

Methods of Information in Medicine Author Instructions

Thank you for contributing to *Methods of Information in Medicine*. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:

<https://mc.manuscriptcentral.com/methods>

- AUTHOR INFORMATION**
 - All authors: full name, department, affiliation
 - Corresponding author: full name, degrees, department, affiliation, mailing address, telephone and fax number, e-mail address
- MANUSCRIPT FILE**
 - All manuscript files must be submitted in digital format.
- ABSTRACT AND KEYWORDS**
 - See the section Article Types for word limit
- REFERENCES**
 - Cited sequentially in AMA style
- FIGURES AND TABLES**
 - Cited sequentially in the main document, must be saved separately from the main document
- ART FILES**
 - Must be saved separately from the main document
- PERMISSIONS**
 - Required if you plan to reproduce content from a published source or include a photograph of a patient
 - Patient permission forms available at www.thieme.com/journal-authors

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Methods of Information in Medicine is an official journal of the International Medical Informatics Association (IMIA), of the European Federation of Medical Informatics (EFMI) and the international official journal of the German Association for Medical Informatics, Biometry and Epidemiology (GMDS).

Methods of Information in Medicine is directed towards methods in health informatics, including public health and consumer informatics. Publications include novel scientific methods, addressing a clear clinical, public health or patient need, rooted in in a number of different fields such as

- ontologies and knowledge modelling
- natural language processing and text mining
- statistics
- design science
- machine learning and artificial intelligence
- multimodal data integration
- standardisation, data integration and interoperability
- implementation science
- evaluation

Possible application areas include any areas of health informatics such as information systems and services, clinical decision support, consumer health and patient e-services, disease surveillance, and information systems infrastructures in low resource settings.

Submissions regarding bioinformatics, image- and signal processing without clear clinical application , medical decision-making theory and pure epidemiologic studies will be excluded as there are other, more suitable, venues for publication of these.

MANUSCRIPT FORMAT

Article Types

The following table shows what types of articles are accepted for publication, and what requirement they may have.

| Article Type | Abstract Limit | Keywords Limit | Word Limit |
|-------------------------------------|----------------|----------------|-------------|
| Original Article | 300 words | 5 | No Limit |
| Original articles for a Focus Theme | 300 words | 5 | No Limit |
| Review Article | 300 words | 5 | No Limit |
| Editorials | n/a | 5 | 1,500 words |
| Letters to the Editor | n/a | 5 | 2,000 words |
| For-discussion articles | 300 words | 5 | No Limit |
| Short papers | 300 words | 5 | 2,000 words |

Original articles: Research articles that contain original work based on original research or experimentation not previously published or under consideration by another journal.

Original articles for a Focus Theme: From time to time, the journal publishes articles on current research topics in form of particular focus themes as part of a journal's issue. Focus themes are managed by guest editors who are experts in the proposed topic and organized through an open call. Calls for focus themes are announced on the journal's homepage well in advance of the deadline. Experts who are interested in proposing focus themes and in serving as guest editors may send a letter of request to the editor-in-chief of *Methods of Information in Medicine* at ed@MethodsInfMed.org.

Editorials: Editorials allow an expert to provide an opinion on a specific topic relevant to *Methods of Information in Medicine*. Editorials may be solicited by the editorial board based on a perceived need for discussion of a specific topic and should not exceed 1,500 words.

Letters to the Editor: Letters contain manuscripts directly discussing an article published in *Methods of Information in Medicine* within the last two years. Letters do not require keywords and abstract and should not exceed 1,500. They should include no more than one table or figure, respectively.

Review articles: A comprehensive review of prior publications relating to a specific subject relevant to *Methods of Information in Medicine*. Systematic reviews should follow the PRISMA and PRISMA-ScR guidelines for scoping reviews. Meta-analysis of observational studies should follow the MOOSE guidelines. Please consult the EQUATOR web site for appropriate reporting guidelines. PRISMA or MOOSE checklists should be included as supplementary file.

For-discussion articles: Authors may be invited by the editors to submit papers discussing controversial scientific topics. Such For-discussion papers will be analysed and discussed by field experts. This article category gives room for submission of opinion papers describing and discussing controversial and/or emerging topics.

Short papers: Short papers not exceeding 2,000 words including references, accompanied by a table or figure may be accepted for publication if they serve to promote communication of new ideas, upcoming methods or case studies.

General Guidelines

- You must submit a digital copy of your manuscript.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
- The manuscript, including the title page, structured abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- There is no template for submitting to *Methods of Information in Medicine*, but authors should use double line spacing, include line and page numbering and use only one column. The manuscript must be saved in Microsoft Word format (.docx, .doc).
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in consistent British or American English. Contributions are submitted in the English language only. If English is not the first language of the authors, then it may be of benefit to seek help from a native English speaker before submitting the article
- The authors should use International System of Units (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.

