational study of human subjects), or a retrospective data collection study must follow the STROBE statement and provide a completed STROBE checklist.

   Authors submitting the results of such a quantitative observational study should clearly indicate (a) whether the primary outcome(s) were defined and established a priori at initiation of the study design or were created post hoc during data exploration (“data mining”) and accompanying statistical analysis and (b) whether subgroup or sensitivity analyses were identified and established a priori or post hoc. For studies evaluating a treatment effect, indicate whether and how a clinically meaningful effect size was defined, once again either a priori or post hoc.


4. **Systematic Review or Meta-analysis.** Authors reporting a systematic review or meta-analysis of randomized trials or cohort studies must follow the PRISMA (previously named QUOROM) Statement and provide a completed PRISMA checklist. Authors must also submit a PRISMA flow diagram as Figure 1 of the submitted manuscript.

5. **Quality Improvement Research.** Authors reporting the results of a quality improvement study must follow the SQUIRE 2.0 guidelines and provide a completed SQUIRE 2.0 checklist.

6. **Qualitative Research.** Authors reporting the results of a qualitative study (e.g., in-depth interviews and focus groups) must provide a completed SRQR checklist.

   Alternatively, authors reporting the results of a qualitative study can provide a completed COREG checklist.

7. **Mixed Methods Research.** No definitive guidelines have been created for mixed (qualitative/quantitative) research. However, authors reporting the results of a mixed methods research study can reference the Good Reporting of A Mixed Methods Study (GRAMMS) framework.

   See the following pertinent references:


   O’Cathain A, Murphy E, Nicholl J. Three techniques for integrating data in mixed methods studies. BMJ. 2010 Sep 17;341:c4587.

8. **Health Economic Evaluation Research.** Authors reporting the results of a health economic evaluation research study must follow the CHEERS guidelines and provide a completed CHEERS checklist.

9. **Diagnostic Accuracy.** Authors reporting a study of the accuracy of a diagnostic test must follow the STARD statement and provide a completed STARD checklist. Authors must also provide a STARD flow diagram as Figure 1 of the submitted manuscript.

   Alternatively, authors reporting studies of the accuracy of diagnostic tests can follow the TRIPOD Statement and provide a completed TRIPOD checklist.

10. **Genetic Association Studies.** Authors reporting a genetic association study must follow the STREGA guidelines and must submit a completed STREGA checklist.

11. **Animal Studies.** Authors reporting an animal study must follow the ARRIVE guidelines and must submit the ARRIVE checklist.

### SECTION 4: STANDARDS FOR STATISTICAL METHODS AND STATISTICAL REPORTING (Back to Contents)

All authors who are presenting data and data analyses in their manuscripts submitted to the Journal are now required to attest via Editorial Manager that they have reviewed sections 4A and 4B below and have implemented all of the relevant items.

This should be done preferably before implementing their study data collection but certainly as they undertook their statistical analyses and prepared their manuscript for initial submission and any requested revision(s).
While *Anesthesia & Analgesia* has elected not to implement a required formal statistical checklist to be completed and submitted by authors, adhering to the guidelines below will avoid delays in the review process and generally improve the likelihood of publication.

A. Statistical Analyses and Methods as Promulgated by the Statistical Analyses and Methods in the Published Literature (SAMPL) Guidelines

As advocated by the EQUATOR Network, *Anesthesia & Analgesia* strongly endorses adherence to the Statistical Analyses and Methods in the Published Literature (SAMPL) Guidelines.


B. For All Studies That Include Data Analysis and/or Estimation

**BASIC STATISTICAL METHODS AND REPORTING THAT SHOULD BE INCLUDED IN ALL QUANTITATIVE MANUSCRIPTS.**

The items outlined below are commonly missing or deficient in submitted manuscripts, leading to a lengthier and less favorable statistical review.

Authors are strongly encouraged to proactively address all of these issues.

At the time of their initial online manuscript submission, the corresponding author will be asked to attest to reviewing and the online supplement that provides details for the following outline.

Click [HERE](http://www.equator-network.org/reporting-guidelines/sampl/) to access this online supplement.

