

*Instructions to Authors*

# ALLERGY and ASTHMA PROCEEDINGS

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- 1.) cover letter
- 2.) manuscript (including title page, abstract, text, references and figure **legends** only) *excluding table and figure files*
- 3.) tables (can be consolidated into one "tables" file or uploaded separately)
- 4.) figures (preferably uploaded separately)

Copyright release forms and conflict of interest forms must be submitted in order to be considered for peer review. Forms may be sent via electronic transmission, email or fax. To submit electronically, please visit the submission site and upload under the manuscript submission page (<http://aap.msubmit.net>) Forms may also be downloaded: [http://oceansidepubl.com/aap/aap\\_pub\\_forms.pdf](http://oceansidepubl.com/aap/aap_pub_forms.pdf).

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**MANUSCRIPT PREPARATION GUIDELINES:** *Please note: Failure to follow these format instructions may result in the manuscript being returned to the author(s) for revision prior to review*

**SELECTING A MANUSCRIPT TYPE:** *When uploading your completed manuscript, you will be required to designate a manuscript type. The following are guidelines for choosing:*

- **Original manuscript:** Provides the results of original laboratory and/or clinical research. Components indicated by a checkmark below should appear in the order they are presented here (ie. title page, abstract, manuscript text, acknowledgment, references, figure legends, tables, figures)  
Word Limit: 2500 words (exceptions allowed under special circumstances)
- **Review:** Manuscript that provides a review of previously published literature. Components indicated by a checkmark below should appear in the order they are presented here (ie. title page, abstract, manuscript text, acknowledgment, references, figure legends, tables, figures) Word limit: 3000 words
- **Letters to the Editor:** Letters should be a brief communication commenting only to an article recently published in the Journal. Letters to the editor will be reviewed by the Editor(s) and peer-reviewed.

Letters to the Editor are limited to 500 words and 5 references. Because letters to the editor are indexed and can be cited, key words are also required. Letters to the Editor will be published exclusively online, with exceptions per the Editor.

- **Case Reports:** With the exception of the POPS Case Reports (exclusively for Allergy-Immunology Fellows-in-Training). *Allergy and Asthma Proceedings* does not encourage the submission of case reports. Case reports that are truly unique and have an exceptional teaching value will be referred to the open access journal, [Allergy & Rhinology](#), for consideration.
- **Expedited Manuscript Service:** This is a fee-based option requiring the submission of [EMS Request Form](#). The EMS option is for authors who consider the publication of their manuscripts to be time sensitive or who have specific publication deadlines to meet. EMS expedites both the peer review process and the publication date of accepted manuscripts See [Author Instructions](#) for more information.
- **Solicited Meeting paper:** (Restricted to solicited/invited manuscripts) If the **solicited manuscript** was written based upon an invitation to present at a scientific meeting such as the [Eastern Allergy Conference](#) or the [Eastern Pulmonary Conference](#), please select this manuscript type. Components indicated by a checkmark below should appear in the order they are presented here (i.e. title page, abstract, manuscript text, acknowledgment, references, figure legends, tables, figures). The corresponding scientific meeting should be included on the title page in the format of the name of the meeting, city, state (or country), date of meeting. i.e. "Presented at the Eastern Allergy Conference, Palm Beach, Florida, May 30, 2015". Word limit: 2500 words
- **POPS Case Reports:** Submissions are limited to Allergy/Immunology Fellows-in-Training only. Only six case reports will be accepted for publication per year. Case reports will be evaluated on a first come, first serve basis. SEE ATTACHED **APPENDIX A** FOR DETAILED INSTRUCTIONS REGARDING THE SPECIFIC FORMAT
- **Clinical Pearls and Pitfalls:** The objective of the Clinical Pearls section of the *Allergy and Asthma Proceedings* is to provide the reader with a brief and concise review of a given topic. Emphasis should focus on salient clinical features and topics of interest for both the practicing physician as well as the fellow-in-training. Manuscripts should consist of one question followed by a brief and concise review following a strictly structured format. SEE ATTACHED **APPENDIX B** FOR FORMAT GUIDELINES AND DETAILED INSTRUCTIONS Word limit: 1500 words
- **Cover letter:**
  - Declare intentions to publish in *Allergy & Asthma Proceedings* and confirm you have not submitted elsewhere
- **Title page:**
  - Include full a non-declarant, relevant, and concise (no more than 15 words) title in sentence format (**only capitalize proper nouns**). Do not include abbreviations or use trade names in the title.
  - First name, middle initial, last name of each author with highest academic degrees included (do not include fellowships). All contributing authors should be listed including any professional writing assistance.
  - Name of Departments and Institutions to which work should be attributed; (*see Conflict of Interest below*)

