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AUSTRALIAN JOURNAL OF OTOLARYNGOLOGY

AUTHOR INSTRUCTIONS

About *Australian Journal of Otolaryngology*

Australian Journal of Otolaryngology is a peer-reviewed scientific journal, and the Official Journal of the Australian Society of Otolaryngology/Head & Neck Surgeons, published by AME Publishing, Inc. *Australian Journal of Otolaryngology* provides a forum for clinical researchers, basic scientists, clinicians, and others to publish original research and explore controversies in the medical and surgical treatment of patients with otolaryngologic disorders, including head&neck cancer and disease of the skull base. The journal has a special interest in research that applies to the Australian community and the delivery of healthcare in Australia. Unsolicited manuscripts must meet pre-submission requirements.

Editor-in-Chief: Prof. Richard J Harvey, MD PhD

Journal Abbreviation: Aust J Otolaryngol

Publisher: AME Publishing Company

Submission Guidelines

Material submitted to *Australian Journal of Otolaryngology* must be original and not published or submitted for publication elsewhere. Copies of any related in press publications should accompany manuscripts submitted to *Australian Journal of Otolaryngology*.

Online Submission Procedure

Authors are required to submit the following manuscript information online using OJS (Online Journal System, <http://www.theajo.com/author/submit>)

- corresponding author's contact information (a valid e-mail address is required)
- manuscript title
- running head
- abstract
- keywords
- cover letter
- acknowledgements

Once a manuscript has been submitted online, an e-mail acknowledgment will be sent. Authors can check the status

of a manuscript at any time by logging on to OJS.

Please make sure the publication ethics (<http://ajo.amegroups.com/public/addition/ajo/ajo-publication-ethics.pdf>) are followed strictly before your submission and that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

Cover letter

A submission letter to the Editor must be included in the 'cover letter box'. A formal checklist from an international publishing standard must be included:

STROBE (Strengthening the Reporting of Observational Studies in Epidemiology - used in observational research: cohort, case-control, and cross-sectional studies - <http://www.strobe-statement.org>)

CARE (Consensus-based Clinical Case Reporting Guideline Development)- case reports/series. The CARE guidelines are intended to ensure "completeness, transparency and data analysis in case reports and data from the point of care." (<http://www.equator-network.org/reporting-guidelines/care/>).

For systematic reviews:

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses - <http://www.prisma-statement.org/>) as a template for systematic reviews.

MOOSE (Meta-Analysis of Observational Studies in Epidemiology - <http://www.equator-network.org/reporting-guidelines/>)

STARD (Standards for the Reporting of Diagnostic Accuracy Studies) - <http://www.stard-statement.org>,

Format of Manuscript Elements

Manuscripts must be in English with wide (1 inch) margins, typed and double-spaced throughout. Please number pages consecutively, and include the corresponding author's

name on each page. Manuscripts should contain each of the following elements in sequence: 1) Title page 2) Abstract 3) Text 4) Acknowledgments 5) References 6) Tables 7) Figure/Video legends. Start each subdivision on a new page. Define unusual abbreviations at the first mention in the text.

Manuscripts should follow Vancouver system of referencing for grammar, punctuation, and style, and should meet the Uniform Requirements for Manuscripts Submitted to Biomedical Journals established by the ICMJE for general authorship guidelines.

The manuscripts must also comply with (according to the appropriate design):

STROBE (Strengthening the Reporting of Observational Studies in Epidemiology - used in observational research: cohort, case-control, and cross-sectional studies - <http://www.strobe-statement.org>)

CARE (Consensus-based Clinical Case Reporting Guideline Development)- case reports/series. The CARE guidelines are intended to ensure “completeness, transparency and data analysis in case reports and data from the point of care.” (<http://www.equator-network.org/reporting-guidelines/care/>).

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STARD (Standards for the Reporting of Diagnostic Accuracy Studies) - <http://www.stard-statement.org>),

The appropriate checklist, for the relevant publishing guideline, needs to be completed and provided in the Cover letter.

Use generic drug names in the text; use of brand names is optional, and these should be specified in parentheses. The text should be written in a uniform style, and its contents as submitted for consideration should be deemed final by the author and suitable for publication as follows:

Title Page. The title page should contain the complete title of the manuscript, names and affiliations of all authors, institution(s) at which the work was performed, and name, address, telephone and fax numbers, and E-mail address of the author responsible for correspondence. The contribution made by each author should be briefly stated in the Authors’ Contributions section (See “Authors’ Contributions” in detail). Authors should also provide a running head of not more than 45 characters (including spaces), and must identify a minimum of five key words (5-10), not in the title but taken from Index Medicus, that will highlight the subject matter of the article. Any funding sources for the study (whether financial or in-kind) and any authors’ financial disclosures and conflict of interest should be listed on this page as well as in the cover letter. No financial disclosures should be noted as well. If no conflict of interest exists, please state this on the title page and in the cover letter. The Editor reserves the right to reject manuscripts that do not comply with the above-mentioned requirements.