**PLEASE NOTE: EACH MANUSCRIPT WILL BE EXPLICITLY EVALUATED ON EACH OF THESE ITEMS DURING ITS STATISTICAL REVIEW.**

1. Abstract clearly and accurately states the study objectives/hypotheses and clearly describes data analysis and study findings
2. Study objectives and/or hypotheses clearly stated
3. Study design is appropriate for the stated aims
4. Primary and secondary outcomes clearly identified and defined
5. Statistical methods appropriate and clearly described
6. Baseline comparisons for randomized trial assessed with standardized difference, not P-values
7. Assumptions of the statistical analyses appropriately assessed
8. Type I error/multiple testing adequately addressed
9. Missing data appropriately described and handled
10. Sample size justified
11. Results section follows clearly from the study objectives and statistical methods
12. Treatment effect estimates and their variability are reported
13. Confounding is carefully addressed for observational studies
14. Tables and Figures clear and self-explanatory
15. Limitations of design and statistical methods clearly described
16. Conclusions and Interpretations justified by the design and results
   - Causation/association – use words connoting association for observational studies
   - Say “Non-significant” instead of “similar/equivalent”
   - Make inference on population not sample
   - Trend -- Do not say “trend” for non-significant findings
17. P-values appropriately reported
18. "Multivariable" instead of "multivariate" when multiple independent variables

SECTION 5: DIGITAL COPYRIGHT TRANSFER AGREEMENT (Back to Contents)

An Electronic Copyright Transfer and Disclosure Questionnaire is completed by the corresponding author during submission. Upon submission, the co-authors are emailed a hyperlink to verify their co-authorship and complete the electronic Copyright Transfer and Disclosure Form within Editorial Manager.

Questions About the Copyright Transfer and Disclosure Form?
Please contact our editorial office at editor@anesthesia-analgesia.org

SECTION 6: OPEN ACCESS OPTION FOR PUBLICATION (Back to Contents)

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. Please see the Open Access page for more details.

SECTION 7: ANESTHESIA & ANALGESIA MANUSCRIPT PREPARATION (Back to Contents)

Manuscript Organization
Title Page
Abstract (when required)
Key Points Summary (when required)
Glossary of Terms
Body
Acknowledgments
References
Tables
Appendices
Figure Legends
Figures
Video instruction for Echo Rounds and Echo Didactics
Supplemental Material
Additional Information
Units of Measurement
Glossary of Terms and Abbreviations
Drug Names and Equipment
Statistical Analysis
Patient Identification
Permissions
Language Editing Services

Manuscript Organization (Back to Top)

ALL articles should be arranged in the following order.

1. Manuscript, as a single file, consisting of Title Page, Abstract (not required for all article types – see Articles At A Glance), Body Text, References. Page numbers should be included, line numbers should not be included.
2. Tables (each Table should be a separate .doc file or placed at the end of the manuscript file)
3. Figure Legends (placed consecutively, in numerical order, all on the same page)
4. Figures (each Figure should be uploaded as a separate file)
5. Appendices (each Appendix should be a separate file)

Title Page (Back to Top)

- Article Title
- First name, middle initial, and last name of each author, with their highest academic degree (M.D., Ph.D., etc.), and institutional affiliations.
- Name, mailing address, phone number, and e-mail address of the corresponding author.
- Disclosure of funding received for the work from National Institutes of Health (NIH), Wellcome Trust, Howard Hughes Medical Institute (HHMI), and all other financial support, including departmental or institutional funding. If no funding received, state Financial Disclosures: None.
- Please list any conflicts of interest the authors have had within the 36 months of submission. If no conflicts, state Conflicts of interest: None.
- Clinical trial number and registry URL, if applicable.
- List the word count of the Abstract, Introduction, and Discussion. Also list the overall word count for the entire body of text (excluding Abstract and References).
- Abbreviated Title (running head) that states the essence of the article (< 50 characters). This is not required for all article types (see above).
- List each author’s individual contribution to the manuscript. For each author, please list the individual contribution using the following text: “Author Name: This author helped…”
Abstract (Back to Top)

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- Structured abstracts should use the following sections: Background, Methods, Results and Conclusions.
- Please include the abstract in the main document file after the title page. You will also be prompted to include the abstract text during the submission process in Editorial Manager.

