

## INSTRUCTION TO AUTHORS

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The manuscript should be sent in electronic format to the Publisher at the site:

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### General Considerations

*Sarcoidosis Vasculitis and Diffuse Lung Diseases* will publish original research that addresses prevalence, causes, mechanisms, diagnosis, course, treatment or prevention of sarcoidosis, vasculitis, and interstitial lung diseases. We will consider various study types, including original research, meta-analyses and cost-effectiveness analyses. We divide original research into two categories: Original Articles (3200 or fewer words) and Brief Communications (1500 or fewer words). Brief Communications usually address preliminary or limited results of original research, including case series and important case reports of new treatments or serious adverse events. We will consider both narrative and systematic reviews. Narrative reviews are especially suitable for describing cutting-edge and evolving developments, and discussing those developments in light of underlying theory. Systematic reviews are especially suitable for critiquing and summarizing a body of evidence relevant to focused questions about diagnostic, prognostic, or therapeutic clinical practices. For narrative reviews, we ask that authors include a box listing three to seven take-home points that link back to the original questions that the review set out to answer. Prior to preparing a review, we recommend contact one of the Editors regarding the potential for publication in the Journal. The editors may also solicit specific reviews from leaders in the field.

Requirements for all categories of articles largely conform to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals”, developed by the International Committee of Medical Journal Editors. Authors should write for a sophisticated general medical readership; follow principles of clear scientific writing and statistical reporting; and prepare manuscripts according to recommended reporting guidelines and checklists, whenever possible. All manuscripts must be submitted in English. *Sarcoidosis Vasculitis and Diffuse Lung Diseases* does not retain the staff for extensive revision of the manuscripts.

We consider only online submissions. When submitting manuscripts, authors should also submit a copy of the original research protocol and other supplemental data as attachments if you think they would help the Editors or reviewers better understand the work. Include reprints of published papers and manuscripts of papers in press that contain data that appear in the submitted manuscript to help the Editors form a judgment about the degree of duplicate publication. Be prepared to provide original study data if requested by the Editors.

### Manuscript Format and Style

We advise authors to arrange components of manuscripts in the following order (see below for further instructions): title page, abstract, text, acknowledgements (if any), references, tables in numerical sequence, figure legends, figures in numerical sequence, and appendices (if any). Number all pages consecutively, starting with the title page. List the word count of the text of the manuscript at the bottom of the title page. Double space the text of the manuscript.

**Do not** use abbreviations unless absolutely necessary; **do** abbreviate long names of chemical substances and terms for therapeutic combinations, such as MOPP. Abbreviate names of tests and procedures that are better known by their abbreviations than by the full name (VDRL test, SMA-12). Abbreviate units of measurement when they appear with numerals (...measured in milliliters, but 10 mL). Use abbreviations in figures and tables to save space. Explain all abbreviations used in the figure legend or table footnote.

Use generic names for all drugs. You may refer to an instrument by its proprietary name; give the name and location of the manufacturers in

parentheses in the text. Use SI units throughout. When reporting values for commonly studied components ( $\alpha$  1-antitrypsin, ammonia, bilirubin, calcium, cholesterol, creatinine, creatinine clearance, digoxin, estradiol, glucose, iron, iron binding capacity, lead, lipids [total], lipoproteins, magnesium, phosphate, testosterone, thyroxine [T<sub>4</sub>], triglycerides, and urea nitrogen), report the value in SI units with traditional units given in parentheses.

### Title Page

**Title:** Give the main title and subtitle (if any). If the study is a randomized trial, systematic review, or meta-analysis, add that descriptor as the subtitle at the end of the title. Use titles that stimulate interest, are easy to read and concise (12 words or fewer), and contain enough information to convey the essence of the article. Also provide a short or “running” title of 7 or fewer words.

**Authors:** List authors in the order in which they are to appear in the byline of the published article. In the case of group authorship, identify one or more authors who will have responsibility for the publication. Give the institutional affiliation for each author, financial support information, contact information for the corresponding author, and contact information for the author to receive reprint requests.

**Word Count:** List the word count for the text of the manuscript. Don't include the abstract or the references in word counts.

**Abstracts:** should accompany all submissions except Editorials and Letters to the Editor. Use structured formats and limits of 250 or fewer words for abstracts. Organize structured abstracts as follows: Background, Objective, Design, Results, and Conclusions. For reviews, an unstructured abstract or 250 or fewer words should be included.

### Manuscript Text

For Original Contributions, use four main headings when arranging text: Introduction, Methods, Results, and Discussion. Aim for clear and concise and logically organized presentations. Avoid convoluted sentences and use active voice, whenever possible. Specific guidance regarding text content follows.

**Introduction:** Use short introductions that concisely set-up the context of the research for readers. Always end the introduction section with a clear statement of the study's objectives or hypotheses.

