

Instructions to the Authors

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About the Journal

Saudi Journal of Medicine & Medical Sciences (SJMMMS) is a peer-reviewed international journal published by [Imam Abdulrahman Bin Faisal University](#) (formerly University of Dammam), Dammam, Kingdom of Saudi Arabia. The journal's full text is available online at <https://www.sjmms.net>. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional/subject-based repository.

Scope of the Journal

The purpose of the Journal is to promote excellence in the practice of medicine and medical health sciences. The Journal aims to promote the knowledge, attitudes and practice of all aspects of comprehensive health care (preventive, curative and rehabilitative) as well as facilitate the development of medical research, education and health services. Original papers, review articles (both systematic and narrative), short communications, brief reports and letters to the editor are all welcomed. Case reports with substantial significance may also be considered for publication. Most of the content of SJMMMS is submitted at the authors' initiative, but all editorials are solicited by the Editors.

Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to SJMMMS alone at that point of time and it has not been published anywhere or simultaneously submitted/accepted for publication elsewhere. One of the authors should be authorized to correspond with the Journal for all matters related to the manuscript.

All manuscripts submitted are duly acknowledged. The submitted manuscripts are first checked for plagiarism using [iThenticate](#) and then reviewed for suitability for publication in SJMMMS. Manuscripts with high plagiarism, insufficient originality, major scientific or technical flaws and/or lack of a significant message are rejected at this stage along with manuscripts that are unlikely to be of interest to SJMMMS readers. Suitable manuscripts are then subjected to a comprehensive review by the Editorial Team and/or an internal reviewer to check their adherence to reporting guidelines and robustness in rationale and methodology. If deemed necessary, manuscripts may be sent back to authors for making amendments. In such cases, only manuscripts in which satisfactory changes are made would be considered for further stages.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the manuscript. The Journal follows a double-blind peer review process. The Editor-in-Chief, based on the comments and recommendations of reviewers, takes a final decision on the manuscript. The comments and suggestions (i.e., acceptance/rejection/revision) received from reviewers are conveyed to the corresponding author. If a manuscript requires revision, the author(s) is requested to provide a point-by-point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated until reviewers and editors are satisfied with the response.

Manuscripts received from the sponsoring university are subjected to the journal's usual procedures, which includes not selecting reviewers affiliated with the institution as that of the author(s). In addition, Editorial Board members from Imam Abdulrahman Bin Faisal University are excluded from all publication processes and decisions of such manuscripts. From January 1, 2022, the Editor-in-Chief would recuse himself from all final decisions for manuscripts received from the sponsoring university. Editorial Board Members are also excluded from all publication processes and decisions of manuscripts in which they are authors or may have actual or potential competing interest.

Manuscripts accepted for publication undergo substantial editing, as required, in addition to copyediting for grammar, punctuation, print style and format. All proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within the recommended timeframe. It may not be possible to incorporate corrections received after that period. The entire process from submission of the manuscript to final decision and the subsequent sending and receiving proofs is completed online through the website <https://review.jow.medknow.com/sjmms>.

To achieve faster and greater dissemination of knowledge and information, the Journal publishes articles online as 'Ahead of Print'.

Processes for appeals

The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they

should email the editorial office (email: [\[email protected\]](#)) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6 – 8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

Policy against Plagiarism

The Journal follows strict anti-plagiarism policy and defines plagiarism as duplicate publication of the author's own work, in whole or in part without proper citation, or misrepresenting other's ideas, words, and other creative expression as one's own. All manuscripts submitted to SJMMS undergo plagiarism check with the commercially available software [iThenticate](#). Only in cases of minor duplication or similarity with previous published work, the authors may be provided an opportunity to rectify the same; in all other cases, the manuscript is desk rejected along with the plagiarism report (please also see the [Scientific Misconduct](#) section for additional details).