Key Points Summary (Back to Top)

For Original Clinical/Laboratory Research Reports and Meta-Analyses, a “Key Points” summary should be included directly underneath the structured abstract. The key points summary should describe the Question, Findings, and Meaning, each composed of one sentence. Please format the summary as three bullet points:

- Question: [One Sentence Text]
- Findings: [One Sentence Text]
- Meaning: [One Sentence Text]

Glossary of Terms (Back to Top)

A Glossary of Terms must be provided for ALL abbreviations/acronyms appearing in the manuscript, including trial names. Additionally, all abbreviations/acronyms must be spelled out upon first mention in both the Abstract and in the main Body of the paper, followed by the abbreviations/acronyms in parentheses; thereafter, the abbreviation/acronym should be used. Authors do not need to define standard abbreviations for standard units of measurements (e.g., kg, ml) in the Glossary of Terms. The Glossary of Terms should be included after the Abstract in the main manuscript file (or after the Title Page for articles without an Abstract) and before the Body of text.

Body (Back to Top)

The body of the manuscript should typically be divided into four parts (does not apply to all article types – See Article Types At A Glance):

- Textual material (body text, tables, figure legends etc.) should be submitted as a .doc or .docx word processing file
- 12-point Arial or Times New Roman font
- Introduction (new page). This should rarely exceed one page in length.
  - Should ideally contain only 4 to 5 short paragraphs: (1) significance, (2) background, (2) rationale, and (3) the study’s aims or objectives and if applicable, (5) primary study hypothesis, and if appropriate, the secondary study hypothesis.
  - Avoid the temptation and frequent tendency to provide an extensive literature review in the Introduction.
- Methods (new page)
  - A statement that the study was approved by the appropriate IRB/Research Ethics Committee and written informed patient consent was obtained, or that the requirement for written informed consent was waived. (See section C Protection of Human Subjects).
  - If applicable, authors should include their clinical trial registration number, registry, principle investigator and date of registration. (See section G Registration of Clinical Trials)
  - A statement indicating the author has followed the appropriate EQUATOR guidelines should be included in the Methods section.
    - Example: “This manuscript adheres to the applicable CONSORT guidelines.”
  - A subsection entitled “Statistical Analysis” should appear at the end of the Methods section when appropriate
- Results (new page)
- Discussion (new page). Focuses on the findings in the current work

Acknowledgements (Back to Top)

For acknowledgement of individuals or organizations, provide complete name, degrees, academic rank, department, institutional affiliation, city, state, and country. Add description of the contribution to the study.

References (Back to Top)

- Anesthesia & Analgesia follows the American Medical Associate (AMA) citation style; Consult the American Medical Association Manual of Style, 10th ed., New York, Oxford University Press, 2007, for style.
• Number references (as superscripts) in the sequence they appear in the text.
• In text, tables, and legends, identify references with superscript Arabic numerals.
• If there are 6 or fewer authors/editors, list all 6; if there are more than 6, list the first 3 followed by "et al."
• Abbreviate names of journals according to the journals abbreviation list maintained by PubMed.
• Manuscripts "In Press" – A "manuscript in press" is defined as an article that has been accepted for publication but has not yet been published by the accepting journal, in print or online and is being cited as basis for the study being described in the submitted manuscript. Please submit an electronic copy (Word, PDF) of any "In Press" manuscript that is cited in the reference list, labeled as "In Press, Reference # ____.”
• During revision, please double-check and confirm that your reference list and in-text reference citations are correct and updated to match the revised version of your manuscript. All references must appear in your reference list (even if the reference is not yet published), and a corresponding reference citation must also be cited in your manuscript for every reference listed in the reference list. In-text reference citations must appear in chronological order upon first mention in the manuscript.

Tables (Back to Top)
• Anesthesia & Analgesia follows the American Medical Associate (AMA) table format.
• Tables should be uploaded as a separate Word file or presented in the main document word file, just after the references.
• Use a separate page for each table.
• Individual tables should not exceed two typed pages. If a table exceeds two typed pages, start a new table on the subsequent page.
• For any table that exceeds two typed pages and cannot be divided into a new table, the table should be submitted as a supplemental digital content file (see formatting requirements for Supplemental Digital Content files below).
• Double-space all table material.
• Do not submit tables as photographs or pasted images. Tables should be black and white only.
• Number the tables consecutively and cite them consecutively (on first instance) in the text.
• Do not create multi-part tables (e.g., Table 1A, Table 1B). Such tables should instead be cited as “Table 1,” ”Table 2,” etc.
• Each table should have a brief title.
• Each column in a table should have a brief column header name.
• Use footnotes (not table titles or column headings) for explanatory matter and definitions of acronyms or abbreviations. Acronyms and abbreviations must be described with footnotes even if they are defined in the text or in other tables or figures.
• For footnotes within a table, use lower-case italicized letters in sequential alphabetical order.
• If you include a block of data, a table, or a figure from another source, whether published or unpublished, acknowledge the original source.