Abstract. Abstracts must be 250 words or less, and should be intelligible without reference to the text. Abstracts must be organized into four sections: Background, Methods, Results and Conclusions. Purpose of the study should be included in Background and sample sizes must be included in Methods.

References. References should be numbered consecutively according to the order in which they are cited in the text. A reference cited only in a table or figure is numbered within the sequence established by the first mention of that table or figure in the text.

References must be current. Use of references more than 10 years old is discouraged unless they are classic or unique works. Authors must verify all references. The reference list should follow the text of the manuscript. Follow the Vancouver system of referencing for reference formatting and punctuation.

In the reference list, abbreviate names of journals according to MEDLINE/Index Medicus. For four or more authors, list the first three names followed by “et al.” Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Please note the following examples for format and punctuation:

Journal

- [1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. *Eur J Cardiothorac Surg* 2012; 41:248-255.

Books

- [2] Kouchoukos N, Blackstone E, Doty D, et al. *Cardiac Surgery*, WB Saunders, 2003:11-17.

Multi-author books

- [3] Laine GA, Melhorn U, Davis KL, et al. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac function. In: Reed RK, McHale NH, Bert JL, Winlowe CP, Laine GA, editors. *Interstitium, connective tissue and lymphatics*, London: Portland Press, 1995:271-282.

Online publications

- [4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children. *Multimed Man Cardiothorac Surg* doi: 10.1510/mmcts.2008.003160.

or

- [5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. *CTSNet* [published 12 May 2008, accessed 30 November 2011]. Available from: <http://www.ctsnet.org/sections/clinicalresources/adultcardiac/>

Tables. Tables must be created using the table tool in Word. Each table must be included on a separate page at the end of the Main Manuscript Document. Number the tables consecutively in the order in which they are cited in the text. Include a brief descriptive title for each table. Do not use bulleted lists in tables. Do not embed tables in the manuscript text.

Figures and Illustrations. *Authors are encouraged to submit their figure files in color. There is no charge associated with color figures. *Number figures consecutively according to the order in which they are cited in the text. The figures should immediately follow the tables in the manuscript. Each file must contain a single figure and be named by figure # (i.e., figure 1, figure 2, etc.). Files containing individual panels will not be accepted. Figures must be in TIFF or JPG format. **Do not embed figures in the manuscript text.**

Figures (line art): Electronic Formatting

- Each figure should be saved in a separate file.

- Text/labeling within figures should be in 9 pt Arial font, to ensure readability in print.
- All figures submitted electronically must be saved as TIFF or JPG files.
- The following resolutions are required to ensure print quality: 1200 dpi for line art; 300 dpi for halftones/color (CMYK); 600 dpi for combination halftones/color.

The submission of figures that do not conform to journal requirements will cause a delay in publication.

International Forum of Allergy & Rhinology reserves the right to resize and/or crop photographs to fit the journal's format where appropriate.

Videos. AJO will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwm. formats or video on CD/DVD. Files should be no larger than 200 MB. Please upload videos as '**Multimedia file**' at: <http://www.theajo.com/pages/view/submit-multimedia-files>. Alternatively, please send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service as you know.

General Information: When submitting manuscripts online, authors must indicate whether the article has an accompanying video. Video must be submitted with manuscripts online in a digital format. If an article includes video, the upper right corner of the title page of the manuscript must be marked "Video is part of ms." Videos are limited to one and a half minutes in length or uploaded as 3 separate videos at 30 seconds each. Formal approval is needed from the editorial office for longer videos. Authors must also supply, as part of the manuscript, a video legend for the video clip. The video files should be numbered consecutively in the order of reference in the text. If the author does not have the capacity to generate an electronic video, the author may contact the editorial office for assistance.

Content: Video content should be edited to illustrate the key findings in a concise and informative manner. Legends for the video segments should be placed at the end of the article and should concisely and sequentially describe what is seen in the video so that it can be readily understood by the viewer. Do not repeat explanatory material that is already in text. The video should be of high quality (both in content and visibility). The video should be edited to ensure maximal efficiency and make the specific point; particularly, it should demonstrate the features described in the text of

the manuscript. In addition, the video should be labelled and should directly follow the sequence and content of the video legend. The use of text and/or special transition effects between the titles, subtitles and video segments is permitted. The video you submit should be the final product that will be published with the article. The Editors reserve the right to request additional video editing by the authors (which may delay publication).

