

# Journal of Clinical Sleep Medicine

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## Manuscript Submission Guidelines

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### ABOUT JOURNAL OF CLINICAL SLEEP MEDICINE

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*Journal of Clinical Sleep Medicine (JCSM)* is the official, peer-reviewed journal of the American Academy of Sleep Medicine (AASM). This monthly, online publication features papers with direct applicability and/or relevance to the clinical practice of sleep medicine, including original scientific investigations, reviews, case reports and commentaries.

Since 2005, sleep specialists have turned to *JCSM* for the information they need to remain proficient in the diagnosis and treatment of the broad spectrum of sleep disorders. Each issue addresses concepts and questions that are of critical importance to the practice of sleep medicine.

It is distributed to nearly 11,000 AASM members and journal subscribers, who have access to all new and archived articles. All articles are available to the public as free to access six months after publication.

2017 Impact Factor: 3.396

5-year Impact Factor: 4.216

Google Scholar h-5 index of 46 and an h-5 median of 65

Visitors: More than 20,000 monthly, including 62,500 page views.

Increase exposure to your research by publishing in *JCSM*:

- Accepted papers are immediately available on the *JCSM* website for viewing by all AASM members and subscribers.
- Copyedited versions of accepted abstracts are available on PubMed as Ahead of Print.
- All articles are automatically deposited into PubMed Central and are freely available six months after publication.
- Noteworthy manuscripts are promoted to various national and local media via the journal's public relations staff.
- **There are no submission fees or article processing charges.**

## MANUSCRIPT SUBMISSION INSTRUCTIONS

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All materials are submitted and edited electronically. To submit a manuscript, please go here: <http://editorialmanager.com/jclinsleepmed>.

The AASM is not responsible in the event that any manuscript, or any part thereof, is lost.

Articles cannot be concurrently submitted or published by any other publication, print or electronic. Accepted manuscripts become the permanent property of the AASM and may not be published elsewhere without written permission from the AASM. All accepted manuscripts and supporting documents are subject to manuscript copyediting for conciseness, clarity, grammar, spelling, and *JCSM* journal style.

## CATEGORIES OF MANUSCRIPTS

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The following types of manuscripts are accepted:

### **Original Articles**

Original articles are reports of scientific investigations or case series of direct relevance to the clinical practice of sleep medicine. Below are some guidelines:

1. Typically, original articles will contain new data derived from a series of patients or subjects.
2. There are no minimum length requirements for original articles. In general, original articles should not exceed 5,000 words.
3. A structured abstract of no more than 250 words is required.
4. A brief summary is required. This should be no more than 120 words. It includes two parts:
  - a. Current Knowledge/Study Rationale: two sentences summarizing why the study was done
  - b. Study Impact: two sentences summarizing how the study impacts the field.
5. References should be limited to no more than 50 citations.
6. The structured abstract, brief summary, references, tables and figures are not included in the 5,000-word limit.
7. Original articles should include no more than eight tables/figures.
8. The submission of methodology papers, incomplete data sets, partial cohorts or pilot data is discouraged.

## **Review Articles**

Review articles usually bring together important information on a topic of general interest to a clinical sleep medicine practitioner. Authors who have ideas for such articles are advised to contact the Editor-in-Chief at [jcsmeditor@aasm.org](mailto:jcsmeditor@aasm.org) to ensure that a similar work has not already been submitted. Below are some guidelines:

1. Reviews are not intended to be a forum for the presentation of new data.
2. The main text of the review should not exceed 7,500 words.
3. A structured abstract of no more than 250 words is required.
4. The structured abstract, references, tables and figures are not included in the 7,500-word limit.

## **Case Reports**

Case reports present unique, unusual or important clinical observations of interest to clinical sleep medicine practitioners. Below are some guidelines:

1. Case reports should be organized with the following sections: Introduction, report of case, discussion, references and table/figure.
2. Case reports should be brief.
3. An unstructured abstract of no more than 150 words is required.
4. References should be limited to no more than 10 citations.
5. Tables should be limited to no more than one and figures should be limited to no more than two.

## **Durable Medical Equipment Section**

The Durable Medical Equipment (DME) section focuses on reviewing rules and regulations for prescribing and managing patients utilizing DME. Its main purpose is to educate clinicians in the terminology and appropriate use of DME. Examples of possible topics include: Overview of Medicare system for DME; DME and Stark Rules; CPT codes for sleep testing; Billing for home sleep apnea testing; RAD LCDs for chest/wall neuromuscular disorders, central apnea/complex; RAD LCDs for hypoventilation/COPD; NPPV for patient's going home after being hospitalized for respiratory failure; Oxygen LCDs; Oxygen use in OSA; DME and mask issues; DME replacement rules for devices; Required documentation in EMR for adherence; Rules if patient does not meet adherence requirements. Below are some guidelines:

1. Manuscripts should be organized with the following sections: Introduction, description of the rules/regulations/policy, a clinical example to demonstrate how the rule works in an individual patient scenario and conclusions. If applicable, regional or insurer-based differences should be pointed out.
2. In general, manuscripts should be 1,500 to 2,000 words in length.
3. References should be limited to no more than 25 citations.
4. The references are not included in the 2,000-word limit.

