Journal of Allergy and Clinical Immunology: In Practice

Instructions for Authors

All manuscripts must be submitted through our online submissions site, http://ees.elsevier.com/inpractice/.

This document contains complete guidelines for the preparation of your manuscript. For instructions regarding how to use the submissions site, please visit http://support.elsevier.com/app/answers/detail/a_id/116. If you have any questions, please contact the Editorial Office at:

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Journal Scope
The Journal of Allergy and Clinical Immunology: In Practice covers the spectrum of conditions treated by allergist-immunologists in their practice: asthma, allergic bronchopulmonary aspergilosis, hypersensitivity pneumonitis, allergic and non-allergic rhinitis, nasal polyps, chronic sinusitis, urticaria and angioedema (including HAE), atopic dermatitis, contact dermatitis, anaphylaxis, food allergy, drug allergy, insect sting allergy, mast cell disorders, ocular allergy, eosinophilic gastrointestinal disorders, and immune deficiency. It also covers symptoms and signs for which patients are referred to the allergist-immunologist, such as cough, pruritis, rash, dyspnea, and eosinophilia. The emphasis of the journal is on practical information for clinicians that they can use in everyday practice or that will help them acquire new knowledge or skills they can directly apply to their
practice. Mechanistic or translational studies without immediate or near future clinical relevance are discouraged.

Please Note: When selecting a title for your paper, please consider the following guidelines:

- Keep the title succinct: Limit it to 12 words or fewer.
- Communicate a single subject or idea in the title.
- Construct the title around the article's key words.
- Include the specific symptom, condition, intervention, mechanism, or function of the paper's central focus.
- Mention any defining population, age, gender, or animal species that distinguishes the work.
- Use terms that are specific rather than general (e.g., "penicillin" rather than "betalactam antibiotic") and include terms that clarify (e.g., "CXCR4" rather than "chemokine receptors").
- Avoid using strong words (such as "robust," "innovative," "significant," "vigorous," and "aggressive"), as they may suggest exaggerated or unwarranted claims.
- Use wit carefully and appropriately; be informative first and clever second. Although a universally understood pun can work well to attract interest, ensure that it will not confuse or mislead the reader.
- The titles of papers accepted for publication in the Journal of Allergy and Clinical Immunology: In Practice may be revised for improved clarity and appeal to the readership. Such revision will have final approval by the authors.

Article Types
The Journal will consider publication of several types of manuscripts:

A. Original articles. These articles should describe fully, but as concisely as feasible, the results of original clinical research. Original Article should not exceed 3500 words, not including the abstract, figure legends, and references. Abstracts should be 250 words or less. Each figure legend should be held to 60 words or less. Each Original Article may be accompanied by a total of no more than 8 graphic presentations (tables and/or figures).

Additional text, tables, or figures can be designated as "supplemental" material, which will be included in the journal’s Online Repository. For more on this option, please see the "Online Repository Materials" section below. Please note: Original Article manuscripts that are determined to exceed these limits, or that do not include all of the elements listed below, will be returned to the authors for revision prior to review.
The title page, abstract, key words, abbreviations, text, acknowledgments, references, tables and figure legends should be included in a single file (.doc or .docx format). Figures should be loaded as separate files in the format specified below.

1. Title page. The first page of each submission should be a title page, containing the following items:

- A brief, clear title.
- The list of authors, including their full names, highest academic degrees, and institutional affiliations. **Please note:**
  (A) To be listed as an author, an individual must meet the requirements approved by the International Committee of Medical Journal Editors (ICMJE). In order to be included in the list of authors, an individual must have done all of the following: (1) made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafted the article or reviewed it critically for important intellectual content; and (3) given final approval of the version to be published.
  (B) The *Journal of Allergy and Clinical Immunology: In Practice* (JACI: In Practice) does not allow "ghostwriting," or uncredited authorship. All writers of a manuscript should be clearly identified.
- The name, address, telephone number, fax number, and email address of the author who should be contacted regarding the manuscript following its publication. Note: A different author may be designated as the Corresponding Author in EES for the duration of the submission and review processes.
- A declaration of all sources of funding for the research reported in the manuscript. **Note regarding National Institutes of Health-sponsored research:** JACI: In Practice’s publisher, Elsevier, facilitates author posting in connection with the posting request of the NIH (referred to as the NIH "Public Access Policy"; see http://publicaccess.nih.gov/). If an author indicates that the research reported in their article was sponsored by the NIH, either by checking the appropriate box on the Transfer of Copyright form or by completing the relevant field during the online submission process, Elsevier will send the accepted version of the manuscript to PubMed Central (PMC) for public access posting 12 months after final publication. Please note that the accepted version of the manuscript does not include changes that are made during the review of galley proofs. For more information about PubMed Central, please visit http://www.ncbi.nlm.nih.gov/pmc/about/faq/.