- Disclaimers if any should be limited to those pertaining to this work. Please reconcile conflicts of interest for each author to match those submitted with each conflict of interest form. Please see Journal Statements below regarding conflicts of interest.
- If this work is supported through NIH funding, this must be noted in the footnote
- Acknowledgment of Financial Support/Funding. (see *Conflict of Interest* below)
- As per ICMJE guidelines (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html>), in studies involving human subjects, or human derived data, it is required that a statement describing approval by the Institutional Review Board (IRB), including the full name of the institution which provided the IRB approval and the approval number if available. This IRB statement as well as statements regarding Informed Consent and/or animal rights should also be included in the methods section of the manuscript. Please see Journal Statements below regarding Informed Consent and Ethics Committee Review approval.
- Key Words (**10 key words are mandatory**) Selecting appropriate key words is essential to your research being discovered by others.
- Include date of presentation at scientific meeting (if any)
- Include corresponding author's telephone number, FAX number and **e-mail address**

✓ **Abstract:** All manuscript types with the exception of the Letters to the Editors should include a structured abstract, **no longer than 300 words**, to precede article. Only include acronyms or abbreviations if the phrase appears more than three times in the abstract. The abstract should NOT contain brand names, trademarks or references. Clinical trial registration numbers should be listed last in the abstract. Structure abstract into the following sections:

**Background** – Describe the problem that prompted the study

**Objective** – Describe the purpose of the study

**Methods** – Describe how the study was conducted

**Results** – Describe the most important findings

**Conclusion** - Describe the most important conclusion drawn from the study

**Length:** Specified length for all manuscript types excluding Letters to the Editor are listed below

**Text** - All text should have line numbers for the ease of review

**Original** – no more than 2500 words (with rare exception), not including abstract and references

**Review** – no more than 3000 words (with rare exception), not including abstract and references

[See attached Appendix A for **POPS Case Report** text format and attached Appendix B for **Clinical Pearls** text format.]

**Text Formatting:** Manuscript should be typed double-spaced in a standard font such as Times New Roman, Arial, Courier, or Helvetica, in size 12. Text should be written in clear and concise English with proper use of grammar and syntax. Please add line numbers to your text so that reviewers can most accurately direct their feedback. Authors whose primary language is not English should obtain assistance with writing to avoid grammatical problems. Several independent services for STM authors are available online and include:

US based:	<a href="http://www.biomeditor.com/">www.biomeditor.com/</a>
	<a href="http://www.biosciencewriters.com/">www.biosciencewriters.com/</a>
	<a href="http://www.bostonbioedit.com">www.bostonbioedit.com</a>
	<a href="http://www.academicword.com">www.academicword.com</a>
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	<a href="http://www.manuscriptedit.com">www.manuscriptedit.com</a>
UK based:	<a href="http://www.internationalscienceediting.com/">www.internationalscienceediting.com/</a>

Asia Pacific India:	<a href="http://www.asiascienceediting.com/">www.asiascienceediting.com/</a>
Asia:	<a href="http://www.edanzediting.com/aap">www.edanzediting.com/aap</a>
Australia:	<a href="http://www.oleng.com.au/">www.oleng.com.au/</a>
Philippine:	<a href="http://www.prof-editing.com">www.prof-editing.com</a>

Please note: These few sites are only listed as a convenience and are **not an endorsement** of their products. They are in no way affiliated with the journal and use of their services will not guarantee acceptance of a manuscript.

- ✓ **Acknowledgment:** General acknowledgments for consultations, statistical analysis and such should be listed at the end of the text before the References. Include full names of individuals. Any and all acknowledgments of funding must be disclosed on the title page.
- ✓ **References:** Refer to [End Note](#) for proper reference structure. References in the text should be superscript numbers in order of appearance. Manuscripts in preparation, personal communications, or other unpublished information should *not* be cited in the reference list but may be mentioned in the text in parentheses. References with more than three authors should be presented as the first three authors followed by et al. (Endnote.com/downloads/styles)

Please follow format below, e.g.:

1. Christiansen SC, Bygum A, Banerji A, et al. Before and after, the impact of available on-demand treatment for HAE. *Allergy Asthma Proc* 36:145–150, 2015.
2. Weldon D. Quality of life in patients with urticaria and angioedema: Assessing burden of disease. *Allergy Asthma Proc* 35:4–9, 2014.
3. Tabatabaian F and Casale TB. Selection of patients for sublingual immunotherapy (SLIT) versus subcutaneous immunotherapy (SCIT). *Allergy Asthma Proc* 36:100–104, 2015
4. Centers for Disease Control and Prevention. What parents need to know about enterovirus D68. Available online at <http://www.cdc.gov/features/evd68/>; accessed November 17, 2014.

