What’s New in AMA Style?

Stacy Christiansen and Annette Flanagin

AMA Manual of Style Committee Members

American Medical Writers Association annual meeting

November 7, 2019

Implemented Updates

11th Edition (Almost here!)
Presenter disclosures

• We are authors/committee members of the *AMA Manual of Style* and current or former paid employees of the American Medical Association, which owns the *AMA Manual of Style*.

• Stacy is the Managing Editor of *JAMA*; member of AMWA; and serves (unpaid) on several committees for CSE.

• Annette is Executive Managing Editor and VP Editorial Operations, JAMA Network; Executive Editor, JAMAevidence; and Executive Director, International Congress on Peer Review and Scientific Publication; member of AMWA; and also an unpaid board member of STM: International Association of Scientific, Technical, and Medical Publishers.

• Other *AMA Manual of Style* committee members include co-chair Cheryl Iverson, Connie Manno, Phil Fontanarosa, Lauren Fischer, Tracy Frey, Brenda Gregoline, and Edward Livingston (all current or former editorial staff of the JAMA Network).
Updates to be reviewed in this session

- The stylebook revision process
- References: changes and updated examples
- Tables and figures: style changes and more examples
- Grammar, Punctuation, and Abbreviations
- Preferred and Correct Usage: new terms and usage examples
- Nomenclature: genetics
- Statistics and Study Design

- Resources and publishing glossary
- Ethical and legal considerations
- Corrections and pervasive errors
- Updates on authorship policies
- Updates on conflict of interest policies
- Intellectual property updates
- Ethical review of research and informed consent
- How to access stylebook updates
Stylebook revision process

The first stylebook was an in-house document prepared in 1962 encompassing 68 pages of advice for JAMA and specialty journals staff. It grew through the next 9 editions to 1032 pages for the 10th edition in 2007.

10 Committee members have revised 23 chapters: they met regularly to discuss changes and updates, consulted experts in various areas, and drafted multiple revisions following external reviews. This has been a 4-year iterative process.

The 11th edition will publish in January 2020 (print and online versions).

Authors/Committee Members
- Stacy L. Christiansen, MA
- Cheryl Iverson, MA
- Annette Flanagin, RN, MA
- Edward H. Livingston, MD
- Lauren Fischer, BA, BS
- Connie Manno, ELS
- Brenda Gregoline, ELS
- Tracy Frey, BA
- Phil B. Fontanarosa, MD, MBA
- Roxanne K. Young, ELS
Discontinuation of the death dagger

The convention of using a dagger (†) next to a name in an article byline, connected to a footnote to indicate a deceased author, has been discontinued.

If desired, this information can be included in the Acknowledgment section at the end of the article.

➢ For example:

Additional Information: Coauthor John Doe, MD, died January 30, 2018.
References: publisher location no longer required

In the 11th edition, AMA style will no longer recommend including the publisher’s location for several reasons:

• Many publishers have more than 1 location and determining which location is appropriate to include can be challenging.

• Location can be difficult to determine if looking at an online resource (eg, an e-book).

• Publisher location is not a necessary piece of information in retrieving the reference.

• (This mirrors the update from 2011 of not requiring the location of a drug/device manufacturer.)
Publishers in book citations

Formerly:


Future style:

DOIs in reference list

When a DOI is included for journal references, no period follows

• The ability to easily and accurately copy and paste DOIs is important.

• Because of this, a period should not be included after the DOI; the risk of the period becoming a part of the DOI itself is too great and would create problems with linking.

• Online linking is one of the key reasons to have a DOI.

URLs in reference list

In reference lists, the URL will be the last item, following dates posted/updated/accessed. No period follows it.

This style will mirror current formatting for citations with a DOI.

Social media references

**Facebook:**  JAMA Facebook page. Accessed November 2, 2019.  
https://www.facebook.com/JAMAJournal/

**Twitter:**  @AMAManual. In the 11th edition: More examples of references in scientific publications, including newer sources such as trial registries, data repositories, preprints, and social media. Posted November 1, 2019. Accessed November 2, 2019.  
https://twitter.com/AMAManual/status/1190283198544203776

https://amastyleinsider.com/2019/10/25/resources-for-references/
Preprints and digital references

References chapter will include citation guidelines for preprints, manuscripts in institutional repositories, apps, podcasts


References for data repositories and data


When citing data, the data package or data set should be cited in the original publication to link the publication and the data.