Clinical Trial Registry

SJMMS prefers clinical trials to be registered with a clinical trial registry that allows unhindered and free online access to public. Some of the accepted trial registers are as follows: <https://sctr.sfda.gov.sa/>; <http://www.clinicaltrials.gov/>; <http://www.ctri.nic.in/>; <https://www.anzctr.org.au/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp> and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrolment of subjects in or after June 2018. From January 2021, the Journal would only consider submissions of clinical trials that have been registered, including those that commenced enrolment of subjects prior to June 2018 but retrospectively registered with a clinical trial registry that meets the Journal's preference.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors.

Please note that although the Journal does not specify a maximum number of authors, if requested, the authors should provide a justification if the number of authors exceed 6 for original articles, 4 for case reports and short communications/brief reports and 2 for letters to editor.

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work from inception to publication and should be designated as the 'guarantor'.

Conflicts of Interest/Competing Interests

All authors of articles must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. If the articles are authored by the editorial board, the conflict of interest must be clearly stated.

Submission of Manuscripts

All manuscripts must be submitted online through the website <https://review.jow.medknow.com/sjmms>. First-time users would have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their username and password. Authors do not have to pay for submission, processing or publishing articles. If you experience any problems, please contact the Editorial office by e-mail at: [\[email protected\]](#)

Submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the

manuscript should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide the following:

- a) The type of manuscript, title of the manuscript (not more than 15 words), running title (not more than 55 characters, including spaces), names of all authors/contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
- b) The total number of pages, total number of photographs and separate word counts for the abstract and text (excluding the references, tables and abstract).
- c) A statement confirming appropriate patient consent has been obtained. For Case Reports, please see the Case Report section for further details and appropriate forms.
- d) Source(s) of support in the form of grants, equipment and/or drugs.
- e) Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support.
- f) If the manuscript was presented as part at a meeting, the organization, place and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to proceed with the manuscript.
- g) Registration number in case of a clinical trial and where it is registered (name of the registry and its URL).
- h) Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form.
- i) Criteria for inclusion in the authors'/ contributors' list.
- j) A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
- k) The name, address, e-mail and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] Blinded Article file: The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with The Journal's blinding policy will be returned to the corresponding author. The main text of the article, i.e., from Abstract to References (including tables), should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb. Do not incorporate images in the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] Images: Submit good quality color images. Each image should be less than 4 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 × 1200 pixels or 5–6 inches). Images can be submitted as JPEG files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] The contributors'/copyright transfer form (template provided below) must be submitted online from the author's area on <https://review.jow.medknow.com/sjmms> with the signatures of all the contributors within two weeks of submission. Alternatively, the authors can e-mail this form as a scanned image to [\[email protected\]](#)

Preparation of Manuscripts

Manuscripts must be prepared in accordance with [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) developed by the International Committee of Medical Journal Editors (ICMJE) (Updated December 2019). Specific requirement of SJMMS are summarized in the subsequent sections. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the manuscript submission site <https://review.jow.medknow.com/sjmms>.

SJMMS accepts manuscripts written in American English (without the use of the serial comma).

Copies of any permission(s)

It is the responsibility of authors/contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript.

Types of Manuscripts

The authors are required to use the downloadable MS Word document templates provided at the end of this page to prepare the manuscripts. The relevant reporting guideline checklist is provided in each template and must be duly followed. The authors can also choose the reporting guidelines for the specific study design from the web links provided in the table below and upload it along with the manuscript.

Reporting Guidelines for Specific Study Designs

| Initiative | Type of Study |
|------------|--|
| CONSORT | Randomized controlled trials |
| STARD | Studies of diagnostic accuracy |
| STROBE | Observational studies in epidemiology |
| CHERRIES | Web-based surveys |
| ARRIVE | Animal studies |
| PRISMA | Systematic reviews and meta-analyses |
| MOOSE | Meta-analyses of observational studies in epidemiology |
| CARE | Case reports |
| SQUIRE | Quality control studies |
| AGREE | Clinical Practice guidelines |

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>.

ORIGINAL ARTICLES

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series and surveys with high response rate. The text should be divided into sections with the headings Abstract, Introduction, Material (or Patients) and Methods, Results, Discussion, Conclusion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Study design: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Identify the methods, apparatus (give the manufacturer's name and address in parentheses) and procedures replication of the results. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s) and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups) and the method of masking (blinding), based on the [CONSORT Statement](#).

