

JMCP Author Guidelines

The *Journal of Managed Care Pharmacy* including supplements, is indexed in MEDLINE/PubMed, the International Pharmaceutical Abstracts (IPA), Science Citation Index Expanded (SCIE), Current Contents/Clinical Medicine (CC/CM), and Scopus. The MEDLINE “LinkOut” function provides users with free access to all *JMCP* content including Letters.

MANUSCRIPT SUBMISSION

All manuscripts should be submitted electronically at <http://jmcp.msubmit.net>. The criteria by which *JMCP* manuscripts are judged are summarized in the [JMCP Peer Review Checklist](#). Authors are **strongly encouraged** to review these criteria prior to manuscript submission. Authors are also **strongly encouraged** to consult the “Summary of Key Guideline Documents: Standards for Conducting and Reporting Research” which is Table 3 at this link: http://www.amcp.org/data/jmcp/661-674_FairmanCurtiss-Final.pdf.

EDITORIAL CONTENT AND PEER REVIEW

All articles, editorials, and commentary in *JMCP* undergo peer review; articles undergo blinded peer review. Letters may be peer reviewed to ensure accuracy. The fundamental departments for manuscript submission are:

- Research
- Subject Reviews
- Formulary Management
- Contemporary Subjects
- Brief Communications
- Editorials/Commentary
- Letters

JMCP **abstracts** should be carefully written narratives that are *thorough but succinct*. The abstract Methods section should contain essential details about sample selection (or article selection for Systematic Reviews), outcome measures, and statistical procedures. The abstract Results section should contain all of the principal absolute and relative findings, with the outcomes of statistical tests of comparisons where appropriate. Results shown in the abstract should appear in a table or figure somewhere in the article. The Conclusion of the abstract should match the Objective and Results. Abstracts are required for all articles in Research, Subject Reviews, Formulary Management, and Contemporary Subjects, and for nearly all Brief Communications. The format for the abstract is Background, Objective, Methods, Results, Conclusion.

All manuscript submissions should represent original work that has not been published previously in print or online. In addition to an abstract as noted above, all manuscript submissions other than Editorials, Commentary, and Letters should include succinct and quantitative bullet points that inform the reader of:

- **what is already known about this subject**
- **what this study adds**

The bullet points should appear immediately following the Abstract but are not included in the Abstract word count. Information that appears in the bullet points should be presented, with accompanying citations, somewhere in the article, usually in the introduction or Discussion. However, bullet points should not contain reference number citations. **Please review previously published articles in *JMCP* for examples of acceptable bullet points prior to submitting the manuscript.** [\[click here\]](#)

Research

These are well-referenced articles based on original research that has not been published elsewhere and reflects use of the scientific method. The research is guided by explicit hypotheses that are stated clearly by the authors.

Subject Reviews

These are well-referenced, comprehensive reviews of subjects relevant to managed care pharmacy. The Methods section in the abstract and in the body of the manuscript should make clear to the reader the source of the material used in the review, including the specific criteria used for inclusion and exclusion of information and the number of articles or abstracts included and excluded by each criterion. Narrative reviews, defined as noncomprehensive reviews that cover only a portion of the literature on a topic, are not considered for publication by *JMCP*. However, articles of this type may be considered as Commentary.

Formulary Management

These are well-referenced, comprehensive reviews of subjects relevant to formulary management methods or procedures in the conduct of pharmacy and therapeutics (P&T) committees and generally include description and interpretation of clinical evidence and comparative cost information.

Contemporary Subjects

These are well-referenced submissions that are particularly timely or describe research conducted in pilot projects. Contemporary Subjects, like all articles in *JMCP*, must describe the hypothesis or hypotheses that guided the research, the principal methods, and results.

Brief Communications

These are well-referenced manuscripts that describe the results of a small study or a descriptive analysis that does not fit in other *JMCP* departments.

Commentary

These are well-referenced manuscripts that are relevant to managed care pharmacy and address a topic of contemporary interest; they do not require an abstract but must include references to support statements.