- ✓ **Tables:** Tables may be placed within the manuscript or uploaded as separate files (in .doc format). If table is included in manuscript file, place after the References section, one table per page. Any abbreviations included in the table should be defined at the bottom of the table. If the table is being republished with permission, proof of permission must be faxed to the editorial office.

- ✓ **Figure legends:** Figure legends should be typewritten, double-spaced and listed (numbered) on a separate page after the tables. They should not appear on the figures. Include figure titles at the beginning of the legend. Any abbreviations included in the figures should be defined at the bottom of the figure.

- ✓ **Figures, and illustrations:** Illustrations included in manuscripts must be submitted in electronic format along with the rest of the manuscript. Each figure should be submitted as a **separate electronic file - not imbedded in the manuscript text file**. See Cadmus guidelines for submitting digital art at <http://cpc.cadmus.com/da/guidelines.asp>. Figure file preference is .tif, .jpeg, .eps. Proof of permission must be faxed to the editorial office for any figures being republished with permission. Proof of informed consent (signed releases) must be faxed to the editorial office for any and all photographs of identifiable persons. [See attached Appendix A for additional information on Figures for POPS Case Report submissions.] Unless it is the authors desire to publish the figures in color (fees may apply), the figures should be optimized for black and white publication.

*A note about color figures: If your manuscript is accepted for publication and it includes color figures, you will have an option of printing your figures in color or black and white. Due to the additional cost of color, please be aware that if you choose to print in color, the cost to you will be \$800. There is no cost to print the figures in black and white. Figures submitted in color but printed in black and white will appear at no cost, in color on the online version of the*

journal.

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✓ **Conflict of Interest form (per ICJME guidelines):** **Allergy and Asthma Proceedings** requires all authors listed on the title page of the manuscript to make the following disclosures:

On the title page of the manuscript, authors must acknowledge:

- a. *all funding sources* that supported their work and
- b. *all institutional or corporate affiliations of each author*

Also, **all** authors must submit a separate form (one for each author) stating specifically whether any of the following commercial associations that might pose a conflict of interest exists: consultant arrangements, stock or other equity ownership, patent licensing arrangements, or payments for conducting or publicizing the study. Contact **Allergy and Asthma Proceedings** for blank Conflict of Interest forms or download them at [http://oceansidepubl.com/aap/aap\\_pub\\_forms.pdf](http://oceansidepubl.com/aap/aap_pub_forms.pdf). Disclosures will be held in strict confidence during the review process and will not influence any editorial decisions. However, if the paper is accepted for publication, the Editor will determine how any conflict of interest should be disclosed.

### **Allergy Asthma Proceedings Journal Statements**

1. Author Responsibilities-Authors are responsible to disclose all relevant conflicts of interest.

Public trust in the scientific process and the credibility of published articles depend in part on how transparently conflicts of interest are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work.

A conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain).

Perceptions of conflict of interest are as important as actual conflicts of interest.

Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships or rivalries, academic competition, and intellectual beliefs. Authors should avoid entering in to agreements with study sponsors, both for-profit and nonprofit, that interfere with authors' access to all of the study's data or that interfere with their ability to analyze and interpret the data and to prepare and publish manuscripts independently when and where they choose.

2. Informed Consent -Authors are required to obtain informed consent from study subjects and patients.

Patients have a right to privacy that should not be violated without informed consent. Identifying information,

including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be published. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication. Patient consent should be written and archived with the journal, the authors, or both, as dictated by local regulations or laws. Applicable laws vary from locale to locale, and journals should establish their own policies with legal guidance. Since a journal that archives the consent will be aware of patient identity, some journals may decide that patient confidentiality is better guarded by having the author archive the consent and instead providing the journal with a written statement that attests that they have received and archived written patient consent. Nonessential identifying details should be omitted. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are de-identified, authors should provide assurance, and editors should so note, that such changes do not distort scientific meaning.

3. Protection of research participants – Authors are required to obtain ethics committee review approval from the governing Institutional Review Board.