2. Abstract. The abstract should be no longer than 250 words. It should summarize the results and conclusions concisely. Tabular data should not be included and acronyms/abbreviations should be avoided or spelled out fully.
Abstracts should be structured as follows:

- **Background:** What is the major problem that prompted the study?
- **Objective:** What is the purpose of the study?
- **Methods:** How was the study done?
- **Results:** What are the most important findings?
- **Conclusion:** What is the most important conclusion drawn?

3. Highlights box. Each Original Article will be accompanied by a highlights box that provides bulleted answers to the following questions (each answer should be no longer than 35 words):
   
   1. What is already known about this topic?
   2. What does this article add to our knowledge?
   3. How does this study impact current management guidelines?

4. Key words. A list of up to ten key words should follow the Highlights box.

5. Abbreviations. Provide a list of any abbreviations/acronyms and their definitions following the key words. Only standard abbreviations are to be used. If you are uncertain whether an abbreviation is considered standard, consult *Scientific Style and Format* by the Council of Science Editors or the AMA’s *Manual of Style*. A laboratory or chemical term or the name of a disease process that will be abbreviated must be spelled out at first mention, the acronym or abbreviation following in parentheses.

6. Text. The manuscript should be written in clear and concise English. The text should be organized into the following sections: Introduction, Methods, Results, and Discussion. Each section should begin on a new page. The generic terms for all drugs and chemicals should be used.

   In studies involving human subjects, a statement describing approval by the appropriate Institutional Review Board is required.

7. Acknowledgments. General acknowledgments for consultations, statistical analyses, and the like should be listed at the end of the text, including full names of individuals involved. However, as noted above, acknowledgment of funding should be listed on the title page.

8. References. It is the Editors’ expectation that authors will perform a comprehensive search of the literature to gather the most current articles relative to the subject matter.

   References should follow "Vancouver style." See the examples below, or [http://www.nlm.nih.gov/bsd/uniform_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more information.
Manuscripts in preparation, personal communications, and other unpublished information should not be cited in the reference list but may be mentioned in the text in parentheses. The references must be identified in the text by superscript Arabic numerals and numbered in consecutive order as they are mentioned in the text. The list of references, in numeric sequence, should be typed at the end of the article. In the submitted version of the manuscript, references should not appear as footnotes or endnotes, and if you have used a program such as EndNote or Reference Manager to create them, the links between the reference numbers and the citations must be removed using the following steps:

(1) Using the "Select All" feature (Ctrl-A for PCs. Cmd-A for Macs), highlight the entire text of the file, including the references.
(2) Use the keystroke command Ctrl-6 for PCs or Cmd-6 for Macs.
(3) Save. This will remove the links (permanently) without disturbing the reference numbers or the citations. It is recommended that you save one copy of your manuscript with the EndNote links in place (for your reference) and one copy of your manuscript without the EndNote links (for submission purposes).

Please note that inclusive page numbers are required. List all authors’ names when there are six or fewer; when there are seven or more, list the first six and add "et al."

Examples of Reference Formatting

Journal article:

Book:

Chapter in a book:

Internet resource:


**B. Clinical Communications.** Clinical Communications are brief reports of clinical or laboratory observations, including case studies. They are limited in scope, and without sufficient depth of investigation to qualify as Original Articles. Like Original Articles, these manuscripts are subject to peer review.