Letters

If the letter addresses a previously published article, an author response may be appropriate. See "[Letter to the Editor](#)" instructions.

The JMCP Pre-Review Process: Requirements *Prior to Peer Review*

After assessment of the appropriateness of the topic for JMCP, all manuscripts submitted to JMCP undergo pre-review by the editors or members of the Editorial Advisory Board before being sent to peer reviewers. The purpose of the pre-review process is to ensure that key features of the manuscript are sufficient—clear, transparent, and adequately reported—to facilitate a fair and informed evaluation by peer reviewers. Peer reviewers can do their job of assessing the quality of the work reported in a manuscript only if they are given sufficient information.

Manuscripts in which the objectives, methods, and results are clear advance more quickly to the peer-review stage than manuscripts that are not understandable. The following items are required prior to peer review and are always verified in pre-review.

1. For studies that involve selection of a sample, JMCP requires (a) a sample selection flow chart, such as the examples shown on page 535 of [Stockl et al.](#) or page [W180 of the Strengthening the Reporting of Observational Studies in Epidemiology \(STROBE\) standards](#), and (b) a description in the *Methods* section that briefly explains the sampling criteria that were used. The flow chart should start with the population from which the sample was drawn (e.g., approximately 3 million health plan members) and show each step in the sampling process including the number (%) excluded by each criterion.

For systematic reviews and meta-analyses, JMCP requires a study selection flow chart, such as the example shown in page 248 of [Baker et al.](#) or Figure 1 of the [PRISMA \(Preferred Reporting Items for Systematic Reviews and Meta-Analyses\) standards](#).

2. JMCP requires precise definitions of all variables and outcomes measured in the study. For example: “Cost was defined as total payment to the provider, including both the plan cost and patient share.” “Agreement with each statement about prescribing habits was defined as a rating of 4 or 5 (somewhat agree or strongly agree) on a Likert-type scale from 1 to 5.” “The primary outcome measure, compliance, was measured as total days supply for Drug X summed across all prescriptions dispensed during the 6 months following the index date.”

3. For claims database analyses, JMCP requires specification of codes used to represent diagnoses and procedures, and time periods during which each code was measured. (If the list is extensive, a table or appendix may be used.) Descriptions of diagnosis codes should contain the specific ICD-9-CM wording when feasible. For example: “Of members continuously enrolled with the health plan from January 1, 2001, through December 31, 2002, patients were selected for study if they had at least 2 claims for an antidepressant (GPI code beginning 58) and at least 1 claim with a primary diagnosis indicating depression (ICD-9-CM code=300.4 [dysthymic disorder]; 296.2X [major depressive disorder, single episode]; 296.3X [major depressive disorder, recurrent episode]; or 311 [depressive disorder, not elsewhere classified]) during 2001.” Methods for identifying medical services, such as office visits, inpatient stays, and emergency room visits, must also be specified.

4. JMCP requires that descriptions of statistical methods and results be complete and specific. *Descriptive analyses:* Specify the groups analyzed and the test used. For example: “Student’s *t*-tests assessed the statistical significance of differences in pre-intervention days supply, comparing the cohorts treated with Drug A and Drug B.” *Multivariate analyses:* Specify the procedure, dependent variable, and independent variables. Examples: “A generalized linear model with log link and gamma distribution assessed the relationship between index treatment and total medical cost, controlling for age, insurance type (HMO or PPO, with indemnity insurance as the reference category), and Charlson comorbidity score.” “A logistic regression analysis in which occurrence of hospitalization (measured as a binomial) was the dependent variable was performed; predictor variables included age, insurance type (HMO or PPO, with indemnity insurance as the reference category), and Charlson comorbidity score.”