MANUSCRIPT FORMAT *continued*

Title Page

- The title page should list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address, and telephone numbers. It should also list the full name, department, and affiliation of every co-author.

Title, Abstract and Keywords

See the section Article Types for word limits.

The title must be typed on the first page of the document, as a separate page

The abstract should be provided on separate page briefly outlining the content of the article and any conclusions it may reach. The abstract should be structured as – Background (optional), Objectives, Methods, Results, Conclusions followed by the Keywords. Keywords should be words a reader would be likely to use in searching for the content of the article. We recommend using MeSH keywords.

Main Document

- The main text must be organized into Title, Structured Abstract and Keywords, Introduction, Objectives, Methods, Results, Discussion, Conclusions, Acknowledgments and References. Apart from the main headings, such as Introduction and Methods, subheadings should be used where appropriate and may be numbered. Authors should add a sub-section “Ethical considerations” at the end of the methods section. Authors should here state the name and location of the Ethical Review Board, the file number of the decision and the name of the ERB chair. Manuscripts on research not involving human subjects must include a statement of that fact in the text of the manuscript.
- One sub-section in the discussion should clearly state the clinical or public health implications of the work.
- Use generic names of drugs or devices. If a particular brand was used in a study, insert the brand name along with the name and location of the manufacturer in parentheses after the generic name when the drug or device is first mentioned in the text.
- Quantities and units should be expressed in accordance with the recommendations of the International System of Units (SI), 8th edition 2006 (www.bipm.org/units/commonpdfsi_brochure_8_en.pdf).
- When abbreviations are used, give the full term followed by the abbreviation in parentheses the first time it is mentioned in the text, such as inferior gleno-humeral ligament (IGHL).
- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.

Thieme Editing Services

Thieme offers a language editing service for manuscripts, abstracts and theses in partnership with Enago, a world-leading provider of author services to researchers around the world. Authors can choose from a range of editing services and get their manuscripts edited by Enago's professional medical editors. Authors that wish to use this service will receive a 20% discount on all editing services. To find out more information or get a quote, please visit <https://www.enago.com/thieme>

Acknowledgments

Scientific advice, technical assistance and credit for financial support and materials may be grouped in a section headed 'Acknowledgment(s)' that will appear at the end of the text.

Conflict of Interest

All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper.

Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

This journal follows the guidelines of the [International Committee of Medical Journal Editors](#) and an [ICMJE disclosure of potential conflicts of interest \(COI\) form](#) must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

Please click <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

MANUSCRIPT FORMAT *continued*

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
 - References follow the article text. Insert a page break between the end of text and the start of references.
 - References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
 - By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
 - List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
 - References should be styled per the following examples:
1. Citing a journal article:
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341–347
 2. Citing a chapter in a book:
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
 3. Citing a book:
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
 4. Citing a thesis:
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
 5. Citing a government publication:
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
 6. Citing an online article:
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. Available at: http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996
 7. Citing a symposium article:
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

MANUSCRIPT FORMAT *continued*

Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)

Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, “Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.” (“Data from . . .” or “Adapted from . . .” may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

Videos

- The following formats are acceptable: *.avi, *.mov and *.mpg.
- For supplementary videos, the length should not exceed 4 minutes, and a legend of no more than 40 words per video or per sequence is required (it should also be included in the main document).
- If including a voice over, it must be in clear English. Be precise, informative, and clear in your speech. Re-record audio in post-production for sound quality.

Formulas

Special care should be taken with the presentation of formulas. In order to save formulas into your document in a manner that will ensure their accurate appearance in the system-generated proof, create the formulas as text. Check that any ‘dots’, ‘dashes’, ‘minus signs’, etc. are legible and not likely to be misinterpreted.

Appendices

Manuscript attachments and appendices will be published “as is” only online. The editor will decide at latest with acceptance of a manuscript, whether an appendix is essential for a publication. In this case an appendix will be part of the printed version of the manuscript.

DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

SUBMISSION PROCEDURE

Methods Open - Article Processing Charge (APC)

All contributions accepted and published in Methods Open are fully Open Access, meaning that all contributions are immediately made freely available to read, download, and share under the terms of a CC License. Upon acceptance of your manuscript, the payment of the article processing charge (APC) is due. An article will be moved into production once payment has been received. Learn more about Thieme's Open Access program by visiting <https://www.thieme.com/en-us/who-we-serve/authors/journals/open-access>. For the current pricing, please go to "APC" and select "Price List".