When citing data from a repository associated with research published in a journal article, cite the data used in addition to the original publication.

Citing clinical trial databases

Common trial registries: ClinicalTrials.gov (US), anzctr.org.au (Australia and New Zealand), isrctn.org (UK), trialregister.nl (the Netherlands), umin.ac.jp/ct (Japan), and EU Clinical Trials Register/ EudraCT (Europe).


Tables and figures: formatting and style update

Current style (alignment on single digits or opening parenthesis, centered column headings)

Change in tables:
left alignment of all cells to aid readability

Table 3. Rates and Adjusted Hazard of Death for Negative Wealth Shock Exposure Categories

<table>
<thead>
<tr>
<th></th>
<th>Positive Wealth Without Shocka</th>
<th>Negative Wealth Shocka</th>
<th>Asset Poverty atBaselinea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-years, No.</td>
<td>52,788</td>
<td>12,621</td>
<td>5,274</td>
</tr>
<tr>
<td>All deaths, No.</td>
<td>1,617</td>
<td>819</td>
<td>387</td>
</tr>
<tr>
<td>Unadjusted rate/1000 person-years (95% CI)</td>
<td>30.6 (29.1-32.1)</td>
<td>64.9 (60.4-69.3)</td>
<td>73.4 (66.1-80.7)</td>
</tr>
<tr>
<td>Unadjusted rate difference (95% CI)</td>
<td>0 [Reference]</td>
<td>34.3 (29.6-39.0)</td>
<td>42.8 (35.3-50.2)</td>
</tr>
<tr>
<td>Adjusted hazard ratio (95% CI)b</td>
<td>1 [Reference]</td>
<td>1.50 (1.36-1.67)</td>
<td>1.67 (1.44-1.94)</td>
</tr>
</tbody>
</table>
### Tables and figures: formatting and style update

Future style: left alignment of all cells

And – change to sentence-style capitalization in all elements of tables and figures (axis labels, column headings)

---

#### Table 3. Rates and Adjusted Hazard of Death for Negative Wealth Shock Exposure Categories

<table>
<thead>
<tr>
<th></th>
<th>Positive wealth without shock&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Negative wealth shock&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Asset poverty at baseline&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-years, No.</td>
<td>52,788</td>
<td>12,621</td>
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<td>1 [Reference]</td>
<td>1.50 (1.36-1.67)</td>
<td>1.67 (1.44-1.94)</td>
</tr>
</tbody>
</table>
Figures: Updated (and new) examples of data display

- Line graph
- Survival curve
- Scatterplot
- Histogram
- Frequency polygon
- Bar graph
- Dot plot
- Box and whisker plot
- Individual-value plot
- Spaghetti plot
- Forest plot
- Funnel plot
- Hybrid graph
- Flowcharts
- Decision tree
- Treatment algorithm
- Pedigree
- Maps
- Genetic heat map
- Network maps
- Illustrations
- Clinical images: radiographs, ultrasonographs, MRIs, photomicrographs, photographs, diagrams, gel electrophoresis
- Multipart figures
- in FULL COLOR
Figures: Kaplan-Meier survival curves

A table of the number of patients at risk is required for each graph

<table>
<thead>
<tr>
<th>No. at risk</th>
<th>0</th>
<th>20</th>
<th>40</th>
<th>60</th>
<th>80</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls</td>
<td>49</td>
<td>40</td>
<td>38</td>
<td>37</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Hypothermia therapy</td>
<td>49</td>
<td>31</td>
<td>27</td>
<td>25</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

Hazard ratio, 1.76; 95% CI, 0.89-3.45; log-rank $P = .04$
Figures: Network maps

Flow of patients with *C difficile* infection from the ED throughout the hospital
Figures: Network maps

Network structure of multimodality treatment outcomes
Figures:
Heat maps

Relative expression levels in 4 genetic clusters based on core probe sets
Grammar update: singular “they”

AMA Manual of Style will join other resources, such as The Chicago Manual of Style and AP Stylebook, in permitting use of they as a singular pronoun when rewriting the sentence as plural would be awkward or unclear. [Note: rewording usually is possible and preferable.]

“The author is responsible for the accuracy and completeness of their references.”

“Every patient should take their medication.” Could be reworded “Patients should take their medication.”

This construction can be useful in medical articles in which patient identifiability is a concern (eg, removal of gender-specific pronouns).