A Clinical Communication must:

1. Be brief. A Clinical Communication should not exceed 1000 words, not including the figure legend(s) and references. The figure legend(s) should be held to 60 words or less. Please note: Clinical Communication manuscripts that are determined to exceed these limits will be returned to the authors for shortening prior to review.
2. Have a short, relevant title.
3. Have a complete title page (see section A1).
4. Present a list of Key words, as relevant (see section A4 above).
5. Provide 1-2 sentences (maximum 40 words) that summarize the clinical implications and importance of the report to be used in a Clinical Implications box published at the beginning of the article.
6. Begin with the salutation "To the Editor:"
7. Close with the author's name(s), academic degree(s), institutions(s), and location(s).
8. Have no more than nine references.
9. List the references as complete bibliographic citations following the closure of the letter (see section A8 above for formatting).
10. Be limited to a total of 2 figures and/or tables. (Additional figures or tables may be placed in the article's Online Repository; please see the relevant section below.)

**C. Images in Allergy.** Images in Allergy articles consist of clinical pictures (e.g., X-rays, CT scans, biopsies, allergens, endoscopic visualizations of the airway, eruptions, etc.) that impart important clinical information. They are accompanied by a brief description, limited to 500 words.

**D. Correspondence and Replies.** Correspondence concerning recent publications in *JACI: In Practice* will be considered for publication and accepted based on their pertinence, their scientific quality, and available space in the Journal. If the correspondence is considered acceptable, a response will be requested from the authors of the referenced *JACI: In Practice* article. Upon review and approval by the Editor, the Correspondence and relevant Reply will both be published together.

Both Correspondence and Reply manuscripts must:
(1) Be no longer than 500 words.
(2) Have a short, relevant title, distinct from the title of the referenced article.
Please note that all Replies should have the title "Reply to [Corresponding author's name]."
(3) Have a complete title page (see section A1).
(4) List the references as complete bibliographic citations at the end of the letter with the journal article being discussed as the first reference (see section A8 for formatting). The total number of references should be no more than seven. Replies should include the Correspondence to which they are replying as one of the references.
(5) Have no more than one graphic presentation (table or figure). (See the section on Graphic Presentations below).
(6) Begin with the salutation "To the Editor:" and close with the author's name(s), academic degree(s), institutions(s), and location(s).

E. Review articles. Review articles published in the Journal are invited by the Editors. Proposals for review articles may be emailed to the Editorial Office (InPractice@njhealth.org), but current space constraints do not usually allow for the acceptance of unsolicited review manuscripts.

F. Rostrum articles. Opinion articles about subjects of particular interest and/or debate may be accepted for peer review after preliminary review by the Editor. Proposals for rostrum articles may be emailed to the Editorial Office (InPractice@njhealth.org); they will be evaluated based on level of interest, novelty, and the current needs of the Journal.

Formatting of Articles

Basic Formatting
All sections should be double-spaced. On each page, the last name of the first author and the page number should appear in the upper right corner. Begin numbering with the title page as page 1. Be sure to display line numbers (1, 2, 3, and so forth) in the left margin of the manuscript. The line numbering should be continuous throughout the entire manuscript, from the title page through final page (i.e., do not begin numbering from 1 again at the top of each page).

Graphic Presentations
The total number of graphic presentations (tables and/or figures) per manuscript should comply with the limits for the manuscript's Article Type (see above); requests to include additional graphics must be approved by the Editors.

A. Tables. If tables appear in the manuscript, they must be included in the electronic submission. They may be placed within the manuscript file or loaded
as separate files (in .doc or .docx format). Tables should supplement, not
duplicate, the text; they should be on separate pages, one table per page, and
should be numbered with Roman numerals in order of mention. A brief title
should be provided directly above each table. Any abbreviations should be
defined at the bottom of the table. When creating a table, use the word-
processing program’s table formatting feature; otherwise, use only tabs (not
spaces) to align columns.

B. Figures. Each Original Article may include 1 complimentary color image. The
rest of the images should be in black and white. If the authors wish to include
additional color images, this can be done with payment of a fee; the publisher will
contact the authors following acceptance of the manuscript to discuss the
relevant costs and payment details. If illustrations appear in the manuscript, they
must be submitted in electronic format along with the rest of the manuscript.
Each figure should be submitted as a separate electronic file, and should not be
inserted into the file containing the text of the manuscript. Information regarding
acceptable file formats can be found at
www.elsevier.com/wps/find/authors.authors/authorartworkinstructions.