The following items are spot-checked during pre-review. If errors are found, a more extensive check is typically performed:

1. Citations to previous work should be primary, not secondary, references and should support the statement made in the text. For example, for the statement that “in Disease A, Drug X is more efficacious than Drug Y,” the editors and/or EAB members will verify that the source(s) cited for the statement investigated Disease A and produced finding(s) that Drug X was superior to Drug Y.
2. Mathematical calculations should be accurate, both within tables and comparing tables to text. For example, numbers should sum to totals. Percentages should be verifiable (cell counts should be shown) and accurate. Statements in the text should match to the tables (e.g., if the text indicates that a rate is 20% higher for a group, the editors spot check to make sure that the numbers in the tables reflect a 20% difference).

Peer Review Process

After completion of pre-review, peer review generally requires 4-6 weeks but may extend as long as 12 weeks in unusual cases. Authors typically will need to make revisions after peer review, prior to final editorial staff review. Once revised manuscripts are approved by the editors, publication usually occurs in 4-6 weeks. Solicited manuscripts are subject to the same peer-review standards and editorial policy as unsolicited manuscripts. The editorial team strives to work with authors to achieve high-quality meaningful articles for all *JMCP* manuscript submissions.

Please note these submission requirements:

1. A subsection at the end of the Discussion labeled “Limitations” is required for all articles except Editorials, Commentaries, and Letters. The Limitations section should describe the limitations, listed in descending order of importance. The Limitations section should be followed by the study Conclusion, which should express key study findings in 2 to 4 brief, succinct sentences.
2. Articles published in *JMCP* should acknowledge and evaluate the relevant work of others published previously in *JMCP*. See the [Article Index by Subject Category](#) and the [JMCP search engine](#).
3. Product trade names may be used only once, for the purpose of providing clarity for readers, generally at the first citation of the generic name but not in the Abstract.
4. Many articles involve research that may pose a threat to either patient safety or privacy. It is the responsibility of the principal author to ensure that the manuscript is submitted with either the result of review by the appropriate institutional review board (IRB) or a statement of why the research is exempt from IRB review. See [JMCP Policy for Protecting Patient Safety and Privacy](#).
5. Please include the following points, as applicable, in the interpretation and reporting of study results:
 - a. For studies that have an effect on patient care or policy, the minimum worthwhile benefit of the intervention (i.e., include discussion of clinical or practical significance, rather than sole reliance on statistical significance)
 - b. Both the absolute risk reduction/difference for each event type (outcome) and the relative risk or odds ratio for treatment/intervention effect
 - c. *P* value and 95% confidence interval for either absolute risk reduction or relative risk or odds ratio
 - d. For multivariate models, the number of cases included in the model and a measure of model adequacy or goodness of fit (e.g., R square, c-statistic). Showing values for all coefficients is strongly recommended; describing all covariates is required
 - e. Number needed to treat (NNT) and 95% CI and/or number needed to harm (NNH) when appropriate
 - f. If power calculations were performed for the work, the number of events expected in the control/comparison population and the effect size assumed for the sample size calculation (a priori power calculations are recommended)

[See also: O'Connell RL, Gebski VJ, Keech AC. Making sense of trial results: outcomes and estimation. *Med J Aust.* 2004;180:128-30. Available at: http://www.mja.com.au/public/issues/180_03_020204/oco10835_fm.html.]

MANUSCRIPT PREPARATION

JMCP accepts for consideration manuscripts prepared according to the Uniform Requirements for the Submission of Manuscripts to Biomedical Journals (International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication. Updated April 2010. Available at: <http://www.icmje.org/>.)

Manuscripts should include, in this order, an abstract of no more than 650 words, bullet points for what is already known and what this study adds, text, references (cited in numerical order as they appear in the text and conforming to the instructions shown below in "REFERENCE STYLE"), tables, and figures (generally no more than 6). Submit referenced tables and figures on separate pages with titles (and captions, as necessary) at the end of the manuscript. Prepare tables and figures using the instructions shown below under "TABLE AND FIGURE STYLE." Before submitting manuscripts to JMCP, please use the checklists for [Manuscript Submission](#) or [Supplement Submissions](#)).