Methods Print – Fees

The first 5 pages in print of an article are free of charge (i. e., about 22,000 characters including space bars; please deduct 1,500 characters including space bars for each figure or table). Online supplementary material is also free of charge, which allows authors to include additional information without exceeding the 5-page print limit. Authors who submit an article that exceeds 5 pages in print (including references, figures and tables) will be charged 125 € for each page exceeding the number of 5 pages. For color illustrations 350 € will be charged to the author for the first figure.

Submission Procedure

- Methods of Information in Medicine has two different submission tracks, Methods traditional subscription publication print / online ("Methods Print") and "Methods Open". Submissions to Methods Print are available in print and online and submissions to Methods Open are only available online as open access. Please note that both tracks belong to the same journal and there is no difference in impact factor between the two tracks.
- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- Manuscripts must be submitted electronically at the following link:
<https://mc.manuscriptcentral.com/methods>
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. Please check the proof that is generated by the Manuscript Central system carefully, especially all Greek letters, other special characters, and formulas. The proof is the version seen by the editor and reviewers. If you have any difficulties submitting your manuscript online, please contact the Editorial Assistant, in the editorial office, by e-mail ed@MethodsInfMed.org
- The Editor in Chief will inform you via email once a decision has been made.

Peer Review

All manuscripts submitted to the journal will first be checked by the editorial assistant to ensure they conform with the guidelines listed in this document. If manuscripts fail to meet the editorial requirements, authors will be asked to revise and resubmit before the manuscripts will be sent into the review process. Manuscripts that enter the review process will be examined by at least two, in most cases by three independent reviewers. They will be asked to comment on the significance of the work, including its scientific impact and importance to the field, quality of scientific and/or technical content, originality and innovativeness, reference to related literature, organization and clarity of expression. The final decision concerning acceptance or rejection of articles will be at the discretion of the editor-in-chief and the associate editors.

Preprint Server Statement

Methods of Information in Medicine encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript.

Revision Procedure

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

Electronic Support

The Instructions to Authors are also available at the journal's web site <http://www.methods-online.com>

Online Access

Once published, all articles appear online at <http://www.methods-online.com> The German Copyright law applies to usage of the articles.

PRODUCTION PROCEDURE

Page Proofs & Reprints

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final. Proofs with corrections must be returned within 48 hours of receipt.

For submissions to Methods Print, reprints may be ordered at the prices shown on the publisher's order form that is sent together with the proofs.

POLICY STATEMENTS

Statement on Liability

The legislation on product liability makes increased demands on the duty of care to be exercised by authors of scientific research and medical publications. This applies in particular to papers and publications containing therapeutic directions or instructions and doses or dosage schedules. We therefore request you to examine with particular care, also in your own interest, the factual correctness of the contents of your manuscript once it has been copyedited and returned to you in the form of galley proofs. The responsibility for the correctness of data and statements made in the manuscript rests entirely with the author.

Definition of Authorship

Authorship credit should be based on criteria established by the [International Committee of Medical Journal Editors](#). Each author should have made the following contributions towards the completion of the manuscript: All authors must have made substantial contributions to:

1. conception and design, acquisition of data and/or analysis/interpretation of data and
2. drafting and/or critical revision of the manuscript.

All listed authors must approve the version to be published.

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Upon publication of an article, all rights are held by the publishers, including the rights to reproduce all or part of any publication. The reproduction of articles or illustrations without prior consent from the publisher is prohibited.

Statement of Ethics

This journal adheres to the ethical standards described by the [Committee on Publication Ethics](#) and the [International Committee of Medical Journal Editors](#). Authors are expected to adhere to these standards.

All authors submitting manuscripts on research involving human subjects must indicate that the study has been reviewed in compliance with ethical standards of the responsible committee on human experimentation (institutional and/or national as pertinent) and with the World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects.

For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Patient Permission Policy and Thieme GDPR Policy

You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph.

The personal rights of people who are recognizable on images must be protected. Please provide a written consent form for publication signed by every recognizable person. For persons under 18 years of age / persons supervised, please provide the signature of both parents / the legal guardian / supervisor. A suitable declaration of consent form can be obtained in our authors' lounge. Patient permission forms are available at www.thieme.com/journal-authors

We cannot accept or store illustrations in which personal data of third parties are included. Please submit images in completely anonymous form, free of personal data only! Such data may not only be directly visible in the image (e.g., a patient name or a date of birth in an X-ray image); they can also be included in the metadata of the image, which is accessible with the appropriate software. They may also be obscured by a cropping feature (such as PowerPoint or Word), but can be made visible underneath. If you have questions about data protection regulations, please contact us before submitting your manuscript.

EDITORIAL CONTACTS

Please contact the Editors or Thieme Publishers with any questions.

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Thieme Publishers – Project Manager Journals

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