Note regarding figure legends: Figure legends should be listed in the manuscript
file, on a separate page after the tables. They should not appear in the figure
files. The figure legend will be included when sizing the figure and its length must
therefore be taken into consideration. The figure title should appear at the
beginning of each legend. The legends themselves should be succinct (no more
than 60 words), identifying the data or subject being presented, but not explaining
methods or results.

Basic guidelines:
• Text within the figure should be in Times New Roman font. Keep a consistent
  font size throughout each figure, and for all figures.
• Images need to be easily readable with good contrast, particularly figures that
  have multiple parts and/or a lot of different symbols or components. Clarity
  and consistency should be uniform among the parts of a multi-part figure,
  and among all the figures in a manuscript.
• In colorizing your figure(s), we ask that you keep in mind that some of our
  readers are colorblind and may be unable to distinguish different colors
easily. To accommodate these readers, we suggest that you consider
some type of aid, such as labeling each column of a bar graph with an
identifier or providing a key with differently shaped symbols to identify
each set of data. It is also helpful to use colors of varying intensity so that
they are distinguishable as different shades of gray when viewed by the
colorblind. It is important that you submit all figures in the dimensions in
which they are to be published in the journal. They must be sized to the
smallest dimensions that allow legibility and clarity without undue use of
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The Journal will consider posting ancillary materials (non-essential text, tables, figures, videos, appendices, questionnaires, etc.) in an Online Repository (OR). The OR is for peer-reviewed material that cannot be included in the print version of an article due to space considerations. In the manuscript text, materials that are housed in the OR must be referenced specifically (e.g., "see Figure E1 in the Online Repository"). Note: OR material consisting of 15 pages or less is built directly into the downloadable PDF of the published article; for material longer than 15 pages, a link is provided in the online version of the article.

On an individual basis, the Editors will determine whether ancillary material submitted in support of a manuscript is warranted. In some instances, an Editor may suggest when requesting a revision that part of the data be presented for the OR and removed from the manuscript, perhaps at the request of the reviewers.

The ancillary material must be submitted in EES simultaneously with the rest of the manuscript. The OR material should be loaded as separate files, and should follow the end of the regular manuscript. For revisions that will include newly designated OR material, the Marked Manuscript should show where materials were removed from the original version, and include appropriate statements directing readers of the article in the print journal to the OR. The Unmarked Manuscript will reflect the latter changes.

Guidelines for Online Repository text:

- All text files for the OR should be formatted per directions for regular manuscript materials (see section A).
- If citations are made within the ancillary material, a list of references, separate from the manuscript’s references, must be included and labeled E1, E2, etc.
- Authors may repeat sentences or references in the OR that are included in the manuscript, if necessary for reader comprehension.

Guidelines for Online Repository Tables and Figures:

- Tables for the OR should be submitted as files with any of the following extensions: doc, .csv, .txt,.rtf, .xls, or .ppt. The tables must have been created in the same format that they are saved, so that they can be copyedited if needed.
- Figures for the OR do not need to conform to the print specifications for resolution, but they do need to appear clear and crisp when viewed electronically.
• Figures and Tables must be designated as Figure E1, Table E1, etc, and should be numbered separately from the illustrations in the manuscript proper.

**Required Documents**

Signed Transfer of Copyright documents, Conflict of Interest disclosures, and permissions forms (when applicable) must be received in the Editorial Office before an accepted manuscript can be sent to the publisher. These forms can be faxed to 303-270-2269 or, if they have an electronic signature, they can be uploaded electronically with your manuscript submission. Templates of the forms are available for downloading from the EES Web site [http://ees.elsevier.com/inpractice/img/Forms.html](http://ees.elsevier.com/inpractice/img/Forms.html) (If you are submitting your Transfer of Copyright and Conflict of Interest disclosure forms to us as part of your electronic submission in EES, please be sure to include all of these forms with each subsequent version of your manuscript.)