SPECIFICATIONS and TECHNICAL STYLE

- All text should be submitted in Microsoft Word, prepared in 12-point type, 1.5 line spacing.
- Tables must be prepared in Microsoft Word, and may use a smaller font (e.g., 10-point).
- Figures should be embedded in the Word document and submitted separately in their original native format, preferably in Adobe Illustrator, Microsoft Word, Excel, or PowerPoint (e.g., with the data points included in PowerPoint) to permit editing by the JMCP graphic designer. It is not necessary to submit tables that have been prepared in Word in separate files; these should be included in the Word document only.
- *P* values that are ≥ 0.001 should be expressed as $P=0.xxx$, to 3 decimal places; *P* values less than 0.001 should be shown as $P<0.001$.

REFERENCE STYLE

References should be prepared following modified AMA style and cited in numerical order as they appear in the text. All reference numbers in the manuscript should be superscript (i.e., ¹). Each unique reference should have only 1 reference number. If that reference is cited more than once in the manuscript, the same number should be used. Do not use *ibid* or *op cit* for JMCP references. Please note the following points:

- (a) Please provide Web addresses (hyperlinks) for all references that are available free access for the full text. Access dates are required for all URLs *except* links to JMCP articles. The access date informs the reader of the most recent date that the source document was accessible.
- (b) Please use PubMed text for author names, titles, and journal names. Author names should be exactly as they appear in PubMed, including both first initial and middle initial as appropriate. Cite the full title as it appears in PubMed, without first-letter caps except for formal names (e.g., Medicaid). Abbreviate the journal name as it appears in PubMed.
- (c) For journal articles, list up to 6 authors. If there are more than 6 authors, list only the first 3 and add et al.

Shown below are examples of common types of references:

1. Journal article —Kastelein JJ, Akdim F, Stroes ES, et al.; ENHANCE Investigators. Simvastatin with or without ezetimibe in familial hypercholesterolemia. *N Engl J Med.* 2008;358(14):1431-43. Available at: <http://content.nejm.org/cgi/reprint/358/14/1431.pdf>. Accessed September 4, 2011.

- 2. No author given** — Anonymous. More patients leaving Rx's at pharmacy counter. *Manag Care*. 2010;19(4):49. Available at: <http://www.managedcaremag.com/archives/1004/1004.formfiles.html>. Accessed September 4, 2011.
- 3. Journal or magazine paginated by issue** — McKinney M. Alarm fatigue sets off bells. *Mod Healthc*. 2010;40(15):14.
- 4. Book or monograph** — Tootelian DH, Gaedeke RM. *Essentials of Pharmacy Management*. St. Louis, MO: C.V. Mosby; 1993.
- 5. Book or monograph with editor, compiler, or chairperson as author** — Chernow B, ed. *Critical Care Pharmacotherapy*. Baltimore, MD: Williams & Wilkins; 1995.
- 6. Chapter in a book** — Kreter B, Michael KA, DiPiro JT. Antimicrobial prophylaxis in surgery. In: DiPiro JT, Talbert RL, Hayes PE, Yee GC, Matzke GR, Posey LM, eds. *Pharmacotherapy: A Pathophysiologic Approach*. Norwalk, CT: Appleton & Lange; 1992:1811-12.
- 7. Government agency publication** — National Heart, Lung, and Blood Institute. Expert panel report 3: guidelines for the diagnosis and management of asthma. Full report 2007. August 28, 2007. Available at: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>. Accessed September 4, 2011.
- 8. Website - other online publication** — Minnesota Department of Health. Essential Benefit Set Work Group. Background paper. September 4, 2009. Available at: http://www.health.state.mn.us/healthreform/essential/EBS_Background.pdf. Accessed September 4, 2011.
- 9. Newspaper article** — Abelson R, Pollack A. Medicare widens drugs it accepts for cancer. *NY Times*. January 26, 2009. Available at: http://www.nytimes.com/2009/01/27/health/27cancer.html?_r=2&ref=health. Accessed September 4, 2011.
- 10. Online news article** — Edwards J. How Pfizer hid a \$2.3 bill. Bextra settlement in plain sight. BNet. January 26, 2009. Available at: <http://industry.bnet.com/pharma/1000656/how-pfizer-hid-a-23-bill-bextra-settlement-in-plain-sight/>. Accessed September 4, 2011.
- 12. Drug label – prescribing information** — Xolair (omalizumab) for subcutaneous use. Genentech. July 2010. Available at: <http://www.gene.com/gene/products/information/pdf/xolair-prescribing.pdf>. Accessed September 4, 2011.
- 12. Dissertation or thesis** — Youssef NM. School adjustment of children with congenital heart disease [dissertation]. Pittsburgh, PA: University of Pittsburgh; 1988.
- 13. Paper or poster presented at a meeting** — Gleason PP, Starner CI, Hyland-Marciniak B. Erythropoiesis-stimulating agent trends and utilization management opportunity. Poster presented at: 2010 AMCP Annual Meeting; April 9, 2010; San Diego, CA. Available at: <http://www.amcp.org/data/jmcp/141-168.pdf>.
- 14. Letter or editorial** — Barbuto JP. Categorizing patients from medical claims data – the influence of GIGO [letter]. *J Manag Care Pharm*. 2004;10(6):559-60. Available at: http://www.amcp.org/data/jmcp/Letters_559-566.pdf.
- 15. Journal supplement** — Academy of Managed Care Pharmacy. AMCP guide to pharmaceutical payment methods, 2009 update (version 2.0). *J Manag Care Pharm*. 2009;15(6 Suppl A):S1-S61. Available at: <http://www.amcp.org/data/jmcp/1002.pdf>.