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2013 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). For prospective studies involving human participants,

authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

Statistics: Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as dropouts from a clinical trial). Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations' and 'sample'. Define statistical terms, abbreviations and most symbols. Specify the computer software used. For all *P* values, include the exact value and not less than 0.05 or 0.001 (e.g., *P* = 0.048). Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present the results in a logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix, which would be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); interpretation and implications in the context of the totality of evidence (what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms, etc.); controversies raised by this study; and future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, but they should be clearly labelled as such.

General Requirements:

- Abstract: Up to 250 words. Should be structured with the following section headings: Background, Objectives, Materials (or Patients) and methods, Results and Conclusion. Please also provide 3–6 relevant keywords (in alphabetical order)
- Word limit: 3000 words (excluding Abstract, References, Tables and Figure legends)
- References: <40
- Tables/Figures: Up to 6 in total (additional tables and figures need to be justifiable)

REVIEW ARTICLES

SJMMS publishes both narrative and systematic reviews. It is expected that authors of narrative articles would be written by individuals who have done substantial work on the subject or are considered experts in the field.

The Abstract should include an overview of the topic and the main objective for the review, the primary observations and findings as well as conclusions of the review that are supported by the information, along with clinical applications and relevance. The main body section titles would depend upon the topic reviewed. Authors should also include a section describing the methods used for locating, selecting, extracting and synthesizing data.

For systematic reviews with meta-analysis, a structured abstract is required. In addition, the main body of text should comprise Introduction, Methods (detailing the following: search strategy, study selection and data extraction, quality of evidence, risk of bias and publication bias), Results (detailing search results and the primary findings), Discussion, Conclusion, References, Tables and Figure legends. The Journal prefers systematic reviews that have been registered in [PROSPERO](#).

The Journal expects the contributors to provide post-publication updates on the subject of review. These update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

General Requirements:

- Abstract: Unstructured for narrative reviews and structured for systematic reviews with meta-analysis. Up to 250 words with 3–6 relevant keywords (in alphabetical order)
- Word limit: 3000 words (excluding Abstract, References, Tables and Figure legends)
- References: <90

BRIEF REPORTS

These are short reports of original studies with preliminary experimental results, evaluation of analytical techniques, or areas of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application. Such articles should have the following headings: Abstract, Introduction, Materials and methods, Results, Discussion, Conclusion and References.

General Requirements:

- Abstract: Up to 250 words. Should be structured with the following section headings: Background, Objectives, Materials (or Patients) and methods, Results and Conclusion. Please also provide 3–6 relevant keywords (in alphabetical order).
- Word limit: 1200 words (excluding Abstract, References, Tables and Figure legends)
- References: Up to 15
- Tables/Figures: Up to 4 in total

CASE REPORTS

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. Case reports should have the following headings: Abstract (with key words), Introduction, Case Report, Discussion, References and Figure legends. For content in each section, please see the [CARE Checklist](#) (Points 5-10 of the Checklist should be included in the 'Case Report' section).

Patient Consent: Publication of case report with identifiable information about a patient (including those deceased) requires the publication consent of the patient/guardian/next of kin. Identifiable information include descriptions of individual case histories, photos, X-rays, genetic pedigrees, etc. Therefore, authors must ensure that they have obtained patient consent in accordance with [COPE's Journals' Best Practices for Ensuring Consent for Publishing Medical Case Reports](#) prior to submitting the case report for publication consideration to SJMMS. The publication consent form for SJMMS is available in English [[Download](#)] and Arabic [[Download](#)]. Please note that the authors should **not** upload the consent form in the submission system (including in the cover letter) or send it through email to the Editorial or Publisher offices. The authors must properly archive this consent form and state having obtained the same in the cover letter.