**Methods:** For studies involving humans, describe in the Methods section how participants were assembled and selected, and the sites or setting from which they were recruited. Then describe study procedures including any interventions, measurements and data collection techniques. You may use figures to diagram study processes including the flow of participants through the study (such as CONSORT). Provide the number of patients at each stage of recruitment and follow-up, including the number who declined to participate and the number who completed follow-up. State, if true, that an institutional review board approved the study or affirm that the protocol is consistent with the principles of the Declaration of Helsinki, and state whether participants gave their informed consent. For studies that have numerical data and use statistical inference, include a section under Methods that describes the methods used for the statistical analysis and that states the specific statistical software. For all studies, include a statement at the end of the Methods section describing the role of the funding source for the study. If the study had no external funding source or if the funding source had no role in the study, state so explicitly. All clinical trials should be registered with central registry, such as ClinicalTrials.gov. The registry number should be provided.

**Results:** Fully describe the study sample so that readers can gauge how well the study findings apply to their patients (external validity). Then present primary findings followed by any secondary and subgroup findings. Use tables and figures to demonstrate main characteristics of

participants and major findings. Avoid redundancy between text and tables and figures.

**Discussion:** Consider structuring the discussion according to the following sequence.

1. Provide a brief synopsis of key findings, with particular emphasis on how the findings add to the body of pertinent knowledge.
2. Discuss possible mechanisms and explanations for the findings.
3. Compare study results with relevant findings from other published work. You may use tables and figures to help summarize previous work when possible.
4. Discuss the limitations of the present study and any methods used to minimize or compensate for those limitations.
5. Mention any crucial future research directions.
6. Conclude with a brief section that summarizes in a straightforward and circumspect manner the clinical implications of the work.

### Acknowledgments Section

Acknowledge only persons who have contributed to the scientific content or provided technical support. Authors should obtain written permission from anyone that they wish to list in the Acknowledgments section. The corresponding author must also affirm that he or she has listed everyone who contributed significantly to the work in the Acknowledgments.

### References

1. Number references, using Arabic numerals in parentheses, in the order in which they first appear in the text. References cited in a table/figure should appear in numeric order relative to the first citation of the table/figure in the text. For example, if the last reference cited before the table/figure in question is mentioned as reference 14, and that table/figure contains 5 references that have not been cited, the references in the table/figure would be numbered 15 through 19. Reference citations in the text would then recommence with number 20.
2. Appendix material should not have separate reference sections. References that appear in both the text and the appendix should be numbered as they appear in the text. Any references that appear only in the appendix should be added consecutively to the end of the text reference list.
3. Use the reference style of the National Library of Medicine, including the abbreviations of journal titles.
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### Footnotes

Use footnotes only on the title page and in tables. Do not use footnotes in the text. Footnote symbols, in the order in which they should be used, are \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡, and so on. Do not use numbers or letters.

### Tables

Number tables with Arabic numerals in the order in which they appear in the text. Tables that are meant as appendix material should be numbered as Appendix Table 1, Appendix Table 2, and so on. Use titles that concisely describe the content of the table so that a reader can understand the table without referring to the text. Tables may contain abbreviations that we do not permit in the text, but the table should contain a footnote that explains the abbreviation. Give the units of measure for all numerical data in a column or row. Place units of measure under a column heading or at the end of a side heading only if those units apply to all numerical data in the column or row.

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Number figures with Arabic numerals in the order in which they appear in the text. Figures that are meant as appendix material should be numbered as Appendix Figure 1, Appendix Figure 2, and so on. Each figure should have a figure legend that begins with a short title. Reduce the length of legends by using phrases rather than sentences. Explain all abbreviations and symbols on the figure, even if an explanation appears in the text. For pictures of histologic slides, give stain and magnification data at the end of the legend for each part of the figure. If no scale marker appears on the figure, give the original magnification used during the observation, not that of the photographic print. Acknowledgements to original sources of borrowed material should use the wording specified by the original publisher of the material. If there is no specified wording, cite the authors, reference number, and the publisher. Letters of permission from the copyright holder must accompany submission of borrowed material.

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All clinical trials must be registered in a public registry prior to submission or the journal won't consider them. We follow the trials registration policy of the International Committee of Medical Journal Editors ([www.ICMJE.org](http://www.ICMJE.org)) and consider only trials that have been appropriately registered before submission, regardless of when the trial closed to enrollment. Acceptable registries must meet the following ICMJE requirements: be publicly available, searchable and open to all prospective registrants; have a validation mechanism for registration data; and be managed by a not-for-profit organization.

As defined by the ICMJE, a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome, and includes but is not limited to drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Non-randomized trials are not exempt from the registration requirement if they meet the above criteria.

### Authorship Issues

Authorship implies accountability. Listed authors must have contributed directly to the intellectual content of the paper, and the corresponding author should list the specific contributions of all authors in the appropriate section of the Authors' Form. Authors should meet all of the following criteria, thereby allowing persons named as authors to accept public responsibility for the content of the paper.

1. Conceived and planned the work that led to the article or played an important role in interpreting the results, or both.
2. Wrote the paper and/or made substantive suggestions for revision.
3. Approved the final version.

Holding positions of administrative leadership, contributing patients to a study, and collecting and preparing the data for analysis, however important to the research, are not, by themselves, criteria for author-

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