Instructions for Authors

Scope and Aim

International Journal of Dermatology and Venereology is a peer-reviewed, periodical published both at home and abroad, and it is sponsored by the Chinese Medical Association and superintended by the National Health and Family Planning Commission of the People's Republic of China (NHFPC). The *Journal* intends to provide clinicians and researchers with an open forum to disseminate important/new information and promote academic communications in all aspects of dermatology and venereology. Four issues are published annually, and standard features include Special Articles, Editorial, Original Articles, Review Articles, Meta-analysis, Brief Report, Case Report, and Correspondence. Manuscripts with clinical implications and submissions with innovative ideas are considered with priority.

Requirements for submission

Detailed requirements for various types of manuscripts

Manuscripts with originality, scientificity, directivity, and practicability are welcome. The recommended length is 2 000－3 500 words for Special Articles and Editorial, and usually 3 000 to 5 000 words for Original Articles and Review Articles excluding abstract, references, tables, and figures. Brief Report, Case Report, and Correspondence should be limited to 2 000, 1 000, and 500 words, respectively.

Special Articles and Editorial should be leading articles in a special field, usually invited by the editorial department and contributed from outstanding scholars, while unsolicited submissions are also welcome. Such papers should summarize or evaluate the current situation and future direction of a certain field, and reflect the mainstream trends of academic studies. It also can introduce authors′ own experience or express personal points of view on a specific problem, which should be supported by appropriate evidences and combined with the existing researches for analysis. The abstract is unnecessary for such types of submissions.

Original Articles should report reliable results from original studies, including clinical trials, studies of diagnostic accuracy, case-control studies, cost-effective studies, animal experiments or *in vitro* cell experiments. Original Articles should be arranged in the following order: Abstract, Keywords, Introduction, Methods, Results, Discussion, and References. The reporting of different types of clinical studies should refer to corresponding standards: Randomized controlled trials should follow Consolidated Standards for Reporting Trials (CONSORT) ; studies of diagnostic accuracy should follow Standards for the Reporting of Diagnostic Accuracy studies (STARD); QUality Of Reporting Of Meta-analyses (QUOROM) is recommended as the reporting guideline for systematic reviews and meta-analyses; STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) is recommended as the reporting guideline for observational studies in epidemiology. The Introduction section should briefly introduce the background of research design, methods adopted and the purpose to be achieved. The Methods section should clearly identify the type of research, including the key information of the research type, which also needs to be reflected in the Title and Abstract, for example: (1) clinical study or experimental study; (2) prospective study or retrospective study; (3) randomized controlled trials, case-series study, case-control study, cohort study, and so on. The Results should be one-to-one correspondence with the Methods, and avoid evaluative statements. The results stated in the Discussion should all be derived from the Results section.

Review Articles including systematic analysis should be an objective summarization and presentation of research status of some questions in a certain field, which can be combined with authors′ research results and views. The topics with rapid progress are recommended for review, while those with slow development are not considered. References generally include no more than 50 articles in one review article, no less than 50% of which should be published in the last 5 years.

Meta-analysis has strict inclusion and exclusion criteria, and only high-quality literature (such as randomized controlled clinical trial), which meets the inclusion criteria, should be selected. Appropriate subjects and scientific

statistical analyses are most important for acceptance. The databases searched should be comprehensive and representative, and the source journals should be strictly selected. The manuscript should contain Abstract, Keywords, Introduction, Methods, Results, and Discussion. Meta-analysis should be innovative, and usually aim to evaluate controversial issues by increase of sample size and meta-analysis of relevant studies. Conclusions should be definite, and clinically significant whether they are negative or positive.

Brief Report is a summary report of an original research within 2 000 words, and includes Abstract, Keywords, Introduction, Methods, Results, and Discussion. The combination of figures and tables is no more than 3.

Case Report reports rare diseases or cases with clinical significance or implications for diagnosis/treatment. Submissions should be divided into Introduction, Case report, Discussion, and Reference sections. Case information should be detailed, including chief complaints, history of present illness, past history, physical examinations, laboratory tests, imaging tests, pathological examinations, diagnosis, treatment, and prognosis. The examination results with important reference value for diagnosis or treatment should be highlighted. Innovative treatments should also be described in detail. Discussion should be combined with characteristics of diagnosis and treatment, and simple literature review should be avoided.

Correspondence generally provides comments on published articles, and usually briefly presents authors′ point of view, or briefly reports cases or research results. Abstract isn′t required.