TABLE AND FIGURE STYLE

- With rare exceptions, all manuscripts should include (a) a subject characteristics table that profiles the key demographic and clinical characteristics (e.g., age, sex, comorbidities, baseline measures relevant to the study topic) of subjects in each study group (usually Table 1) and (b) a descriptive primary data table of outcomes for each cohort or comparator group (usually Table 2). Most outcomes will be expressed as % (n) (e.g., numbers of Group A subjects with the outcome of interest divided by total count of subjects in Group A) or measures of central tendency and dispersion for continuous variables (i.e., mean, standard deviation, median, and interquartile range).
- The information contained within a table or figure should be sufficient to enable the reader to understand the table or figure without referring to the text. Use succinct, clear, and complete descriptions in footnotes and row labels.
- Citations to table footnotes should use the letters a, b, c, d, etc., in the order of presentation in the table (e.g., the first footnote cited in the table is “a,” a footnote that is cited for the first time after footnote “a” is “b,” etc.) Repeat footnote citations when necessary; for example, a footnote citation that applies to the first, third, and fifth row should appear in each of those rows using the same letter at each mention. Position footnotes *below* tables and figures rather than within a table cell or inside the graphic. (Please see examples at the links provided below.)
- Acronyms and abbreviations that appear in the table (e.g., ICD-9-CM, GPI) should be spelled out, *in alphabetical order*, in the final (bottom-most) line following the footnotes.
- Show percentages to 1 decimal place, as XX.X% (n), where n=the cell count
- Show means and standard deviations as mean [SD]; show medians and interquartile range as median (IQR).
- Use comma separators for numbers exceeding 999, for example – 1,234, not 1234.

