

JOGC

Instructions for Authors

Journal of Obstetrics and Gynaecology Canada (JOGC) publishes original articles and literature reviews in the areas of gynaecology, obstetrics, reproductive endocrinology, gynaecologic oncology, women's health, maternal fetal medicine, urogynaecology, ethical and legal issues, and education. Only exclusive submissions will be considered for publication.

The languages of *JOGC* are English and French. For English spelling, we follow the style of *The Canadian Oxford Dictionary*.¹ Authors are required to use generic or chemical names of pharmaceuticals rather than specific brand or trade names.

JOGC accepts submissions in English and French. Abstracts of manuscripts submitted in English are translated into French, and abstracts of manuscripts submitted in French are translated into English once proofreading of the full text is complete. To ensure consistency of editorial style and standards, translation of all material intended for publication is done in-house by a certified medical translator. Authors may not submit their own translations.

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LETTERS TO THE EDITOR AND COMMENTARY ARTICLES

Letters to the Editor and commentaries are encouraged. Letters should generally not exceed 600 words, and commentaries, 1000 words. Letters referring to a recent *JOGC* article should be received within four weeks of its publication.

IMAGE OF THE MONTH

Images should be submitted as .eps, .tif (300 dpi photographs without text), .jpg (300 dpi), or gif (300 dpi) files) with a brief commentary (not more than 150 words).

Please **do not** submit images embedded in Word documents or saved as pdfs. Doing so may slow the progress of your manuscript through the peer review process. If images are not sent in an acceptable format, your paper may not be considered for publication.

The patient must provide written consent to the publication of an Image of the Month submission; however, to protect the patient's privacy, the authors should **not** send the completed form to JOGC. Instead, they must retain a signed copy of the form in their files and send only a signed copy of the **Author Confirmation** form to JOGC to attest that the patient has seen the manuscript and consented to its publication. You can download forms at http://www.sogc.org/jogc/authors_e.asp.

GENERAL INSTRUCTIONS

For general instructions on the preparation of manuscripts for submission, please refer to the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* as formulated by the International Committee of Medical Journal Editors (ICMJE).² In addition, *JOGC* has the following specific requirements.

SPECIFIC REQUIREMENTS

The complete manuscript, including tables, captions for figures, and illustrations, should be typed in Times Roman, 12-point typeface, double-spaced throughout, with one-inch margins, and the pages and lines numbered, beginning with the title page. Begin each section or component on a new page, in this sequence: title page, abstract and key words, text, acknowledgements, references, tables (each on a separate page), and legends.

On the title page, please include the full names, degrees, and affiliations of all authors, as well as the postal and email addresses and telephone and fax numbers of the corresponding author.

ABSTRACTS

All information in the abstract must be found in the text, tables, or figures.

A research report should have a structured abstract of no more than 250 words, with the following headings, each to begin a separate paragraph: "Objective" (main question, objective, or hypothesis), "Methods" (study design, participants, outcome measures), "Results" (summary of data), and "Conclusion" (summary and interpretation of findings).

A case report should have a structured abstract of no more than 125 words, with the following headings, each to begin a separate paragraph: "Background" (importance of the subject matter and specific purpose of report), "Case" (summary of pertinent features of the clinical findings, important laboratory abnormalities, treatment, and outcome), and "Conclusion" (summary of the principal finding and why it is unique and worthy of mention, indicating relevance to clinical practice).

A review article may have an unstructured abstract (one paragraph not more than 250 words) or a structured abstract of no more than 300 words with headings, each beginning a separate paragraph: "Objective" (statement of purpose of the review), "Data Sources" (sources searched, including data, terms, and constraints), "Study Selection" (number of studies reviewed and selection criteria), "Data Extraction" and "Data Synthesis"

(guidelines for extracting data, methods of correlating and integrating findings and main results of review), and “Conclusion” (primary conclusions and their clinical applications).

KEY WORDS

Four to six key words, using terms, if suitable, from the medical subject heading (MeSH) list of *Index Medicus*,³ should follow the Abstract.

MANUSCRIPT FORMAT

JOGC requires that manuscripts submitted for publication follow the formats below. For more detail, please refer to the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*.²

RESEARCH REPORT

- Abstract (structured)
- Key words
- Introduction
- Methods, or Materials and Methods (method, subjects, analysis)
- Results
- Discussion
- Conclusion
- Acknowledgements
- References
- Tables
- Legends

Research papers must include the research ethics board approval number within the “Methods” or “Materials and Methods” section of the text.

All randomized studies submitted to *JOGC* must include a completed CONSORT checklist (not for publication) and a flow chart (to be published with the article).

CASE REPORT

To be considered for publication, case reports must describe either a unique presentation or a truly novel form of management. A condition that is rare but not unknown is not eligible under most circumstances.

Patient anonymity and confidentiality must be ensured. The patient should have the opportunity to choose freely whether or not to allow the case report to be submitted, and to see the finished manuscript. The patient must provide written consent to the publication of the case report; however, to protect the patient’s privacy, the authors should **not** send the completed form to *JOGC*. Instead, they must retain a signed copy of

the form in their files and send only a signed copy of the **Author Confirmation** form to JOGC to attest that the patient has seen the case report and consented to its publication. You can download forms at http://www.sogc.org/jogc/authors_e.asp.