Appendices (Back to Top)
• Uploaded as a separate file or in the main document file at the end of the body of text.
• Each appendix must be cited within the text, in consecutive order.
• Appendix content counts towards the table and/or figure limits. If the inclusion of an appendix exceeds the table and/or figure limit for the respective article type, submit the appendix as a supplemental digital content file.

Figure Legends (Back to Top)
• Supply a legend for each figure.
• Group figure legends on a single page just after the references.
• If a figure has multiple panels (e.g., left, right or A, B, C) please specify each panel in the legend.
• Repeat definitions of any acronyms or abbreviations used in the figure in its legend.

Figures (Back to Top)
• Figures should be uploaded as separate .tif, .jpeg, .pdf or .pptx files. Figures will have to be uploaded at a resolution of 300 dpi or higher at acceptance.
• Figures with multiple panels should be condensed into a single file for each figure (for example, Figure 1A through 1F should be in one file, Figures 2a through 2F should be in a second file, etc.). Each individual panel should be labeled with a capital letter.
• Anesthesia & Analgesia publishes in full color and encourage authors to use color to increase the clarity of figures.
• Standard colors should be used (black, red, green, blue, cyan, magenta, orange, and gray).
• Avoid colors that are difficult to see on the printed page (e.g., yellow) or are visually distracting (e.g., pink).
• Figure backgrounds and plot areas should be white, not grey.
• Axis lines and ticks should be black and thick enough to clearly frame the image.
• Axis labels should be large enough to be easily readable and printed in black.
• Number figures consecutively. Supply a brief title for each. Cite figures in the text in consecutive, numerical order on first instance.
• If a figure has already been published, acknowledge the original source. You must obtain and submit written permission from the copyright holder to reproduce the material when you submit the manuscript for review. Unpublished figures require permission of the author. Permission is required to reproduce any previously published material except for documents or figures in the public domain. See Permissions.
• Define in a footnote all acronyms or abbreviations used in each figure.

Video preparation (Back to Top)
The video clip(s) accompanying A&A submissions should conform to the following:
• Formatted in MPEG, QuickTime (MOV), Windows Media Video (WMV) or MP4.
• Play on both Windows and Macintosh platforms. The review process will be delayed if the Editorial Office cannot play your video clip.
• Individual size should not exceed 15 MB. Use video-compression software to reduce video size if necessary.
• Optimal video frame dimensions of 480 x 360 pixels and 640 x 480 pixels. Videos of 320 x 240 pixels have inadequate resolution for teaching.

• Duration of individual video clip should be less than 15-25 seconds.

• Combinations of clips: If you combine several video clips, for example several TEE echocardiographic loops, please provide adequate time for each segment, and leave a suitable gap between the videos. Use appropriate labeling to ensure that the viewer can understand the timing of the pathology and events. Labeling can be added with video editing programs such as Adobe Premiere or iMovie.

• Authors should complete a video checklist form for each video when submitting a revised manuscript. The video checklist form provides the information necessary to upload the video on the journal website’s video gallery.

Supplemental Material (Back to Top)

• Authors may submit separate supplemental material to enhance their article’s text and to be considered for online-only posting.

• Supplemental material may include the following types of content: text documents, graphs, tables, figures, audio, and video.

• Cite all supplemental digital content consecutively in the text (i.e., each supplemental file is numbered starting with 1)

• Citations should include the type of material submitted, should be clearly labeled, and should include a sequential number (Example “Supplemental Figure 1”, “Supplemental Table 1”, “Supplemental Video 1”).

• Supplemental Legends should be submitted at the end of the manuscript file and should provide a brief description of the supplemental content. For example: “Supplemental Table 1: Lists all medications used in this study.”

• Each supplemental digital content file must be composed to standalone. For example, tables and figures must include titles, legends, and/or footnotes, following journal style, so the viewer can fully understand the supplemental content on its own. Production will not make any edits to the supplemental files; they will be presented as submitted.