## **Emerging Technologies Section**

The Emerging Technologies section focuses on new tools and techniques of potential utility in the diagnosis and management of any and all sleep disorders. As such, the intent is not to be limited to technology applied to sleep-disordered breathing. New technologies for the assessment or treatment of insomnias, parasomnias, and other sleep disorders will be considered for the section. The technologies should be already in existence, at least in prototype form (not a hypothetical idea), but may not yet be marketed. Some preliminary evidence of efficacy should be available. Examples of possible topics include: Smartphone apps for sleep disorders; Consumer-level wearable devices; Applying telemedicine to the care of patients with sleep disorders; Novel uses of mandibular advancement devices: titratable appliances and combined appliance and PAP therapy; Electrical stimulation for treatment of obstructive sleep apnea; Phototherapy for uses other than in patients with circadian rhythm disorders or seasonal affective disorders; Transcranial stimulation devices to treat insomnia (electrical and magnetic); and software and hardware to modify the light spectrum of computer displays to prevent disruption of circadian rhythm. Below are some guidelines:

1. In general, manuscripts should be 1,500 to 2,000 words in length.
2. References should be limited to no more than 25 citations.
3. The references are not included in the 2,000-word limit.
4. Tables and figures are encouraged; the latter in particular might be of great utility in presenting new technologies that involve equipment.

5. If FDA approval (when/if appropriate) has not yet been received, a suitable disclaimer should accompany the article.

## **Global Practice of Sleep Medicine**

The Global Practice of Sleep Medicine section introduces readers to the worldwide scope and practice of sleep medicine. It is hoped that by sharing information about sleep medicine structure and practice in countries around the world, commonalities and barriers are better identified, paving the way for global collaboration. Below are some guidelines:

1. It is recommended that authors include the following headings in their manuscript:
  - a. Introduction: size of the country, country population and demographics (adult and pediatric census data), healthcare system (single payer, employer-based, etc.), physician to patient ratio, use of general practitioners as gatekeepers.
  - b. Sleep Medicine Training: Is a formal sleep fellowship a requirement? The number of training programs and fellowship positions available.
  - c. Practice and Structure of Sleep Medicine: Including but not limited to the following: the number of sleep physicians practicing in the country, the number of sleep labs available (how many sleep labs per 100,000 populations), type of testing available (home sleep apnea testing, in-lab, both), the role of primary care in testing and prescribing treatment for sleep apnea, treatment of insomnia with medication, the use of cognitive behavioral therapy/presence of trained personnel to do this, country specific sleep apnea prevalence (if that data is available), number of specialized centers engaged in sleep research, availability of pediatric sleep, surgical and dental specialists.
  - d. Barriers to the Practice of Sleep Medicine: Discuss any barriers noted to the practice of sleep medicine. Are there any nationwide advocacy groups for sleep medicine? Are there any government-sponsored research or organizational support/initiatives?
  - e. Costs of Sleep Medicine: Is there any data on the costs of practicing sleep medicine or prescribing therapies? Are there certain sections of society that are precluded from obtaining optimal sleep health due to barriers or costs?
  - f. Conclusion
2. Use of original surveys or existing nationwide databases to provide a better picture of the status of sleep medicine in a specific country is encouraged.
3. In general, manuscripts should be 1,500 to 2,000 words in length.
4. References should be limited to no more than 30 citations.
5. The references are not included in the 2,000-word limit.

## **Sleep Medicine Pearls**

Sleep medicine pearls are brief descriptions and discussions of interesting polysomnographic, actigraphic or other laboratory findings, or brief descriptions of a case with significant teaching value. Below are some guidelines:

1. Sleep medicine pearls should include a patient history, the results of any laboratory findings and end with a summary of the treatment strategy.
2. The pearl should conclude with two to three significant teaching points.
3. Sleep medicine pearls should not exceed 500 words in total length.
4. References should be limited to no more than 10 citations.
5. Tables should be limited to no more than one and figures should be limited to no more than three.

## **Letters to the Editor**

Brief letters (maximum of 500 words, including references; no tables or figures) will be considered if they include the notation “for publication.” A letter must be signed by all of its authors. Case reports should not be submitted as letters, but rather as formal case reports. Letters commenting on an article published in *JCSM* must be received within 10 weeks of the article’s publication. Letters received after the deadline will not be considered for publication. Accepted letters will be sent to the authors of the original manuscript for reply. Such letters must include the title and author of the manuscript and the month and year of publication. Letters that do not meet these specifications will be returned unreviewed. *JCSM* will notify authors about the disposition of their letters.