Authors are strongly encouraged to use the format of the tables and figures at the following links:

Subject characteristics table and primary results table for percentages:

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=10464> (Tables 1 and 2)

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=10467> (Table 2)

Presentation of variables measured on an interval scale

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=9993> (Table 3)

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=10710> (Tables 3 and 4)

Presentation of programmatic requirements or standards, including footnotes and acronyms:

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=10467> (Figures 1 and 2)

http://www.amcp.org/data/jmcp/JMCPMaga_532-540.pdf (Table 1)

Portrayal of findings using figures

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=9993> (Figure 2)

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=10715> (Figures 2 and 3)

Sample selection flowcharts

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=9737> (Figure 1)

http://www.amcp.org/data/jmcp/JMCPMaga_532-540.pdf (Figure 1, complex design)

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=10710> (Figure 1, matched design)

Cover Letter from Principal Author

The cover letter that accompanies the manuscript submission should be written by the lead (first listed) author who is generally the principal author, defined as the person who has made the most substantive contribution to the final manuscript as submitted for consideration for peer review. The cover letter should (a) briefly describe the importance and scope of the manuscript, and (b) certify that the paper has not been accepted for publication or published previously and that it is not under consideration by any other publication. Principal authors are also required to ensure that manuscripts submitted to *JMCP* are not submitted to any other publication while under review by *JMCP*.

Disclosures and Conflicts of Interest

Manuscript submissions must (a) include in the text of the manuscript immediately following the “what this study adds” bullets a **Disclosure** statement that identifies the nature and extent of any financial interest or affiliation that any author has with any company, product, or service described in the manuscript and clearly indicates the source(s) of funding and financial support and (b) be accompanied by completed and signed [author attestation forms](#) for the [principal author](#) and each [coauthor](#). It is the responsibility of the principal author to list all contributors to the manuscript, specific as to the nature of the contribution and the proportion of total work performed. It is considered scientific misconduct for the principal author to not disclose all contributors.

Note that the terms “contributor” and “author” are *not* synonymous. An individual may *contribute* (e.g., assist with literature review, perform a portion of the data collection, proofread and make corrections) without meeting the requirements for authorship (generally, at least 25% contribution in any of the categories listed on the attestation form). Individuals who contribute to a manuscript *must* be listed on the attestation form regardless of whether they meet requirements for authorship. Exceptions are made when a large group of individuals contributed to the manuscript. For example, if the entire nursing staff of a hospital helped to collect the data, it is not necessary to list every nurse by name, but the principal author should include a note to this effect in the attestation form.

Ghostwriting, Gift Authorship, and Guest Authorship

The *JMCP* Principal Author attestation form includes a grid that requires quantification of the percentage contribution of each person who contributed to the preparation of the manuscript including its revision. The principal author is required to submit the *JMCP* attestation form at least twice for each manuscript that is published in *JMCP*, first when the manuscript is initially submitted, and again after the post-review revisions have been made; a third attestation form may be necessary if a manuscript requires a second round of substantive revision. The *JMCP* Principal Author attestation form is designed in part to prevent the use of **ghost writers** in which unnamed persons contribute to the preparation of a manuscript. Ghostwriting is strictly prohibited in *JMCP* articles, and all contributors will be listed either as authors or in an acknowledgement. The *JMCP* editors reserve the right to determine whether a contributor is a listed author. For example, a medical writer who writes the initial “draft” of a manuscript will generally be required to be a listed author. On the other hand, a person who primarily reviews a manuscript and makes minor changes such as syntax and adds no references or not more than a few sentences does not generally qualify as a listed author. The principal (first) author should generally make the most substantive contribution to preparation of the submitted manuscript.

“**Gift authors**” are not acceptable, defined as indirect or minor contributors (e.g., members of an advisory committee or a doctoral dissertation committee who do not otherwise meet authorship requirements). “**Guest authors**” are also unacceptable, defined as persons who make relatively small contributions to the final manuscript submission; guest authors are often solicited by manuscript sponsors or sponsor-contracted publication planning or medical education companies to serve as first authors because of their position or recognition in the field of study that is the subject of the manuscript. A “review and approve” process, in which a named author takes responsibility for and agrees with work that was actually performed by someone else *is* considered “guest authorship” and is *not* acceptable for *JMCP* publications.