• It is recommended to group multiple supplemental figures/tables into one supplemental digital content file when submitting. Each file will be given a permanent hyperlink when the Publisher prepares the supplemental digital content for posting. To avoid excessive hyperlinks in your publication, please group figures/tables.

• For audio and video files, enter the author name, videographer, participants, length (minutes), and size (MB) of file in Editorial Manager. Authors should mask patients’ eyes and remove patients’ names from supplemental digital content unless they obtain written consent from the patients and submit written consent with the manuscript. Copyright for video or audio supplemental digital content will be required upon acceptance.

• For a list of acceptable file types and size limits, please review LWW’s requirements for submitting supplemental digital content: http://links.lww.com/A142

Additional Information (Back to Top)

1. Units of Measurement
   Use metric units. The units for pressures are mmHg or cmH2O. Diagonal slashes are acceptable for simple units, e.g., mg/kg; when more than two items are present, negative exponents should be used, i.e., ml · kg^-1 · min^-1 instead of ml/kg/min.

2. Glossary of Terms and Abbreviations
   A Glossary of Terms must be provided for ALL abbreviations/acronyms appearing in the manuscript, including trial names. Additionally, all abbreviations/acronyms must be spelled out upon first mention in both the abstract and in the main body of the paper, followed by the abbreviations/acronyms in parentheses; thereafter, the abbreviation/acronym should be used. Authors do not need to define standard abbreviations for standard units of measurements (e.g., kg, ml) in the Glossary of Terms. The Glossary of Terms should be included after the abstract in the main manuscript file (or after the title page for articles without abstracts).

3. Drug Names and Equipment
   Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide manufacturer's name, city, state, and country. Be careful about the use of trademarked terms (e.g., Thrombelastography™, TEG™, etc.).

4. Statistical Analysis
   Detailed statistical methodology must be reported. Describe randomization procedures and the specific tests used to examine each part of the results; do not simply list a series of tests. Care should be taken with respect to a) parametric vs. nonparametric data, b) corrections for multiple comparisons, and c) rounding errors (summary statistics should not contain more significant digits than the original data). Median range (or percentiles) is preferred for nonparametric data.

5. Patient Identification
   Do not use patients’ names, initials, or hospital numbers. An individual (other than an author) must not be recognizable in photographs unless written consent of the subject has been obtained and is provided at the time of submission.

Permissions (Back to Top)

Authors must submit written permission from the copyright owner (usually the publisher) to use direct quotations, tables, or illustrations that have appeared in copyright form elsewhere, along with complete details about the source. Any permission fees that might be required by the copyright owner are the responsibility of the authors requesting use of the borrowed material, not the responsibility of Wolters Kluwer or the editorial office. To request permission and/or rights to use content from Anesthesia & Analgesia, access the Copyright Clearance Center) and enter Anesthesia & Analgesia in the ‘Get Permissions’ field in the upper-right corner. Please note: Permission will not be granted to adapt figures that have been previously published in Anesthesia & Analgesia. Contact the Editorial Office at editor@anesthesia-analgesia.org for further information.

Language Editing Services (Back to Top)

Articles submitted to the Journal must be written with a solid basis of English language. Awkward or non-intelligible English grammar and syntax can adversely affect the review process and the likelihood of acceptance of a manuscript. Authors whose native language is not English should thus strongly consider having their manuscript copy-edited by a native English language medical/technical writer prior to initial submission.
If you need assistance in preparing a manuscript for submission, our publisher, Wolters Kluwer, in partnership with Editage, offers a range of editorial services for a fee, including:

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- **Advanced Editing**: A complete language, grammar, and terminology check to give you a publication-ready manuscript.
- **Translation with Editing**: Write your paper in your native language and Wolters Kluwer Author Services will translate it into English, as well as edit it to ensure that it meets international publication standards.
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### SECTION 8: EDITORIAL, ETHICAL AND LEGAL REQUIREMENTS (Back to Contents)

*Anesthesia & Analgesia* follows the International Committee of Medical Journal Editors (ICMJE) “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals”.

All authors submitting a manuscript to *Anesthesia & Analgesia* are required to understand and to adhere to the material below.

#### A. Role of Authors and Contributors

*Anesthesia & Analgesia* adheres to the ICMJE recommendations for defining the role of authors and non-author contributors.