“The patient was adamant that they were not taking illicit substances.”
Grammar: choosing the indefinite article

Deciding whether to use a or an depends on how the subsequent noun (or modifier) is pronounced aloud, regardless of spelling. “An” is always used before a vowel sound (but not necessarily always before an actual vowel).

• a eukaryote   an eye
• a histogram    an hour
• a laryngoscope an LV anomaly

But:
• a mammogram    an MMSE score
• a neurologist  an NSAID
• a one-way street an otoscope

But:
• a LASIK procedure
• a MRSA outbreak
• a NICU incubator
Grammar for social media

Scientific articles often have a life beyond their formal full-text publication, including social media such as Twitter and Facebook.

Because these posts have strict space limits (Twitter allows just 280 characters) or expectations of brevity from followers, it is usually not possible, or even desirable, to strictly adhere to grammar, punctuation, and usage norms.

However, some standards are necessary to ensure clarity.
In blogs and social media posts about scientific content

- Use proper capitalization; capital letters don’t take up more characters than lowercase.

- Use basic punctuation to help ensure clarity.

- Avoid texting jargon, such as “U” for “you” or “L8” for “late”; these abbreviations are too colloquial and may not be widely understood.

- Contractions are fine, as are easily recognized symbols such as &, <, and =.
**e words and web words**

In line with contemporary usage, we have removed the hyphen in *email* and now lowercase *internet* and *website*.

- In text: “Send me an email.” In titles: “How Writers Use Email”
- The hyphen is retained in other *e-* compounds (eg, *e-cigarette*, *e-book*).
- In titles, capping of words that follow *e-* will be on the first letter of the word that follows: “State Restrictions on e-Cigarette Use”
- *website*, *webcam*, *webcast*, *webpage*, *the web*
Punctuation: when not to use hyphens

Expanded list of nonhyphenated terms

- Do not hyphenate modifiers in which a letter or number is the second element.
  - type 1 diabetes
  - phase 2 study

- Some combinations of words are commonly read as a unit.
  - amino acid levels
  - bone marrow biopsy
  - deep venous thrombosis
  - health care system
  - lower extremity amputation
  - open access journal
### Abbreviations: new entries

<table>
<thead>
<tr>
<th>New abbreviations added</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACEI</strong></td>
</tr>
<tr>
<td><strong>ACL</strong></td>
</tr>
<tr>
<td><strong>GWAS</strong></td>
</tr>
<tr>
<td><strong>LGBTQAI</strong></td>
</tr>
<tr>
<td><strong>MERS</strong></td>
</tr>
<tr>
<td><strong>OUD</strong></td>
</tr>
<tr>
<td><strong>SNV</strong></td>
</tr>
</tbody>
</table>
Usage: terms updated

Addition of socioeconomic status

11.12.5 Socioeconomic Status.—Avoid labeling people with their socioeconomic status, such as *the poor* or *the unemployed*. Instead, terms such as *low income* and *no income* are preferred.

Use of the terms *first world/third world* and *developed/developing* are not recommended as descriptors when comparing countries or regions.

*low-income, limited-income, resource-limited, resource-poor, transitional* terms added
Usage: more terms

Addition of terminology on addiction

- Avoid use of “alcoholic,” “addict,” “user,” and “abuser” — replace with “she was addicted,” “people with opiate addiction,” “he abused alcohol,” “alcohol misuse disorder”

New additions to correct and preferred usage list, for example:

- nauseous, nauseated
- foreign-born — replace with specifics, eg, “non-US born”
- elicit, illicit, solicit
- alternative, alternate
Abbreviations: fellowships removed from bylines

Omission of all fellowship designations – authors often have more than the length of their names

In current style (10th ed), only fellowships in the UK and Canada are permitted in bylines, but not US (American) fellowships. What qualifies for inclusion? – formal testing vs application/admission? Challenging to manage - straightforward rules needed for fairness and consistency

11th ed: FRCP, FRCPC, etc, are removed from the list of credentials published with author names.

Emphasis is on academic degrees. Honorary degrees and other awards (eg, knighthood) are not included.