General Requirements:

- Abstract: Unstructured and up to 250 words with 3–6 relevant keywords (in alphabetical order). The abstract should have the following sequence of information: rationale, patient concerns, diagnosis, interventions, outcomes, key learning points.
- Word limit: 1000 words (excluding Abstract, References and Figure legends)
- References: Up to 15

LETTER TO THE EDITOR

These should be short and decisive observations and should preferably be related to articles previously published in the Journal or views expressed in the Journal. They should not be preliminary observations that later require a study for validation.

General Requirements:

- No abstract required
- Word limit: 500 words (excluding References)
- References: Up to 5

MEDICAL EDUCATION

Articles on medical education can be submitted in the same format for original and review articles according to the kind of submission (original or review).

OTHER TYPES OF ARTICLES

The Journal also accepts In Focus articles (i.e., commentary on current topics) (up to 500 words and 5 references). Editorials are solicited by the Editorial Board.

REFERENCES

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables and legends by Arabic numerals in superscript with square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus; titles of journals should also be abbreviated according to this style. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here; for other types of references, such as newspaper items, please refer to samples of formatted references according to the [ICMJE recommendation](#).

Articles in Journals

1. Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. *Indian J Med Sci* 2008;62:222-7.
2. Standard journal article (for more than six authors): List the first six contributors followed by et al.
3. Nozari Y, Hashemlu A, Hatmi ZN, Sheikhvatan M, Iravani A, Bazdar A, et al. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major risk factor for coronary artery disease. *Indian J Med Sci* 2007;61:547-54
4. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

Books and Other Monographs

1. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
2. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
3. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp. 465-78. Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: [http://www.cancer-pain.org/..](http://www.cancer-pain.org/)

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

TABLES

- Tables should be self-explanatory and should not duplicate textual material. Tables with more than 10 columns and 25 rows are not acceptable.
- Tables should be numbered consecutively according to the order in which they have been first cited in the text.
- Place explanatory matter in footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references.

ILLUSTRATIONS (FIGURES)

- Upload the images in JPEG format. The file size should be <4 MB.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations and not on the illustrations themselves.
- When graphs, scattergrams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all unwanted areas.
- If photographs of individuals are used, written permission must be obtained to use the photograph and the same should be indicated in the article.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- Type out legends for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- If the uploaded images are not of printable quality, the publisher office may request for higher resolution images which can be sent at the time of acceptance of the manuscript. For digital images, please ensure that the image has minimum resolution of 300 dpi or 1800 × 1600 pixels in TIFF format.
- The Journal reserves the right to crop, rotate, reduce or enlarge the photographs to an acceptable size.

Acknowledgements

For non-author contributions, one or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. Details of the non-author contributors can be cited individually or collectively, and their precise contributions should be specified. The corresponding author is required to obtain written permission to be acknowledged from all acknowledged individuals.

Financial disclosure

Manuscripts should include details about the funding agency/ sponsors, grant number and the role of funders. If the funders have no role to play or the study did not receive funding, a statement declaring the same should be mentioned.

Conflict of interest

All manuscripts for articles, original research reports, editorials, comments, reviews, book reviews, and letters submitted to the journal must include a conflict-of-interest disclosure statement or a declaration by the authors that they do not have any conflicts of interest to declare.

Protection of Patients' Rights to Privacy



Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent/guardian, wherever applicable) provides informed consent for publication. Authors should remove patients' names from figures, unless they have obtained informed consent from the patients. The journal abides by the ICMJE guidelines:

1. Authors, and not the Journal or its Publisher, need to obtain the patient consent form before submitting their work for publication consideration to SJMMS. Authors should ensure that this patient consent form(s) are properly archived. The consent forms should not to be uploaded with the cover letter or sent through email to the Editorial or Publisher offices.
2. If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

3. To protect the patient's identity, the recognizable facial features not related to the study should be digitally blurred
4. Written informed consent is the preferred method for obtaining consent. If verbal consent is obtained, the authors must ensure that the verbal consent is recorded in the medical case record of the patient and duly signed by witness.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point-to-point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

Scientific Misconduct

If plagiarism is detected after publication, the Journal will investigate the same, and if established, the authors' institution and funding bodies would be notified, and the article will be retracted. To report plagiarism, please contact the Journal office, preferably through email for better documentation of correspondence.

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