Abstract

A structured abstract is recommended for Original Articles, Brief Report, and Meta-analysis, which includes Background, Objective, Methods, Results, and Conclusion, and each part should be separated by appropriate titles. The structured abstract of Original Articles can be extended with sub-headings if necessary, for example, Methods can be divided into Design, Setting, Patients or participants, Interventions, Main outcome measures, etc. The main outcomes must be contained in the Results part. In general, the Abstract section should not exceed 300 words.

Keywords

Keywords should be selected from the Medical Subject Headings (MeSH) of Index Medicus (http://www.nlm.nih.gov/mesh/meshhome.html) if possible. The total number of keywords should be no less than 5, which should be separated by the semicolon. Full names instead of abbreviations are recommended and the first letter of each keyword should be capitalized.

Introduction

The Introduction section summarizes the rationale for the study and mainly includes the background of the research through literature citation, questions to be addressed, objectives of the research, and main methods used.

Methods

Materials

Reagents The names of suppliers of reagents or kits used in the research should be given along with the countries where the suppliers were located (e.g., FITC-conjugated rat anti-goat IgG was purchased from Santa Cruz Biotechnology, USA.).

Drug Names The recommended International Non-proprietary Name (rINN) should be used for medicinal substances unless the specific trade name of a drug is directly relevant to the discussion.

Species nomenclature The scientific name [genus, species (in italics) and authority] for all microorganisms and animals should be given. Simple chemical names may be used in some cases, for example, CO_2.

Experimental subjects When researches were conducted on animals, the following items should be indicated: (1) animal species and strains; (2) genetic background or animals source; (3) gender, age, and weight; (4) quality grade; (5) breeding and experimental environment; (6) health status; (7) treatment of experimental animals. Rats and mice of at least Grade II can be reported. The sex, age, and body weights of tested animals or human beings

should be expressed as mean, standard deviation, and total range.

Methods should be described in sufficient detail so that other laboratories can reproduce the results and verify the claims. Describe selection of observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. The methods, apparatus (give the manufacturer's name and address in parentheses), and procedures should be identified in sufficient detail. Generally, standard procedures should be referenced, and significant modifications should be described. Appropriate experimental design and statistical methods should be supplied and described whenever necessary for proper interpretation of data and verification of claims. All novel procedures should be described in sufficient detail to allow their reproduction (e.g., DNA constructs, genetic stocks, enzyme preparations, and analytical softwares). Identify precisely all drugs and chemicals used, including generic name (s), dose(s), and route(s) of administration.

Units Use the metric system for the expression of length, height, weight, mass, area and volume. Temperatures are to be given in degrees Celsius (°C). Use of Systeme International (SI) units is preferred for all hematological and clinical chemistry measurements. For quantities, units, and numerical values, see ISO 31-0: 1992.

SI units (Système International d′Unités) should be used. For example: 25.4 mm (not 1 inch), mol/L (not M or N). When an Arabic number precedes a SI unit, the unit full name should be used, for example, 1 second, 2 minutes, 3 hours, 4 days, day 4 (the fourth day), 5 years, year 5 (the fifth year) . The symbol ‰ (" permille " or per thousand) should be avoided. Abbreviations such as ppm and ppb should not be used. No unit is required for relative molecular mass. A solidus (/) should not be followed by a multiplication sign or a division sign unless parentheses are inserted to avoid any ambiguity. In complicated cases, negative powers or parentheses should be used, for example, mol/(L·s), not mol/L/s. Multiple prefixes (e.g., mμg) should not be used.

Dosage is expressed as per kg except in mice. Concentration in solution is expressed as per L, not per mL. Values for rpm should be converted into gravity (× *g*). Absorbance (*A*) values are preferred to optical density (OD) values.

Symbols are not pluralized (e.g., 7 kg, not kgs). The numerical value such as the ratio of the quantity to the unit (e. g., λ/nm=589) should be indicated. This is particularly useful in graphs and in the headings of columns in tables. Use 12.4 mm (not 0.0124 m), 5 μmol (not 5×10^{-6} mol), 3 m × 8 m × 2 m (not $3 \times 8 \times 2$ m^3), and (8 ± 3) nmol/L or (8 nmol/L ± 3 nmol/L) (not 8 ± 3 nmol/L).

Do not include more digits than are justified by the accuracy of the determinations. For example: a dog weighs 9 kg (not 9000 g, which implies an accuracy of 1 g). In a sample, the number of significant figures is determined by the variation within the sample, that is, one-third of the standard deviation. For example: 8.6 ± 2.9 kg (not 8619 ± 2930 g, nor 9 ± 3 kg). The sign for multiplication of numbers is a cross (×) or a raised dot (·). Leave a space between the numerical value and the unit symbol, e.g., 56 °C. Calendar dates may be written in the following format: 5 June, 2006. For isotopically labelled compounds, use a square bracket directly attached to the front of the name (word) or formula. Examples: [14C]urea, [α-32P]ATP (not AT32P), sodium [14C] formate. However, both [131I]iodoalbumin and 131I-albumin are correct.