Licensing and certifications still published (eg, RN, ELS)
Abbreviations not needing expansion

Abbreviations that are really well known (some more by their abbreviation than expanded term) are indicated in the Abbreviations chapter of the 11th edition. Newly added to this list are

- CME
- HIV
- OMIM
- PMID

And some have been removed, such as CD (compact disc) and PDA (personal digital assistant)!
Nomenclature: genetics

Genetics: Discourage use of aliases/nicknames for genes and proteins

<table>
<thead>
<tr>
<th>Gene symbol</th>
<th>Gene description</th>
<th>Acceptable expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>TP53</td>
<td>tumor protein p53 (Li-Fraumeni syndrome) gene</td>
<td>The TP53 gene (p53 is the alias; the official term is preferred to the alias)</td>
</tr>
</tbody>
</table>

May be necessary to “dual report” for aliases well-entrenched in use: “ERBB2 (previously HER2/neu)”
Nomenclature: genetics

The Human Genome Variation Society recommends avoiding the terms *mutation* and *polymorphism*, preferring instead the terms *sequence variant*, *sequence variation*, *alteration*, or *allelic variant*.

In view of this recommendation, single-nucleotide variation (SNV) is now more frequently used instead of SNP (single-nucleotide polymorphism) and may become standard.

To aid readers’ understanding during this transition, at first mention SNV may be used, with SNP in parentheses:

“…SNV (formerly SNP)…”
Joining other measures of variance such as SD, SE, and SEM, we no longer expand CI (confidence interval).

➢ “Low-quality evidence has shown that risedronate reduces the risk of fragility fractures (hazard ratio, 0.27; 95% CI, 0.09-0.83; *P* = .02).”

➢ “The primary analysis followed a modified intention-to-treat principle and used a 1-sided 95% CI for noninferiority.”
Units of Measure: Spacing in Temperature

Per SI convention, we no longer close up degree symbols in temperature but use a space after the number:

- temperature of 37.5 °C (not 37.5° C or 37.5°C)

Was: The patient had a temperature of 99°F.
Now: The patient had a temperature of 99 °F.
Also: The temperature range was 99-101 °F (no longer need to repeat °F).

Note: Degree symbols for angles (eg, 45° angle) and for longitude and latitude (45°35′N) remain closed up.
Statistics: terms updated

The terms *multivariable* and *multivariate* are not synonymous, as the entries in the current Glossary suggest (Section 20.9, page 881).

*Multivariable* refers to multiple independent variables for a single outcome (dependent variable).

*Multivariate* refers to 1 or more independent variables for multiple outcomes. See the [Update](#) on the stylebook site.

- Most clinical studies use a *multivariable* approach (a single outcome)
- “Using sex-stratified multivariable-adjusted Cox proportional hazards models, black women and men were more likely to develop diabetes than white men and women (black women: HR, 2.86 [95% CI, 2.19-3.72]; black men: HR, 1.67 [95% CI, 1.28-2.17]).” Diabetes is the single outcome; sex and race are independent variables.
Study designs and reporting guidelines identified

- Randomized clinical trial
- Cohort, Case-control, Cross-sectional study
- Meta-analysis
- Economic evaluation
- Comparative effectiveness research
- Genetic association study
- Diagnostic/prognostic study
- Quality improvement study
- Survey study
- Qualitative study

- CONSORT
- STROBE
- PRISMA, MOOSE
- CHEERS
- ISPOR
- STREGA
- STARD, TRIPOD
- SQUIRE
- AAPOR
- SRQR, COREQ
Statistics glossary updated – new terms added

• Bias – 21 types, including detection bias, lead-time and length-time biases, recall bias, publication bias, etc

• Other types of trial design – cluster randomization, mendelian randomization, equivalence, noninferiority

• Mediation analysis

• Difference-in-differences analysis

• Forest plot

• $I^2$ statistic

• Detailed guidance on proper use of $P$ values and preference for presentation of effect size (OR, HR, etc) and estimates of error (95% CIs)
Editorial responsibilities: corrections

• Corrections are important to the integrity of the published literature.

• Errors range from relatively minor and inconsequential errors to major errors that invalidate the results and the underlying science.