1. **Transfer of Copyright.** Items are accepted for publication on the understanding that they are contributed solely to *JACI: In Practice* and have not been or will not be published elsewhere except in abstract form. Each author must sign a Transfer of Copyright statement, using the exact wording provided in the downloadable form that is available at the EES Web site [http://ees.elsevier.com/inpractice/](http://ees.elsevier.com/inpractice/). For information regarding our publisher's copyright policies, including a list of rights that are retained by the authors, please see [http://www.elsevier.com/wps/find/authorsview.authors/rights](http://www.elsevier.com/wps/find/authorsview.authors/rights).

2. **Conflict of Interest Disclosure.** The Journal requires all authors to acknowledge, on the title page of the manuscript, all funding sources that supported their work. Authors are also required to disclose to the Editor, in separate signed documents, any commercial associations that might pose a conflict of interest. These include consultant arrangements, speakers' bureau participation, stock or other equity ownership, patent licensing arrangements, support such as financial or materials grants for research, employment, or expert witness testimony. If the paper is accepted for publication, disclosure of any such associations will be published as a footnote to the article. No article can be published in the Journal unless a signed and completed Conflict of Interest statement has been received from each author. *JACI: In Practice* uses the International Committee of Medical Journal Editors (ICMJE) Form for Disclosure of Potential Conflicts of Interest. A copy of the form can be downloaded from the EES Web site [http://ees.elsevier.com/inpractice/](http://ees.elsevier.com/inpractice/).

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Revision of Manuscripts

As with new submissions, revisions must be submitted electronically through EES (http://ees.elsevier.com/inpractice/). Ensure that the revised manuscript is prepared in accordance with the Journal's format and style for the type of article being revised. Please refer to the "User Guide for Authors" (http://support.elsevier.com/app/answers/detail/a_id/116) for additional information. Adherence to these guidelines is important to prevent a delay in processing the revised manuscript.

Revisions must include the following:

(1) A Responses to Comments document that includes point-by-point responses to the comments made by the Reviewers, Editor, and Editorial Office. In your Responses to Comments document, reproduce each comment verbatim and in its entirety and follow the comment with your detailed response. Each of the comments should be preceded by the word "COMMENT," and the font style for each comment should be bold. Each of your responses should be preceded by the word "RESPONSE," and the font style for each response should be regular (not bold). In each response, indicate where relevant changes have been made in the manuscript or explain why no changes would be appropriate. If any alterations have been made to your figures or if any figures have been removed or replaced, describe the changes.

(2) A Marked Manuscript. The Marked Manuscript should be a version of your revised manuscript in which all of the ways in which it is different from the original manuscript are indicated for the sake of the Editor. The preferred method of indicating changes is Microsoft Word's Track Changes feature. Alternately, any text that has been added should be underlined, and any text that was deleted should be indicated by strikethrough formatting. Any table that was part of your original submission should be either embedded within the Marked Manuscript or provided as a separate file (e.g., "Table II - Marked"); if changes have been made to the table, they should be indicated. Likewise, any figure that was part of your original submission should be either embedded within the Marked Manuscript or provided as a separate file (e.g., "Figure 1 - Marked"); if changes have been
made to the figure, they should be described in your Responses to Comments document. Line numbering (continuous) should be used throughout the Marked Manuscript.

(3) An **Unmarked Manuscript**. The Unmarked Manuscript should be your revised manuscript just as you intend it for publication (if it is accepted). Any table that is to be part of your revised manuscript should be either embedded within the Unmarked Manuscript or provided as a separate file (e.g., "Table II - Unmarked"). Any figure that is to be part of your revised manuscript must be provided as a separate file (e.g., "Figure 1-Unmarked").

(4) **Signed Transfer of Copyright and Conflict of Interest Disclosure forms.** If you are submitting your Transfer of Copyright and Conflict of Interest disclosure forms to us as part of your electronic submission in EES, please be sure to include all of these forms with each subsequent revision of your manuscript.

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**Adherence to Key Guidelines**

*JACI: In Practice* endorses the following guidelines and encourages authors to make every attempt to conform to their recommendations:

**CONSORT guidelines for randomized controlled trials (RCTs)**
All RCTs should follow the CONSORT (Consolidated Standards of Reporting Trials) guidelines, available at [www.consort-statement.org](http://www.consort-statement.org).

**STROBE statement for observational studies**
When preparing observational reports, we encourage authors to review the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) Statement, available at [www.strobe-statement.org](http://www.strobe-statement.org).