Results

Results present your results in a logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of data by variables such as age and sex should be included.

Discussion

The main purpose of the Discussion is to comment on the significance of the results and set them in the context of previous work. Emphasize any new and important findings and relate your results to other studies. Discuss the limitations of the study (study question, study design, data collection, analysis and interpretation). Please avoid simply repeating information that has appeared in the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless the manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such.

Acknowledgments

Acknowledgments may briefly include 1) financial support. The funding should be labelled by "Fund program" with number in brackets, for example "Fund program: Natural Science Foundation of China (30271269), and electronic copies of fund project documents are required. 2) contributors that need acknowledging but do not justify authorship; 3) technical help; 4) material support.

Abbreviations

Any abbreviations should be defined on first usage in the text. However, some common names, such as GTP, RNA and PCR, may not be defined. All nomenclature, including gene names and symbols, should be used in a scientifically accurate manner following the nomenclature conventions adopted by the scientific community.

Tables and Figures

Each figure or table should be labeled sequentially and cited in the text, present with a title and legends and follow the corresponding content in the text. The legends should be a brief statement of figures (tables), indicating the full names of abbreviations that are not widely known. Three-line tables are recommended, and the number of significant digit should be consistent for the same parameter in one table. Figures should be in high resolution (at least 5 megapixels) and contrast. Figure parts should be noted as A, B, C, etc. When symbols including arrows and abbreviations are used, each one should be explained in the legend. Original figures should be submitted as an attachment (such as JPEG, TIFF files, not as PDF files). Staining methods and magnification should be identified in histopathologic figures.

Statistical Analysis

The details of statistical analysis are necessary, and include: (1) sample size estimation and follow-up/data collection; (2) softwares and methods for data entry and management, (3) statistical analysis softwares and schemes used; (4) expression and description of data: ($\bar{x} \pm s$) describes quantitative data obeying normal distribution; Median ($P25$，$P75$) describes quantitative data with skewed distribution; vertical and horizontal headings should be reasonably arranged and the meaning of data should be clearly present in tables; the type of statistical figures used should match the material properties, and the scale value of axes should meet mathematics principles; the relative number should be reported with the absolute number, for example, 27% (68/250); when the denominator is less than 20, fraction is recommended to use instead of percentage, for example 5/7, and the difference between relative number of intensity (percentage) and constituent ratio (the proportion) should cause more attention; (5) selection of statistical analysis methods: for quantitative data, appropriate methods should be selected according to the design of studies , available data, and purpose of analysis, blind use of t test or single factor analysis of variance should be avoided; for qualitative data, appropriate methods should be selected based on the design of studies, nature of qualitative variables, frequency distribution, and purpose of analysis, blind use of chi-square test should be avoided. For regression analysis, appropriate analysis methods should be selected according to professional knowledge and scatter diagrams, and avoid indiscriminate use of linear regression analysis. The data from multiple measurements at various time points on one indicator from a same subject, which means repeated measurement data, should not be simply processed, and repeated-measures analysis of variance is recommended if necessary; multivariate statistical analysis on the basis of univariate analysis should be applied for data with multiple factors or indicators to realize comprehensive and reasonable evaluation of associations and interactions among the multiple factors. (6) statistical results: both statistical values (for example, $t = 3.45$, $\chi^2 = 4.68$, $F = 6.79$) and P values should be provided; significant results and 95% confidence intervals are necessary when talking about a population parameter (for example, overall mean or overall rate).

References

Authors should be responsible for the accuracy and completeness of references and for their correct citation in the text. The Vancouver formats are recommended. References should be numbered consecutively in the order in which they are first mentioned in the text with superscript Arabic numerals in square brackets. List authors and/or editors up to 3; if more than 3, list the first 3 authors followed by et al. The author name should be listed as the last name followed by acronyms of the first name without point of abbreviation. References in English should be checked in the PubMed database by the link http://www.ncbi.nlm.nih.gov/, which provides the doi of each reference, and those in Chinese should be checked by the links http://www.wanfangdata.com.cn (WanFang Database) or http://sjk11.e-library.com.cn/kns55/ (CNKI Database).

Examples of journal citation

Pink AE, Simpson MA, Desai N, et al. γ-Secretase mutations in hidradenitis suppurativa: new insights into disease pathogenesis. J Invest Dermatol, 2013,133(3):601-7. doi: 10.1038/jid.2012.372.