*Anesthesia & Analgesia* therefore defines manuscript **Authors** as meeting all of the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. 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.

Those individuals who do not meet all four criteria for authorship can be referred to as **Collaborators** as defined by the NLM and MEDLINE/PubMed: [https://www.nlm.nih.gov/pubs/techbull/ma08/ma08_collaborators.html](https://www.nlm.nih.gov/pubs/techbull/ma08/ma08_collaborators.html). These Collaborators are individually but separately listed as such on the Title Page of the submission. These Collaborators will be listed in a separate section at the end of the paper when it is published by *Anesthesia & Analgesia*. This section entitled “Collaborators” will be placed immediately after the Body of the text, to be followed by Acknowledgements, then Disclosures, and lastly, References.

If the manuscript has been authored by a subset of members of and/or on behalf of a larger group, that larger group can be listed by its formal name, which is preferably placed after the list of formally named authors.

Each manuscript must have a Corresponding Author. The corresponding author serves as the primary contact during the submission and review process on behalf of all co-authors. Upon submission, the corresponding author is required to attest to the validity and legitimacy of the data and interpretation.

Each manuscript must have a Corresponding Author. The corresponding author is responsible for ensuring that all authors have reviewed the manuscript and have completed the conflict of interest disclosures. If the manuscript is accepted, the corresponding author is responsible for reviewing the proof.

If during the manuscript review process or with a complete resubmission, an initial author is deleted or another author is added, this change must be justified in the revision cover letter. The deleted or added author must be formally notified in writing, with a copy of this co-author correspondence sent to the Journal Editorial Office.

Upon acceptance, the Editorial Office will also require a completed **Authorship Change Verification form**, finalizing the agreed upon authorship order for the accepted submission from each author listed, as well as, those who were added or removed. Authors may include all electronic signatures on one pdf form to finalize the agreement that the authorship order is correct.

#### B. Author Conflict of Interest

*Anesthesia & Analgesia* endorses the ICMJE recommendations for defining the role of authors’ conflict of interest.

- *Anesthesia & Analgesia* holds that a conflict of interest exists when professional judgment concerning the primary interest, including patients’ welfare or the validity of research, may be influenced by a secondary interest like financial gain. Perceptions of conflict of interest are as important as actual conflicts of interest.
- Authors therefore must define all funding sources supporting their work. This includes departmental, hospital, or institutional funds. The authors must disclose commercial associations that might pose a conflict of interest in connection with the work submitted. Financial relationships such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony must also be reported.

#### C. Protection of Human Subjects

Research is a systematic investigation for the creation of generalizable knowledge. Any investigation submitted for publication demonstrates intent to create generalizable knowledge, and thus constitutes research.
The name of the institutional research ethical review and oversight committee varies with country and local custom. In the United States, this committee is called the Institutional Review Board (IRB). Other countries may use other terms (e.g., “Research Ethics Committee”) for their research ethical review committee. “Institutional Review Board” is used here generically to refer to the local board that reviews the ethical treatment of human subjects and grants institutional approval for the study.

- Regardless of the country of origin, all clinical investigators undertaking human subjects research must abide by the “Ethical Principles for Medical Research Involving Human Subjects” outlined in the Declaration of Helsinki, and adopted in October 2000 by the World Medical Association.

Clinical studies not meeting the Declaration of Helsinki criteria will not be considered for publication. If published research is subsequently found to be noncompliant, it will be retracted.

- On the basis of the Declaration of Helsinki, *Anesthesia & Analgesia* requires that all manuscripts reporting clinical research state in the first paragraph of the Methods section that:

  1. The study was approved by the appropriate Institutional Review Board (IRB), and
  2. Written informed consent was obtained from all subjects, a legal surrogate, the parents or legal guardians for minor subjects, or that the requirement for written informed consent was waived by the Institutional Review Board (IRB).

The Editors of *Anesthesia & Analgesia* may question the authors about the details of the IRB review, informed consent forms, or the consent process. On occasion, the Editor-in-Chief may request a copy of the approved IRB application from the author. Lack of appropriate consent or its documentation will be grounds for rejection or subsequent retraction.

- Patients also have a right to privacy regarding their protected health information (PHI). Access to their protected health information (PHI) should not occur without their written authorization of use or disclosure of PHI for the explicit purposes of (a) research or (b) an expanded case series (with an N > 3). Under certain circumstances, the requirement for patient written authorization may be waived by the Institutional Review Board (IRB).