# Editorial responsibilities: corrections

<table>
<thead>
<tr>
<th>Minor error</th>
<th>Substantive errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsequential error (e.g., a typographical error that could result in misunderstanding)</td>
<td>Errors requiring a Correction notice (e.g., author name misspelled, incorrect numbers, important missing information)</td>
</tr>
<tr>
<td>Article corrected online</td>
<td>Correction notice published</td>
</tr>
<tr>
<td>An indication of correction and date of correction are added to the article information (HTML and PDF versions)</td>
<td>Article is corrected online with indication of correction and date of correction added to the article information (HTML and PDF)</td>
</tr>
<tr>
<td>No Correction notice</td>
<td>Correction notice and corrected article are reciprocally linked</td>
</tr>
</tbody>
</table>
Pervasive errors

- Inadvertent errors that result in the need to correct important or numerous data and information in the abstract, text, tables, figures, and supplement (e.g., a coding error)

<table>
<thead>
<tr>
<th>No major changes</th>
<th>Change and valid</th>
<th>Change and invalid</th>
</tr>
</thead>
<tbody>
<tr>
<td>If none of the conclusions or interpretations are affected and there are no statistically significant changes in the results</td>
<td>If the direction or significance of the results, interpretations, and conclusions change—and the science is still valid</td>
<td>If the results, interpretations, and conclusions change—and the science is no longer valid</td>
</tr>
<tr>
<td><strong>Letter of explanation and Correction</strong></td>
<td><strong>Retraction and Replacement</strong></td>
<td><strong>Retraction</strong></td>
</tr>
</tbody>
</table>
New option: retraction and replacement

Why? 21% of retractions are due to error, not misconduct
This mechanism allows authors to do the right thing without the stigma or penalties associated with retractions

When? Used judiciously – for cases of inadvertent pervasive errors that when corrected change the findings, interpretations, and/or conclusions
And after review – the science is still considered valid

How? Requires a Letter of explanation from all authors
An itemization of all errors and corrections
Replacement article retains the original article DOI and any usage and citation metrics
No “retraction” or do not use watermark
Retraction and replacement

Retraction and Replacement: This article was retracted and replaced on August 23, 2018, to fix errors throughout the article and tables (see Supplement 2 or the retracted article with errors highlighted and Supplement 3 for the replacement article with corrections highlighted).
Retraction and replacement
Authorship updates: roles and definitions

- **Contributor**: anyone – an author, a collaborator, writer, assistant, etc
- **Author**: meets all 4 ICJME criteria and completes an authorship form
  - **Byline author**: author name in byline
  - **Nonbyline author**: author name not in byline – listed at the end of article
- **Group author**: a group of individuals, usually involving multicenter study investigators, working groups, and expert boards, panels, or committees, who wish to display a group name to indicate authorship
- **Collaborator**: nonauthor member of a formal group who contributes significantly
Authorship – who is who?

- **Authors**: Direct contributors to the research, writing, editing, and reviewing.
- **Collaborators**: Nonauthors or members of a formal group who contributed to research, analysis, writing, editing, or reviewing.
- **Contributors**: Those who provided assistance with research, analysis, writing, editing, and reviewing but did not meet the criteria for authorship.
Team science and group authorship
Guidance on the numbers of authors and group author bylines

64 authors + group

Global Burden of Disease Cancer Collaboration
631 authors
What is the record number of authors?
Shared authorship positions

• It has become increasingly common for authors to request “co-first authorship,” “co-senior authorship,” or some other indication of equal contribution.

• Journals accept indication of co-first authorship – but someone’s name will need to go first in the byline or author list.

• Requests for “co-first authorship” beyond 3 or 4 named authors may not be justifiable.

• This information can be displayed in the Acknowledgment just before the list of author contributions, such as
  • “Drs Brown and Jones served as co-first authors and contributed equally to the work.”
Cash payments to Chinese authors

Table 5 Comparison of Average Amount of Cash Awards* for a Paper Published in Selected Journals (2008-2016)