Examples of book citation

Micali G, Lacarrubba F. Dermatoscopy in clinical practice: beyond pigmented lesions. 2nd ed. London: Informa Healthcare, 2012: 181-5.

Examples of electronic sources citation

Rongioletti F, Atzori L, Ferreli C, et al. A unique dermoscopy pattern of primary cutaneous nodular amyloidosis mimicking a granulomatous disease. J Am Acad Dermatol, 2016,74(1):e9- e10[2017- 02- 27]. http://www.sciencedirect.com/science/. doi: 10.1016/j.jaad.2015.09.026.

Medical Ethics and Informed Consent

Any research should follow the principles of medical ethics. When reporting experiments on human subjects or animals, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional, regional or national) and with the Helsinki Declaration, and provide the hard or scanned copy of the approval document from the Institutional Review Board (IRB) (the ID of the approval document should be present in the content) and copy of informed consent signed by the subjects or their relatives. When researches were conducted on animals, authors should indicate whether the institutional and national guidelines for the care and use of laboratory animals were followed. Animal welfare and experimental procedures should be carried out strictly in accordance with the Guide for Care and Use of Laboratory Animals (National Research Council of USA, 1996).

Authorship

Authorship credit is defined from the file "Uniform requirements for manuscripts submitted to biomedical journals"(International Committee of Medical Journal Editors, N Engl J Med, 1997,336:309-316) and based on: (1) conception and design, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual contents; (3) performance of revisions addressed by the editorial department and public reply in academia , and final approval of the version to be published; and on (4) being responsible for integrity on all aspects of the research besides own contribution. The author order should be confirmed before official submission, and any change of the author order after initial submission and before publication needs to be approved by all authors with their signatures and certificate provided by affiliated institutes. The corresponding author taking the responsibility for research integrity is necessary for each manuscript with the contacting information including email and phone, the first author will be identified as the corresponding author if there is no statement for the corresponding author.

The author names should be listed in a sequence under the title. The person who only participates in funding application or data collection can NOT be listed as a co-author, and the administrator either. The group author should be listed under the title with the name of the primary writer listed at the end of manuscript, and the corresponding author is necessary with email. In general, one manuscript has one corresponding author decided by the contributor. The names of members in the group author (coordinating group or expert group) and their affiliations can be listed at the end of text and before the Reference section if necessary.

Clinical Trial Registration

The *Journal* would preferentially consider publishing clinical trials that have been registered with a clinical trial

registry certified by WHO. A registration number, which is a global unique registration number, should be provided at the end of the Abstract with registration authority and number under the title of "Trial registration".
Abstracts of original articles on randomized controlled clinical trials should contain the essential items included in the latest version of CONSORT (Consolidated Standards of Reporting Trials, http://www.consort-statement.org)

Duplicate Publication and Retraction

Duplicate publication is unacceptable, but the following three kinds of manuscripts aren′t identified as duplicate publication: (1) articles previously published on non- public offering journals; (2) articles previously communicated on academic conference; (3) articles previously published in other languages (written permission from the journal where the article is firstly published is necessary for second submission).
Retraction would be considered in any of the following cases: (1) the results are unreliable for serious academic misconducts (including manipulating or tampering data) or subjective errors confirmed; (2) plagiarism is constituted; (3) research processes are against the principles of medical ethics ; (4) duplicate publication; and (5) there are major defects in the publishing process.

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Submission

An online system (http://www.ijdv-dermatol.com) is used for submission, peer review, and revision of manuscripts, and printed manuscripts are no longer accepted. Author needs to register in the system and finish the submission according to the instruction, repeated registration should be avoided. The registration information should be true for future contact. Submitted files include the title page, article file, images, and contributors' form/ copyright transfer form. Title page should include title, article type, list of author names and institutes, and corresponding author information (name, address, e-mail, and telephone number), the word and page number of manuscripts, figure and table number, and conflict of interest statement from each author. All authors are required to complete and submit the ICMJE Form for Disclosure of Potential Conflicts of Interest. IRB approval and informed consent are necessary for human subject research. Figures in high resolution (more than 5 megapixels) without compression are recommended. The copyright transfer agreement can be downloaded from the journal's website, and scanned copy with signatures from all authors should be uploaded to the system within two weeks after submission. The review process can be tracked through the system, and the authors will be informed of any update through email.

Working Time of Review Process

According to the "Copyright Law of the People′s Republic of China", the manuscript without decision in three months after submission is considered as in the peer review process, and the manuscript will be identified as duplicate submission and rejected if the authors submit it to another journal without contacting our editorial department. The editorial department is entitled to revise and abridge submissions, and any changes in the meaning will be informed to authors for consideration. Automatic retraction will be performed on manuscripts, whose revision exceeds three months without any explaination.