### D. Investigational Drugs

The Editorial Board of *Anesthesia & Analgesia* may exercise judgment about the ethics of a clinical trial involving investigational drugs that differs from the view of the investigators’ Institutional Review Board. This situation most frequently occurs in studies involving neuraxial or perineural drug administration; drug studies in children; and nonconformity in dose, route, or indication (“off-label” use).

- Studies using drugs injected into the neuraxial (caudal, intrathecal, or epidural) or perineural space must meet at least one of three criteria:

  1. The drug is approved for neuraxial or perineural administration by the United States (US) Food and Drug Administration (FDA) or the equivalent regulatory agency for the country in which the study took place.
  2. The drug is not approved for neuraxial or perineural use, but it is widely used and accepted for neuraxial (e.g., fentanyl) or perineural administration. The publication of dosing guidelines in multiple textbooks represents a reasonable demonstration that a drug is widely used and accepted for neuraxial or perineural administration.
  3. The study is performed under an Investigational New Drug (IND) or Biologics License Application (BLA) application approved by the US FDA or the equivalent agency in the investigator’s country.

*Anesthesia & Analgesia* is committed to expanding knowledge of the clinical pharmacology of drugs in children. However, studying drugs in children when there is no pediatric indication poses ethical concerns. Therefore, studies of drugs in children must meet at least one of three criteria:

  1. The drug is approved for pediatric administration by the US FDA or an equivalent regulatory agency.
  2. The drug is not approved for use in children but is widely used and accepted for pediatric administration. A reasonable demonstration that the drug is clinically accepted for use in children is when the administration in the study is consistent with the route, dose, and indication reported in multiple textbooks.
  3. The study is done under an IND application approved by the US FDA or the equivalent agency in the investigator’s country. Investigators in the United States are directed to the FDA website for further information on obtaining an investigator IND.

*Anesthesia & Analgesia* will not publish a paper describing a retrospective assessment involving pediatric drug administration, if the treatment would be considered inappropriate or unethical in a prospective trial.

- Drugs are commonly used off-label in clinical trials, and the practice is generally acceptable. However, the Editorial Board of *Anesthesia & Analgesia* reserves the right not to review a manuscript describing off-label administration of a drug if the Editorial Board believes the study posed unacceptable risk to subjects. To preclude such a determination, investigators are encouraged to obtain an Investigator IND from the US FDA or an equivalent agency in their country before initiating studies involving off-label drug administration.

### E. Registration of Clinical Trials

All clinical trials involving assignment of patients to treatment groups must be registered prior to the start of the trial and any patient enrollment is undertaken.

The registry, registration number, principal investigator’s name, and date of registration must be stated in the first paragraph of the Methods section of the manuscript.

Authors must state in the Methods section of their manuscript that registration of their clinical trial occurred prior to the start of the trial and any patient enrollment undertaken.

A number of registries have been approved by the International Committee of Medical Journal Editors (http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/), including http://www.clinicaltrials.gov (the most commonly used registry in the United States), http://isrctn.org.
G. Plagiarism

Plagiarism is the use of previously published material without attribution. The Editorial Office screens all submitted manuscripts for plagiarism, using a sophisticated software program, prior to peer review. This software screening process identifies passages of text that have been previously published and generates a qualitative/quantitative report. This report is reviewed by the Journal Editorial Board and its support staff.

Text copied from previously published work is interpreted using the following taxonomy:

- **Intellectual theft** is misrepresentation by an author that words and ideas previously published by another author represent the plagiarist’s own scholarship. It is the most serious form of plagiarism. Intellectual theft identified during screening results in immediate rejection of the manuscript and a request for an explanation from the author.
- **Intellectual sloth** is the use of the words of another author to avoid the effort of writing new text. It commonly occurs when descriptions of research methodology are taken from prior publications. It is less serious than intellectual theft, because the text is generic and of no particular value. Submissions containing intellectual sloth are typically returned to the authors with a request that the copied text either correctly cite the original author or be rewritten in the authors’ own words.
- **Plagiarism for scientific English** occurs when authors uncomfortable using scientific English compose their manuscripts as a patchwork of previously published sentences and paragraphs. Papers constructed in such a manner are rejected outright, primarily because patchwork plagiarism suggests that the authors may not understand the text they have submitted for publication.
- **Technical plagiarism** is the use of verbatim text not identified as taken verbatim, but simply referenced to the original source. The offense is a technical one, and authors are simply asked to correct it prior to peer review.
- “Self-plagiarism” occurs when an author uses his or her verbatim words from a previous manuscript in a new submission. Provided the authors are not engaged in duplicate publication, the Journal does not view “self-plagiarism” as misconduct. Authors are permitted to reuse their own words, and are encouraged to do so when describing identical research methods in multiple papers.