**PRISMA guidelines for systematic reviews and meta-analyses**
For meta-analysis of RCTs, we encourage authors to consult the recommendations of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement, available at [www.prisma-statement.org](http://www.prisma-statement.org).

**STARD statement for diagnostic studies**
For reports of diagnostic studies, we recommend the STARD (Standards for Reporting of Diagnostic Accuracy) Statement, available at [www.stard-statement.org](http://www.stard-statement.org).

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**Special Instructions Regarding Statistical Analyses and Reporting:**

1. **METHODS:** Reporting on Statistical Methods. The Consolidated Standards of Reporting Trials (CONSORT) statement is a set of guidelines for reporting on the...
methods and results of randomized and nonrandomized medical research studies. It is available at the following Web site: http://www.consort-statement.org.

The first CONSORT statement provides a checklist of items that should be included in a manuscript that reports the results of a randomized clinical trial (RCT). Items 7 through 12 of the checklist are relevant to the statistical methods section for a manuscript submitted to *JACI: In Practice* based on a RCT. Thus:

With respect to item 12, the statistical methods and commercial software should be cited.

Item 7 and item 12 of the checklist are relevant to the Statistical Methods section of a manuscript submitted to *JACI: In Practice* based on a nonrandomized study. Thus:

2. Results.
Items 13 through 19 of the CONSORT checklist describe items that are important to the Results section for a manuscript submitted to *JACI: In Practice* based on a RCT (some of the items might not be relevant if the study is nonrandomized). Thus:

2A. Results: Descriptive Statistics at Baseline
If the distribution for a continuous variable is approximately normally distributed, then report either: • the sample mean and the sample standard deviation or
• the sample mean and the 95% confidence interval for the population mean.

If the distribution for a continuous variable is known (or suspected) to be non-normal, then report either: • the sample median and the sample interquartile range or
• the sample median and the sample first and third quartiles.

Many blood and urine measurements are log-normally distributed—i.e., the log-transformed variable is approximately normally distributed. If the distribution for a continuous variable is known (or suspected) to be lognormal, then an alternative to sample medians and quartiles is to report either
• the sample geometric mean (calculate as the exponentiation of the sample mean of the natural log-transformed data) and the sample coefficient of variation or
• the sample geometric mean and the 95% confidence interval.

If the distribution of the variable is categorical, then report the raw numbers and the percentages for the categories. Do not use more than three digits for the
percentages—i.e., 79% or 79.3% are fine, but 79.32% is not.

Statistical tests, along with reported P values, for comparing groups at baseline are not necessary unless there is a strong reason to include them.

2B. Results: Outcomes
Every P value should be reported using two digits after the decimal point. If each of the first two digits after the decimal point is zero, then a third digit can be used. If each of the first three digits after the decimal point is zero, then simply report P < .001.

If the P value is close to the level to be used for claiming a statistical significance or if each of the first two digits after the decimal point is zero, then a third digit can be used. For example, if the significance level is 0.05, then P = .046 or P = .054 can be reported. Nonsignificant results (e.g., where the P value is >0.05) should be accompanied by P values; it should not simply be stated that they are nonsignificant (NS).

P values alone are not sufficient to report the results of statistical tests. JACI: In Practice’s readers need to see the magnitude of the effects via point estimates and 95% confidence intervals for the group comparisons.

An estimate of odds ratios and relative risks (and their corresponding confidence interval estimates) should not exceed two digits beyond the decimal point.

The following is an excellent article that discusses many of the statistical errors that arise in immunologic research:

The following is an excellent article that discusses the reporting of subgroup analyses in clinical research: Wang R, Lagakos SW, Ware JH, Hunter DJ, Drazen JM. Statistics in medicine-reporting of subgroup analyses in clinical trials. NEJM 2007;357:2189-2194.

Finally, if authors desire more detailed guidance on appropriate methods for analyzing study outcomes, then they can visit the Web sites of other biomedical journals. An excellent example is the Web site of the Annals of Internal Medicine (http://www.annals.org/shared/author_info.html).

Statements and opinions expressed in the articles and communications in the Journal are those of the author(s) and not necessarily those of the Editor(s) or publisher, and the Editor(s) and publisher disclaim any responsibility or liability
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