## **Special Articles**

*JCSM* will consider for publication manuscripts in other areas as special articles. These include medical, political or economic commentary; perspectives on the history of medicine; technical considerations in polysomnography; and sleep medicine practice issues. Authors are advised to contact the Editor-in-Chief at [jcsmeditor@aasm.org](mailto:jcsmeditor@aasm.org) to discuss their concepts for these manuscripts before submitting.

## **Solicited Articles**

On occasion, the Editor-in-Chief will solicit commentary, pro/con debate, and journal club articles. Should you have a suggestion for these article types, please contact the Editor-in-Chief at [jcsmeditor@aasm.org](mailto:jcsmeditor@aasm.org).

# ESSENTIAL ELEMENTS OF MANUSCRIPT SUBMISSIONS

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Each submitted manuscript must address the following elements:

## Clinical Trial Registration

*JCSM* requires that all clinical trials, regardless of when they were completed, and all partial and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. Trials must have been registered at or before the onset of patient enrollment for any clinical trial that began patient enrollment on or after February 1, 2007. The trial name, URL, and identification number should be included at the end of the manuscript abstract.

The following trial registries are acceptable:

- Australian New Zealand Clinical Trials Registry: <http://.anzctr.org.au/>
- Chinese Clinical Trial Register (ChiCTR): <http://www.ChiCTR.org.cn>
- Clinical Trials (service of NIH): <http://www.clinicaltrials.gov>
- Clinical Trials Registry- India (CTRI): <http://ctri.nic.in/Clinicaltrials/login.php>
- German Clinical Trials Register (DRKS): <http://www.germanctr.de>
- ISRCTN Register: <http://isrctn.org>
- Netherlands Trial Register (NTR): <http://www.trialregister.nl>
- UMIN Clinical Trials Registry: <http://www.umin.ac.jp/ctr>

## Ethics of Investigation

Authors should specify within the manuscript whether ethical standards were used in their research. If results of an experimental investigation in human or animal subjects are reported, the manuscript should describe the approval by an institutional review board on human or animal research and the appropriate informed consent procedures for human subjects. If approval by an institutional review board is not possible, then information must be included indicating that clinical experiments conform to the principles outline by the Declaration of Helsinki.

## Privacy and Informed Consent

Authors must omit from their manuscripts, figures, tables and supplemental material any identifying details regarding patients and study participants, including patients' names, initials, Social Security numbers, or hospital numbers. If there is a possibility that a patient may be identified in text, figures, photos or video, authors must obtain written informed consent for use

for in publication of print, online, and licensed uses of *JCSM*, from the patient or parent or guardian and provide copies of the consent forms to *JCSM*. In such cases where the patient may be identified, authors must indicate that they have obtained informed consent in their manuscript. In addition, all authors are responsible for ensuring that their manuscript, figures, tables and supplemental material comply with the Health Insurance Portability and Accountability Act (HIPAA) ([www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)).

## **Authorship**

All authors listed on the manuscript should have participated sufficiently in the work and analysis of data, as well as the writing of the manuscript to be listed as a co-author. All authors should have read and approved the final version. All authors will be required to attest to their involvement and approval of the final version prior to publication of the manuscript. The title page should state that all authors have seen and approved the manuscript.

For guidelines on authorship, please refer to the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#), formulated by the International Committee of Medical Journal Editors. More than one corresponding author is permitted for each manuscript, and both authors will appear on the correspondence line on the final article. However, only one can be considered the corresponding author in the manuscript submission system; thus, only the author entered in the system as the corresponding author will receive automated messages, such as editors' decisions and page proofs.

## **Originality**

By submitting a manuscript to the journal, the authors affirm that it is an original manuscript, is unpublished work, and is not under consideration elsewhere.

## **Authorship and "Umbrella" groups**

Many large collaborative studies are organized under a group name that represents all the participants. All articles must have at least one named individual as author. Authors who wish to acknowledge the umbrella group from which the data originated should list the authors of the article, followed by "on behalf of the [GROUP NAME]". The members of the group should be listed individually in the acknowledgments section.

## **Conflict of Interest**

On the manuscript's title page, all authors must disclose any financial interests or connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications, or opinions stated--including pertinent commercial or other sources of funding for the individual author(s) or for the associated department(s) or

organization(s), personal relationships, or direct academic competition. When considering whether a conflicting interest or connection should be disclosed, please consider the conflict of interest test: Is there any arrangement that would embarrass you or any of your co-authors if it was to emerge after publication and you had not declared it?

If the manuscript is published, conflict of interest information, including if none was declared, will be communicated in a statement in the published paper.