H. Duplicate Submission or Duplicate Publication

- **Duplicate submission** is concurrent submission of a nearly identical manuscript to two journals. It is improper for authors to submit a manuscript describing essentially the same research simultaneously to more than one peer-reviewed research journal. Authors should not submit the same manuscript, in the same or different languages, simultaneously to more than one journal. Duplicate submissions identified during peer review will be immediately rejected. Duplicate submissions that are discovered after publication in the Journal will be retracted.

- **Duplicate publication** is prior publication of a manuscript with considerable content overlap, particularly in the research results, by the same author or co-authors. Prior publication may be in the same language or it may be a translation (usually from the author’s native language to English). Submitted manuscripts must not have been published elsewhere, in whole or in part, on paper or electronically. This includes personal, departmental, educational, or other Internet sites. This does not apply to abstracts of scientific meetings or to lecture handouts (e.g., IARS Annual Meeting, ASA Annual Meeting). Anesthesia & Analgesia requests that authors inform the Journal when results of a submitted manuscript have been previously presented or published in any venue. If a manuscript has been published previously, the submission to Anesthesia & Analgesia will be rejected unless it has already been published by the Journal, in which case it will be retracted.

I. Scientific Misconduct

When Anesthesia & Analgesia has concerns or receives allegations of scientific misconduct, Anesthesia & Analgesia reserves the right to proceed according to the procedures described below.

Anesthesia & Analgesia recognize its responsibility to appropriately address concerns allegations of misconduct. Examples of misconduct include: fraud, data fabrication, data falsification, plagiarism, improper designations of authorship, duplicate publication, misappropriation of others’ research, failure to disclose conflict(s) of interest, and failure to comply with applicable legislative or regulatory requirements. Misconduct also includes failure to comply with any rules, policies, or procedures implemented by Anesthesia & Analgesia.

In general, Anesthesia & Analgesia follows the recommendations of the Committee on Publication Ethics (COPE) when working to address allegations of misconduct. When a concern or allegation is raised involved parties generally will be contacted to provide an explanation of the situation. As needed, Anesthesia & Analgesia may also contact the institution at which the study was conducted and any other involved journals. Anesthesia & Analgesia will attempt to determine whether there was misconduct and the Editor-in-Chief will respond with an appropriate action. Examples of action include:

- Sending a letter of explanation only to the person(s) involved or against whom the allegation is made.
- Sending a letter of reprimand to the same person(s), warning of the consequences of future, similar instances.
- Publishing in Anesthesia & Analgesia a notice of duplicate publication, “salami” publishing, plagiarism, or other misconduct, if clearly documented. In cases of ghostwritten manuscripts, the notice may include the names of the responsible companies as well as the submitting author(s).
- Providing specific names to the media and/or government organizations, if contacted regarding the misconduct.
- Formally withdrawing or retracting the article from Anesthesia & Analgesia, and informing readers and indexing authorities.
• Banning an author or authors from publishing any manuscript in Anesthesiology for a specified time period, with notice to the author(s) institution.

SECTION 9: COMMON REASONS WHY A SUBMISSION IS RETURNED WITHOUT REVIEW (Back to Contents)

1) Incomplete Title Page – e.g., missing conflict of interest statement for each author or incomplete author information
2) Abstract is missing in the Word file or not properly structured.
3) Missing page numbers
4) Entire manuscript is not double-spaced
5) Methods section does not specifically state that the required Institutional Review Board (IRB) or Research Ethics Committee approval was obtained; and if applicable, a written informed consent and/or HIPAA Authorization form was completed for each enrolled patient.
7) References do not adhere to AMA style (see above).
8) The above noted word count, reference count, and table/figure count limits are not followed for a specific article type.