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature, Science</strong></td>
<td>$26,212</td>
<td>$26,006</td>
<td>$25,781</td>
<td>$25,365</td>
<td>$33,990</td>
<td>$36,658</td>
<td>$38,908</td>
<td>$43,783</td>
<td>$43,783</td>
</tr>
<tr>
<td><strong>PLOS One</strong></td>
<td>$1,096</td>
<td>$1,086</td>
<td>$1,035</td>
<td>$994</td>
<td>$991</td>
<td>$915</td>
<td>$941</td>
<td>$984</td>
<td>$984</td>
</tr>
<tr>
<td><strong>MIS Quarterly</strong></td>
<td>$2,613</td>
<td>$2,570</td>
<td>$2,553</td>
<td>$2,654</td>
<td>$2,876</td>
<td>$2,861</td>
<td>$2,992</td>
<td>$2,938</td>
<td>$2,938</td>
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<tr>
<td><strong>JASIST</strong></td>
<td>$1,737</td>
<td>$1,758</td>
<td>$1,741</td>
<td>$1,887</td>
<td>$2,066</td>
<td>$2,303</td>
<td>$2,435</td>
<td>$2,488</td>
<td>$2,488</td>
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<tr>
<td><strong>Journal of</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td>$1,082</td>
<td>$1,087</td>
<td>$1,042</td>
<td>$1,111</td>
<td>$1,167</td>
<td>$1,265</td>
<td>$1,329</td>
<td>$1,408</td>
<td>$1,408</td>
</tr>
<tr>
<td><strong>Library Hi Tech</strong></td>
<td>$781</td>
<td>$775</td>
<td>$726</td>
<td>$741</td>
<td>$740</td>
<td>$768</td>
<td>$795</td>
<td>$783</td>
<td>$783</td>
</tr>
<tr>
<td><strong>LIBRI</strong></td>
<td>$650</td>
<td>$644</td>
<td>$577</td>
<td>$560</td>
<td>$538</td>
<td>$509</td>
<td>$517</td>
<td>$484</td>
<td>$484</td>
</tr>
</tbody>
</table>

* All the amounts are full amount (in USD) awarded to the first author

Co-corresponding authors

• New: Requests for having up to 2 individuals listed as corresponding authors on a published article will be considered if justified.

• In such cases, 1 author must be designated as the primary point of contact who will
  • Serve as primary corresponding author for all communications with the journal
  • Review an edited manuscript/proof
  • Make decisions regarding release of information to the news media
  • Handle any postpublication inquires, errors/corrections, etc

• Two can be listed in the Corresponding Author section of the published article, but the primary corresponding author will be listed first.
From same institution

Corresponding Authors: Jie Qiao, MD, PhD (jie.qiao@263.net), and Tianpei Hong, MD, PhD (tpho66@bjmu.edu.cn), Peking University Third Hospital, 49 N Garden Rd, Beijing 100191, China.

From same institution, different departments

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From different institutions

Corresponding Authors: Linhong Wang, PhD, Chinese Center for Disease Control and Prevention, Beijing 100050, China (linhong@chinawch.org.cn); Yonghua Hu, MD, Department of Epidemiology and Biostatistics, School of Public Health, Peking University, Beijing 100191, China (yhhu@bjmu.edu.cn).
Guidance on changes in authorship

• Changes made in authorship (ie, order, addition, and deletion of authors) should be discussed and approved by all authors.

• Any requests for changes in authorship after initial manuscript submission and before publication should be explained in writing to the editor in a letter signed by all authors, or if sent by email, all authors should be copied (ie, included as recipients of the email).

• The Committee on Publication Ethics (COPE) also has useful guidance and a flowchart for addressing changes in authorship. [https://publicationethics.org/](https://publicationethics.org/)
Guidance on Acknowledgments – chapter 5.2

Acknowledging support, assistance, and contributions of those who are not authors

• General advice, guidance, or supervision
• Critical review of the manuscript
• Critical review of study proposal, design, or methods
• Data collection
• Data analysis
• Statistical, technical, research assistance or advice
• Writing assistance
• Editorial assistance
• Bibliographic assistance
• Clerical assistance
• Manuscript preparation
• Financial or material support
• Grant support

Many examples

Additional Contribution: We thank Joan Smart, PhD, for research and editing assistance, and John Smith, PhD, for assistance with statistical analysis; both are employed by Medical Bibliometrics Inc and received payment from the study’s sponsor.
Example of an Acknowledgment or Article Information Section, including order of all possible elements

• Accepted date
• Publication date
• Open access information
• Correction information
• aAuthor affiliations
• aGroup information
• aCorresponding author
• Author contributions

• Conflict of interest disclosures
• Funding/support
• Role of funder/sponsors
• Group information
• Disclaimer
• Meeting presentation
• Data sharing statement
• Additional contributions
• Preferred citation

aIndicates items that may normally appear on page 1 of a print or PDF article but would otherwise appear here in this order
Conflicts of interest policies for authors

• Authors should provide detailed information about all relevant financial interests, activities, relationships, and affiliations, including but not limited to employment, affiliation, funding and grants received or pending, consultancies, honoraria or payment, speakers’ bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued.

• Authors without conflicts of interest should indicate no COI.

• If authors are uncertain about what constitutes a relevant COI, they should contact the editorial office.