Permission to reproduce figures and extracts

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS and similar licensing agencies where appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the editors. It is also the author's responsibility to include acknowledgements as stipulated by the particular institutions. Please note that obtaining copyright permission could take some time.

Patient Privacy and Informed Consent: Authors should review the ICMJE section on Ethical Considerations in the Conduct and Reporting of Research: Privacy and Confidentiality before submitting their manuscript. Patients have a right to privacy that should not be violated without informed consent. Information (e.g., names, initials, photographs, etc.) that can identify a patient should not be submitted until written informed consent has been provided. A Patient Consent Form is available, which can be submitted with the manuscript. **Any photos of patients must include a black box over the eyes to prevent identification.**

❖ For studies in the following categories:

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

❖ For other categories:

Retrospective and ambispective cohort studies: In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Systematic review and meta-analysis, review, and editorial

- No statement on medical ethics is required.

Case report:

- No statement on medical ethics is required. However,

in cases of involving new and controversial treatments, approval from IRC might be required.

- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:

- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank

(attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

Manuscript Types

Original Research

Research Articles. Research articles are generally 3500 words or fewer, exclusive of tables, figures, and references, and include Introduction, Materials and Methods, Results, Discussion, and Conclusion sections conforming to standard scientific reporting style. The introduction should include a succinct summary of the known literature in the area and a rationale for and justification of the purpose of the study and why the experimental question and hypothesis are important or novel. Whenever possible, information on why the study is important for the practicing clinician should be provided. In the Methods and Results sections, detailed information on statistics should be provided such as name of statistical test, whether tests were one- or two-tailed, test used for each set of data, and correction factors, if any, for multiple comparisons. Data and figures should present or reflect standard deviations rather than standard error of means. All significant and relevant non-significant results must include test values, degree(s) of freedom, and probability. The Discussion section should include a clear exposition of the clinical and scientific importance of the study. Articles should strive to highlight the clinical meaning of the constructs and results as opposed to their methodological and mechanistic implications. Conclusions must be clearly justified from the study.

Videos are encouraged. We allow three videos files no longer than 30 seconds each or one video at one and a half minutes in length. Connected and continually-playing segments are allowed within each video file. In exceptional cases, a longer segment may be considered with prior permission of one of the editors.

Review Articles

A narrative review of current topics of specialty importance,

by a well-recognized leader in the field and is usually solicited by the Editor. Maximum of 8 figures or tables. Additional ones must be submitted as on-line supplementary material. All other reviews need to formal structured systematic reviews. Submissions need to in compliance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses - <http://www.prisma-statement.org>) as a template for their systematic review. MOOSE (Meta-Analysis of Observational Studies in Epidemiology - <http://www.equator-network.org/reporting-guidelines/>), STARD (Standards for the Reporting of Diagnostic Accuracy Studies - <http://www.stard-statement.org>),

Specialty Techniques

Specialty Techniques are short articles describing innovative solutions to clinical problems within the field of otolaryngology. Practical value to the readership, originality and quality of illustrations (when appropriate) are essential ingredients, and it is recommended that the manuscripts be accompanied by short video or multimedia presentations that will be accessible to the reader, providing additional information through the journal website. Specialty techniques articles are generally limited to no more than 6 double spaced pages and an abstract is not required.

Videos are essential and need to of high quality. We allow three videos files no longer than 3 minutes each or one video at one and a half minutes in length. Connected and continually-playing segments are allowed within each video file. In exceptional cases, a longer segment may be considered with prior permission of one of the editors.

Case Reports

The *Australian Journal of Otolaryngology* does NOT accept simple case reports unless they represent a significant and unique medical condition that would be of value to the average reader in the daily practice. The reports need to be presented as per The CARE guidelines are intended to ensure “completeness, transparency and data analysis in case reports and data from the point of care.” (<http://www.equator-network.org/reporting-guidelines/care/>). The DISCUSSION needs to include a very formal review on the known literature on the case study presented. Authors are recommended to consider other journals for case report publications.

Editorials

Editorials are usually solicited; however, unsolicited editorials may be considered in some cases. Topics usually

relate to the content of an article featured in the issue. Editorials are four to six double-spaced pages in length.