- Abstract (structured)
- Key words
- Introduction
- The case
- Discussion
- Conclusion
- Acknowledgements
- References
- Tables
- Legends

REVIEW ARTICLE

Review articles should have the same basic structure of critical argument as research reports. Subheadings should make clear the subtopics considered sequentially. Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

- Abstract (unstructured or structured)
- Key words
- Introduction
- Methods
- Primary and secondary topic headings (as many as required)
- Discussion
- Conclusion
- Acknowledgements
- References
- Tables
- Legends

JOGC requires authors of review articles to consider the level of evidence in their citations, using the ranking of the Canadian Task Force on Preventive Health Care^{4,5}:

- I Evidence obtained from at least one properly randomized controlled trial.
- II-1 Evidence from well-designed controlled trials without randomization.
- II-2 Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group.

- II-3 Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.
- III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

The Canadian Task Force on Preventive Health Care^{4,5} has used the following ranking method to classify recommendations for specific clinical actions:

- A There is **good** evidence to recommend the clinical preventive action
- B There is **fair** evidence to recommend the clinical preventive action
- C The existing evidence is **conflicting** and does not allow the authors to make a recommendation; however, other factors may influence decision-making
- D There is **fair** evidence to recommend against the clinical preventive action
- E There is **good** evidence to recommend against the clinical preventive action
- L There is **insufficient** evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

Although *JOGC* does not require review articles to specify the level of evidence for each citation or the strength of each recommendation, the usefulness of the review will be determined by the quality of evidence it presents.

TABLES AND FIGURES

These elements should complement rather than duplicate information found within the text. Tables should be complete enough to be understood without continual reference to the text, but contain only the data needed for the reader's understanding. Please provide a title for each table, figure, and illustration. Please ensure that symbols, lettering, and numbering are clear and large enough to remain legible after the table or figure has been reduced to the width of a single column.

Tables and figures should be submitted in the software used to create them; for example, Microsoft Excel, Microsoft PowerPoint, Microsoft Word (objects created with the draw tools), Corel Draw PC version, Corel Photo Paint, Adobe Photoshop PC version. Other acceptable formats are .eps, .tif (300 dpi photographs without text), .jpg (300 dpi), gif (300 dpi). Please **do not** submit images as pdf files or imported into Microsoft Word from other programs.

REFERENCES

It is the responsibility of the author(s) to verify the references against the original documents. References, including those in tables or figure legends, should be numbered consecutively as they are cited, with the use of superscript arabic numerals. Full citations are to follow as end notes. The titles of the journals in the reference list should be abbreviated according to the style used in *Index Medicus*; consult the *List of Journals Indexed in Index Medicus*, published annually as a separate publication by the National Library of Medicine and as a list in the January issue of *Index Medicus*. The list can also

be obtained through the library's website <http://www.nlm.nih.gov>. List the first six authors of an article; where there are more than six, list the first six followed by "et al." Personal communications should not be cited. If such communication is the only source of the information, then the name of the person and date and type of communication should be cited in parentheses in the text. For scientific articles, it is the responsibility of the author(s) to request written permission and confirmation of accuracy from the source.

ACCURACY

It is the responsibility of the author(s) to ensure the accuracy of any cited doses of medication.

PERMISSIONS

It is the responsibility of the author(s) to obtain permission to reproduce any material that has been previously published or is copyrighted or registered, including tables that bear the statement "adapted from." The corresponding author must request such permission from the publisher or copyright holder of the original material, and written confirmation of permission must be forwarded to the *JOGC* Editorial Office. We recommend that authors initiate the process of seeking permission at the time of submission if not earlier, since the process can be lengthy and may delay publication. It is also the responsibility of the author(s) to ensure that others contributing to the work are appropriately acknowledged. For case reports, *JOGC* requires a completed patient permission form, with the patient's name and signature shielded, and a letter signed by the authors attesting that each woman whose case is described gave free and informed consent to have her medical records used for the purpose of publishing her clinical story, and that she understood every effort would be made to maintain her confidentiality. If photographs of patients are used, the subjects must not be identifiable or, if identifiable, must have provided permission in writing, a copy of which should be included with the manuscript.

AUTHORSHIP AND CONFLICT OF INTEREST

Authors must disclose any conflicts of interest. It is expected that authors do not have any financial interest in a company (or its competitor) that makes a product discussed in the article, and that all listed authors take an active role in the conception, composition, and revision of the manuscript.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section. Because readers may infer their endorsement of the data and conclusions, all persons must give written permission to be acknowledged.²

EDITORIAL PROCESS

Upon successful completion of the peer review process and *JOGC*'s acceptance of the manuscript, the manuscript will be edited. The author(s) will be provided with an edited version of the manuscript prior to typesetting, so that the author(s) may approve edits and address any final editorial queries or requests. When the authors have approved all edits

and all issues have been resolved, the author(s) will be supplied with a final copy of the manuscript. **JOGC urges author(s) to read the final manuscript carefully, verifying all dosages, values, and references, before providing written sign-off.**

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REFERENCES

- ¹The Oxford Canadian Dictionary. Barber, K, editor. 2nd ed. Toronto: Oxford University Press; 2004.
- ²International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication. Updated November 2009. Available at: www.icmje.org. Accessed November 18, 2010.
- ³US National Library of Medicine. Medical Subject Headings (MeSH). Available at: <http://www.nlm.nih.gov/mesh/meshhome.html>. Accessed November 18, 2010.
- ⁴Wolf SH, Battista RN, Anderson GM, Logan AG, Wang E. Assessing the clinical effectiveness of preventive maneuvers: analytic principles and systematic methods in reviewing evidence and developing clinical practice recommendations. A report by the Canadian Task Force on the Periodic Health Examination. *J Clin Epidemiol* 1990;43:891–905.
- ⁵Canadian Task Force on Preventive Health Care. New grades for recommendations from the Canadian Task Force on Preventive Health Care. *CMAJ* 2003;169:207–8. Available at: <http://www.cmaj.ca/cgi/content/full/169/3/207>. Accessed November 18, 2010.