• A journal’s conflict of interest policies should apply to all manuscript submissions and types of articles, including reports of research, reviews, opinion pieces, educational articles, reviews of books and other media, letters to the editor, and online-only comments.
Examples of published COI statements provided

• **Conflict of Interest Disclosures:** Dr Jones reported serving as a paid consultant to Wyler Laboratories. Dr Jacques owns stock in Wyler Laboratories. Drs Smith and Brown reported no financial interests.

• *[Or: Conflict of Interest Disclosures: None reported.]*

• **Funding/Support:** This study was funded in part by Wyler Laboratories.
COI policies for peer reviewers

• Reviewers should **disclose** conflicts of interest in reviewing specific manuscripts and **disqualify** themselves from a specific review if necessary.

• Reviewers should **never use information** obtained from an unpublished manuscript to further their own interests.

• Following the same rationale applied to authors, reviewers should state explicitly if they have no relevant conflicts of interest to disclose.

• **Example** of letter sent requesting an individual to review a manuscript:

  “While most conflicts of interest are not disqualifying, if you perceive that you have a disqualifying interest, either financial or otherwise, please contact the reviewing editor immediately (if possible, with the names of alternative reviewers). This will not affect your reviewer status.”
COI policies for editors

• **Disclosure policy**: Editors should have policies that require disclosure of all relevant conflicts of interest (financial and nonfinancial)

• **Recusal Policy**: Editors should recuse themselves and not manage manuscripts and assign them to another editor for review and decisions
  - From an author who is from the same department as the editor
  - From an author in a field in which the editor has research funding
  - Their own research and review articles

• In the event that an editor works alone and has a conflict of interest with a particular manuscript, they should assign that manuscript to a guest editor or a member of the editorial board and should not take part in the review and editorial decision of such manuscripts
COI policies for editors

• Disclaimers should be published with any research or review articles that include an author who is also a decision-making editor for the journal to inform readers that the author-editor was not involved in the review or editorial decision.

  **Disclaimer**: Dr Brown, the journal’s deputy editor, was not involved in the editorial review of or decision to publish this article.

• Guidance is also provided for how to manage undisclosed COIs on the part of authors, reviewers, and editors.
Intellectual property updates

- Public access and open access in scientific publication
- Open access and publication licenses
- Copyright – what’s protected and what’s not protected
- Updates on copyright terms and when works enter the public domain
- Copyright and social media
- Updates on trademark and protections for website domain names
- Data sharing
<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Copyright Term</th>
<th>What Was in Public Domain as of January 1, 2019&lt;sup&gt;c&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>Unpublished works</td>
<td>Life of the author plus 70 years</td>
<td>Works from authors who died before 1949</td>
</tr>
<tr>
<td>Unpublished anonymous and pseudonymous works and works made for hire</td>
<td>120 Years from date of creation</td>
<td>Works created before 1899</td>
</tr>
<tr>
<td>Unpublished works when the death date of the author is not known&lt;sup&gt;d&lt;/sup&gt;</td>
<td>120 Years from date of creation&lt;sup&gt;e&lt;/sup&gt;</td>
<td>Works created before 1899&lt;sup&gt;e&lt;/sup&gt;</td>
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**Works registered or first published in the United States**

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<tr>
<th>Date of Publication&lt;sup&gt;f&lt;/sup&gt;</th>
<th>Conditions&lt;sup&gt;g&lt;/sup&gt;</th>
<th>Copyright Term&lt;sup&gt;c&lt;/sup&gt;</th>
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<tr>
<td>Before 1924</td>
<td>None</td>
<td>None. In the public domain due to copyright expiration</td>
</tr>
<tr>
<td>1924 through 1977</td>
<td>Published without a copyright notice</td>
<td>None. In the public domain due to failure to comply with required formalities</td>
</tr>
<tr>
<td>1978 to March 1, 1989</td>
<td>Published without notice and without subsequent registration within 5 years</td>
<td>None. In the public domain due to failure to comply with required formalities</td>
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Protecting rights of research participants

• Contemporary rules for protecting the rights of research participants and patients in scientific publication have their foundations in ethical principles and national and international guidelines and regulations.

• The primary policy governing biomedical research in the US is the Regulations for the Protection of Human Subjects (45 CFR §46), also known as the “Common Rule”.