Letters to the Editor

Letters to the Editor are intended as rapid, timely discussion of recent articles published in *Australian Journal of Otolaryngology*. Publication is at the discretion of the Editors. We do not consider Letters to the Editor to be short *Australian Journal of Otolaryngology* articles. Letters to the Editor are not a medium for any of the following:

- Requests for medical advice, consultation, or assistance
- Dissemination of unpublished research data (including figures or tables), hypotheses, or case reports
- Comments that advertise or promote specific commercial interests
- Comments that promote specific political or religious viewpoints
- Comments that are obscene, rude, libelous, or inflammatory
- Comments that are anonymous or written under a pseudonym
- Comments that are not directly relevant to a recent *Australian Journal of Otolaryngology* article
- Comments that are incomprehensible or are not written in English

Letters to the Editor should be no longer than 1000 words (including references) and should cite no more than 10 references. Letter to the Editor authors must observe any licenses or copyrights on original material, are entirely responsible for the accuracy of the content, and must disclose any potential conflicts of interest. Submitting authors are required to provide a valid name and email address, which will be published with their Letter. Letters are acknowledged upon receipt, but Letter authors will not be consulted before publication. All submitted Letters become property of the Australian Society of Otolaryngology/Head & Neck Surgeons, and may be edited by the editorial office for clarity or length.

Peer-review Process

Manuscripts that adhere to submission guidelines are initially reviewed by the Editor of the *Australian Journal of Otolaryngology*. Manuscripts qualifying for peer-review are sent to at least two expert reviewers via ABER (AME Bond with Editors and Reviewers, <http://theaber.com/>), a web-based platform gathering medical professionals in various fields to choose research articles interested to them and conduct peer-review. The Editor-in-Chief, the Editorial Board Members of AJO and other invited reviewers in the

field of otolaryngology will be reviewing the manuscripts for AJO on this platform. The corresponding author will receive all editorial communications regarding the status of the manuscript, revisions, and reviews. All revisions and the dissemination of the reviewers' comments and other manuscript information to co-authors are the corresponding author's responsibility.

Page Proofs (for Accepted Articles only)

Page proofs are received by the corresponding author directly from the publisher (via e-mail) and must be returned within 48 hours of receipt. Make any corrections to the article using Adobe PDF markup tools and e-mail the proof corrections to the contact person provided within 48 hours. It is the corresponding author's responsibility to consult with co-authors regarding the proofs. Substantial author revisions during this stage of production may incur additional costs, which must be borne by the authors. Excessive corrections must be reviewed and authorized by the Editorial Office.

Definition of Authorship

The journal's definition of what qualifies as authorship is based on the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, established by the International Committee of Medical Journal Editors (ICMJE). Authors are those who have contributed to the conception and design of the article, the acquisition of data, or the analysis and interpretation of data, as well as the writing of the article or the revision of its content; and have read and approved the final version of the article before submission.

An 'Authors' Contributions' section is required for **research articles and narrative review articles**. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The 'Authors' Contributions' section should be completed as follow:

The Authors' Contributions:

(I) Conception and design:

(II) Administrative support:

(III) Provision of study materials or patients:

(IV) Collection and assembly of data:

(V) Data analysis and interpretation:

(VI) Manuscript writing: All authors

(VII) Final approval of manuscript: All authors

Note: 1. Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability; 2. Contributions section is not required when there is only one author.

Authors' Responsibility And Conflict Of Interest Form

(1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree AME publishing company, to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript, and assure that the authors will pay for Article Processing Charges (APC).

(2) Conflict of Interest

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>).

1). Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider

their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

b. Peer Reviewers

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

2). Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest; and
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

Acknowledgements

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. When there is no one to be acknowledged, authors should also indicate 'Acknowledgements' section as 'None'.

AJO policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

Funding

Details of all funding sources for the work in question should be included in the Acknowledgement section.

The following rules should be followed:

The sentence should begin: ‘This work was supported by ...’

The full official funding agency name should be given, i.e. ‘National Institutes of Health’, not ‘NIH’ (full RIN-approved list of UK funding agencies) Grant numbers should be given in brackets as follows: ‘[grant number xxxx]’

Multiple grant numbers should be separated by a comma as follows: ‘[grant numbers xxxx, yyyy]’

Agencies should be separated by a semi-colon (plus ‘and’ before the last funding agency)

Where individuals need to be specified for certain sources of funding the following text should be added after the

relevant agency or grant number ‘to [author initials]’.

An example is given here: ‘This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789].’

Footnote

a. Conflicts of Interest: See section “Conflict of interest” for details.

b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period”. When there is no financial disclose, authors should also indicate “Financial Disclose” section as “None”.