When reporting research involving human data, authors should indicate whether the procedures followed have been assessed by the responsible review committee (institutional and national), or if no formal ethics committee is available, were in accordance with the Helsinki Declaration as revised in 2013 (<http://www.wma.net/en/30publications/10policies/b3/index.html>). If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. Approval by a responsible review committee does not preclude editors from forming their own judgment whether the conduct of the research was appropriate.

When reporting experiments on animals, authors should indicate whether institutional and national standards for the care and use of laboratory animals were followed. Further guidance on animal research ethics is available from the International Association of Veterinary Editors' Consensus Author Guidelines on Animal Ethics and Welfare: <http://www.veteditors.org/consensus-author-guidelines-on-animal-ethics-and-welfare-for-editors>

## Appendix A

### Patient-Oriented Problem Solving (POPS) Case Report (limited to Allergy-Immunology Fellows-in-Training)

The purpose of the POPS series is to provide an innovative and practical learning experience for the allergist-immunologist using a format of clinical presentation, physical findings, appropriate laboratory studies and differential diagnosis. The case development should be prepared in a logical sequence, withholding the announcement of the diagnosis until the end of the presentation.

Only six case reports will be accepted for publication per year. Case reports will be evaluated on a first come, first serve basis. Case reports should be submitted online at <http://aap.msubmit.net>. Submissions are limited to A/I FITs only.

#### Additional Author Instructions

1. **Abstract:** no longer than 250 words. Please prepare the title and abstract, in a manner which should not give away the diagnosis of the case, but rather review the differential diagnosis. See the following two examples of abstracts from previously published POPS cases, referenced below:

[Dhanani K, Shanmugam G, Khan DA. A 6-year-old boy with fever and eosinophilia. Allergy Asthma Proc. 2009 Nov-Dec;30\(6\):655-9. PubMed PMID: 20031012.](#)

[Lee RU, Woessner KM, Mathison DA. Surfer's asthma. Allergy Asthma Proc. 2009 Mar-Apr;30\(2\):202-5. PubMed PMID: 19463209.](#)

2. **Manuscript length:** not to exceed 1,500 words excluding abstract, tables, figures and references and entire document not to exceed 10 double-spaced typewritten pages.
3. Format:
  - **Case report:** Chronological review of case clinical presentation: history and physical exam, diagnostic studies, treatment and clinical course.

#### CHIEF COMPLAINT

#### HISTORY OF PRESENT ILLNESS

#### PHYSICAL EXAMINATION

#### LABORATORY & OTHER DIAGNOSTIC FINDINGS (X ray, MRI, CT scans, biopsy, etc.) CLINICAL COURSE

#### QUESTIONS

1. *What is the differential diagnosis?*

2. *What additional laboratory data or investigations would be helpful in arriving at a diagnosis in this patient?*

- **Discussion:** Detailed discussion of the case being presented including the following:

- ✓ Clinical and laboratory features of the disorder (including disease course if applicable)
- ✓ Diagnosis and differential diagnosis
- ✓ Therapeutic options
  - Final diagnosis
  - Summary or conclusions
  - References Follow style provided on General Instructions to Authors
  - Tables: Not to exceed two tables with no more than 30 words per table legend
  - Figures: Not to exceed two figures with no more than 30 words per figure legend.
- 4. Conflict of interest: see General Instructions for Authors
- 5. Copyright release: see General Instructions for Authors



## Appendix B

### Clinical Pearls and Pitfalls

#### Additional Author instructions

1. The objective of the Clinical Pearls section of the *Allergy and Asthma Proceedings* is to provide the reader with a brief and concise review of a given topic. Emphasis should focus on salient clinical features and topics of interest for both the practicing physician as well as the fellow-in-training.
2. Each Clinical Pearls section should consist of one question followed by a brief and concise review. The author should pose the question then follow with a brief review, bulleted Clinical Peals, and bulleted Clinical Pitfalls.
3. The overall length should not exceed 1500 words, excluding references. There should not be more than 10 references.
4. This communication should follow the format listed below:

Posed question

Possible answers (choices A through E)

Introduction

Clinical Characteristics and Pathophysiology

Diagnosis

Management

Correct answer to posed question

Pearls in bulleted format

- Pearl 1
- Pearl 2

Pitfalls in bulleted format

- Pitfall 1
- Pitfall 2

5. References – see General Instructions to Authors
6. Conflict of interest - see General Instructions to Authors
7. Copyright release - see General Instructions to Authors