Violations of JMCP Disclosure Requirements

If violations of JMCP disclosure requirements are identified either before or after publication, the editors of JMCP reserve the right to determine the appropriate course of action. This determination will be made after consultation with the authors but does not require the consent of the authors. Actions taken by the editors could include, but are not limited to: (a) prior to publication: requirement for full disclosure in the manuscript; immediate rejection of the manuscript; or (b) after publication: a published erratum that is linked to the original published article on the JMCP website and identified separately in Medline; an editorial disclosing the situation to JMCP readers; notification of the situation provided to the authors' institution(s) or employer(s).

Recommended References on the Subjects of Author Disclosure, Ghostwriting, Ghost Management, and Publication Planning

Hugh-Berman AJ. The haunting of medical journals: how ghostwriting sold "HRT." *PLoS Med.* Sept 7, 2010: Available at:
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000335>.

Spielmanns GI, Parry PI. From evidence-based medicine to marketing-based medicine: evidence from internal industry documents. *Bioethical Inquiry*. Epub 21 January 2010. Available at:
<http://i.bnet.com/blogs/spielmanns-parry-ebm-to-mbm-jbioethicinqu-2010.pdf>.

Lacasse JR, Leo J. Ghostwriting at elite academic medical centers in the United States. *PLoS Med.* 2010;7(2):1-4. Available at:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2814828/pdf/pmed.1000230.pdf>.

Sismondo S. Ghost management: how much of the medical literature is shaped behind the scenes by the pharmaceutical industry? *PLoS Med.* 2007;4(9):1429-33. Available at:
http://medicine.plosjournals.org/archive/1549-1676/4/9/pdf/10.1371_journal.pmed.0040286-L.pdf.

Toolkit: Resources for Authors and Reviewers

In assessing the quality and transparency of a manuscript, reviewers and editors commonly refer to the following sources, on which the *JMCP* pre-review and peer review procedures are based.

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| Summary of guidelines for research publications | Summary of Key Guideline Documents: Standards for Conducting and Reporting Research,” available in Table 3 at this link: http://www.amcp.org/data/jmcp/661-674_FairmanCurtiss-Final.pdf |
| Claims database studies | A Checklist for Retrospective Database Studies http://www.ispor.org/workpaper/healthscience/FinalReportRetroR.pdf |
| Decision analytic models | Principles of Good Practice for Decision Analytic Modeling in Health-Care Evaluation http://www.ispor.org/workpaper/research_practices/PrinciplesofGoodPracticeforDecisionAnalyticModeling-ModelingStudies.pdf |
| Nonrandomized studies of interventions | Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) http://www.ajph.org/cgi/reprint/94/3/361 |
| Observational studies | Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) http://www.annals.org/cgi/reprint/147/8/W-163.pdf |
| Randomized controlled trials | Consolidated Standards of Reporting Trials (CONSORT) http://www.bmj.com/content/340/bmj.c869.full |
| Statistical analyses | Miller J. <i>The Chicago Guide to Writing About Numbers</i> . Chicago, IL: University of Chicago Press; 2004. Miller J. <i>The Chicago Guide to Writing About Multivariate Analyses</i> . Chicago, IL: University of Chicago Press; 2005. |
| Systematic reviews and meta-analyses | Preferred Reporting Items for Systematic Reviews and Meta-Analyses: the PRISMA statement http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000097 (Note that assessment of the risk of bias in individual studies will not apply to all systematic reviews, but the quality of the studies should be taken into consideration in interpretation.) Meta-analysis Of Observational Studies in Epidemiology (MOOSE) http://jama.ama-assn.org/content/283/15/2008.long |
| Reporting quality improvement studies | Standards for Quality Improvement Reporting Excellence (SQUIRE): http://qualitysafety.bmj.com/content/17/Suppl_1/i13.full.pdf |
| Reporting results of Internet e-surveys | CHEcklist for Reporting Results of Internet E-Surveys (CHERRIES): http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1550605/?tool=pubmed |
| Library for health research reporting | Comprehensive lists of the available reporting guidelines maintained by Enhancing the QUALity and Transparency Of health Research (EQUATOR): http://www.equator-network.org/resource-centre/library-of-health-research-reporting/ |