• Why “Common?” – Signed by 20 federal agencies and departments (DHHS, VA, NSF….CIA…)

• Since its release in 1991, the Common Rule has been amended briefly over the years – it was revised substantially in 2017, with these revisions taking effect in January 2019.
Ethical review, approval, or exemption of research

• All reports of research involving human participants should include indication of ethical review and approval or exemption or exclusion based on institutional policies or regulations

• For US research, according to the revised Common Rule, categories of research that involve human participants that may be exempt or excluded from IRB review are based on the level of risk posed to the study participants

• A list of these categories and additional specific protections for studies including pregnant women, human fetuses, neonates, children, and prisoners are available in the Final Revisions to the Common Rule

Ethical review, approval, or exemption of research

• An example of low-risk research that may be exempt from formal IRB/ethical review and informed consent requirements includes secondary research of nonidentifiable information or biospecimens from existing or publicly available data sets.

• However, investigators should not make independent determinations of exemption or exclusion of IRB review because of the potential for conflicts of interest and should follow the formal policies of their respective institutions or national regulations.
Requirements for informed consent

• Authors should indicate in the Methods section that informed consent was obtained in a manner consistent with the Common Rule requirements or regulations of other countries or the Declaration of Helsinki

• From all adult participants and from parents or legal guardians for minors or incapacitated adults

• Should include indication of how consent was obtained (ie, written or oral); if oral, authors should explain why

• Should also indicate whether research participants received compensation or were offered any incentive for participating in the study

• If informed consent was waived or not needed, authors should cite relevant institutional policy or national regulation
Examples

Epidemiology of Brain Death in Pediatric Intensive Care Units in the United States. *JAMA Pediatr.* Published online March 18, 2019.

*Submitted:* “This study was deemed to be exempt by the Children’s Hospital of Philadelphia Institutional Review Board.”

*Edited and Published:* “This study was deemed to be exempt by the Children’s Hospital of Philadelphia institutional review board because it was conducted using deidentified data from deceased children.”


*Submitted:* “The study was approved by the Simon Fraser University Research Ethics Board.”

*Edited and Published:* “The study used exclusively retrospective deidentified administrative records and consent was not possible. The study was reviewed and approved without need for waiver of informed consent by the Simon Fraser University Research Ethics Board.”
Patients’ rights to privacy in publication

• Authors and editors should ensure protection of patients’ and research participants’ rights to privacy, anonymity, and confidentiality in publication

• Patients have occasionally recognized descriptions of themselves in medical articles even without accompanying photographs

• Several cases have occurred in which patients who had not consented to publication in medical journals were recognized by themselves or others in specific articles or subsequent news coverage

• In several recent cases, parts or entire articles have been retracted:
  • Stern V. Authors couldn't find a patient to give consent for case report: then the patient found the report. Retraction Watch. February 27, 2017.
  • Stern V. Authors say patient threatened legal action after being subject of scholarly paper. Retraction Watch. July 13, 2107.
Patients’ rights to privacy in publication

- Identifying information should not be published unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication
  - Written descriptions in text
  - Individual data in tables
  - Photographs, audio, video
  - Genetic pedigrees
If permission cannot be obtained

• Must deidentify
• Crop or remove identifiable images
• Identifying details in text should be omitted if they are not essential

• But patient data should never be altered or falsified in an attempt to attain anonymity

• Fictionalized composite scenarios should not be presented as real cases in medical publication, including opinion and narrative medicine articles

• Complete anonymity is difficult to achieve, and informed consent should be obtained if there is any doubt
AMA Manual of Style – other updates

• Almost all other chapters have been extensively revised and updated to reflect best practices and developments in scientific research, writing, and publishing, with numerous new examples.

• 23 Chapters with numerous numbered cross-referenced and linked subsections to the x.x.x.x.x level

• The section on indexing has been removed, and the design, typography, and editing chapters have been combined

• The quizzes are being revised

• An introductory video will be released

• Plans for monthly podcasts

• Discounted price available for AMWA members
Stylebook updates: amamanualofstyle.com

Updates: Any new policy decisions are published on the Updates page, which is freely available to anyone: http://www.amamanualofstyle.com/page/updates

Twitter: Regular communication via @AMAManual

AMA Manual of Style 11th edition

Stay tuned! Every chapter has been revised, peer reviewed, and submitted to the publisher, and plans are in motion for print book and website publication in January.

Stacy Christiansen and Cheryl Iverson
Committee co-chairs: stylemanual@jamanetwork.org
The Queen of Style and the passing of the crown

Cheryl Iverson

Stacy Christiansen
Questions?
Thank you!