Any changes made to the list of conflicts after the paper is accepted must be submitted in writing, signed by the appropriate authors (that is, the corresponding author and the author for whom the conflict exists), to the *JCSM* editorial office.

### **Continuing Medical Education Credit**

During the submission process, the corresponding author will be required to indicate whether or not the manuscript should be considered for continuing medical education (CME) credit. Should the manuscript be accepted and selected for CME credit, all authors will be required to submit a separate conflict of interest disclosure document. The corresponding author will be required to submit a learning objective and five multiple choice questions. Instructions will be provided approximately two to three months prior to an article being published.

### **Third-Party Copyright**

In order to reproduce any third-party material (including tables, figures, or images) in an article authors must obtain permission from the copyright holder and be compliant with any requirements the copyright holder may have pertaining to this reuse. When seeking to reproduce any kind of third-party material authors should request the following:

- non-exclusive rights to reproduce the material in the specified article and journal;
- print and electronic rights, preferably for use in any form or medium;
- the right to use the material for the life of the work; and
- world-wide English-language rights.

It is particularly important to clear permission for use in both the print and online versions of the journal. *JCSM* is not able to accept permissions which carry a time limit because articles are retained permanently in the online journal archive.

## **MANUSCRIPT FORMAT**

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All manuscripts must be created in Microsoft Word, double spaced, have one-inch margins (top, bottom, and sides), and include page numbers. Figures should not be included in the manuscript, but should be uploaded separately.

Manuscripts should be structured using the following components:

## **Title Page**

- The title page must include the following:
- Title and Subtitle (if applicable)
- Authors (first name, last name, degrees and affiliations)
- Corresponding author's full address and corresponding author's current Email
- Institution where work was performed
- A statement that all authors have seen and approved the manuscript
- Declarations for each author:
  - Financial support (presence or absence)
  - Off-label or investigational use (if applicable)
  - Conflict of interest (presence or absence) defined as any financial interests or connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications, or opinions stated-- including pertinent commercial or other sources of funding for the individual authors or for the associated departments or organizations, personal relationships, or direct academic competition for each author.
- Declare if the manuscript reports on a clinical trial, and if so, provide the necessary clinical trial registration information: The trial name, URL, and identification number. See [Essential Elements of Manuscript Submissions](#).
- Number of tables
- Number of figures
- Abstract word count (if applicable)
- Brief summary word count (if applicable)
- Manuscript word count

## **Abstract**

Each original or review article must be preceded by a structured abstract. The abstract is limited to 250 words. The components of this format are (start each on a new line): Study Objectives, Methods, Results, Conclusions and Keywords.

Conclusions should not simply restate results, but should address the significance and implications of the findings. Abstracts should include as few abbreviations as possible. Please provide no fewer than three but no more than ten keywords that reflect the content of your

manuscript. For guidance consult the Medical Subject Headings - Annotated Alphabetic List, published each year by the National Library of Medicine.

## **Brief Summary**

Each original manuscript requires a brief summary. The brief summary will appear on the first page of the manuscript just below the abstract. This should be no more than 120 words. It includes two parts:

1. Current Knowledge/Study Rationale: two sentences summarizing why the study was done
2. Study Impact: two sentences summarizing how the study impacts the field.

The brief summary must NOT contain references and should avoid numbers, description of methods and acronyms unless necessary.

## **Introduction**

State the object of research with reference to previous work.

## **Methods**

Describe methods in sufficient detail so that the work can be duplicated, or cite previous descriptions if they are readily available.

## **Results**

Describe results clearly, concisely, and in logical order. When possible give the range, standard deviation, or standard error of the mean, and statistical significance of differences between numerical values.

## **Discussion**

Interpret the results and relate them to previous work in the field. Include a paragraph near the end of the discussion that briefly lists the limitations of the study.

## **Abbreviations**

Please provide on a separate page an alphabetical list of all abbreviations used with their full definition. Within the manuscript, each should be expanded at first mention and listed parenthetically after expansion.

## **Acknowledgments**

The minimum compatible with the requirements of courtesy should be provided.

## Reference List

See [Details of Style](#) for references and citation formatting guidelines.

## Figure Titles and Captions

Provide a short title for each figure included with the manuscript. This title should be no more than 20 words. Include the figure number in the title (e.g., Figure 1—Flow chart of patient care). Provide a caption for each figure included with the manuscript. Give the meaning of all symbols and abbreviations used in the figure in the caption. For further guidelines see [Figure Guidelines](#).

## Tables

Include tables at the end of your manuscript. Each table should have a short title and caption. The title should be no more than 20 words. Include the table number in the title (e.g., Table 1—Results of first night polysomnogram). For further guidelines, see [Table Guidelines](#).

## Supplemental Material

See [Supplemental Material Guidelines](#).

# DETAILS OF STYLE

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## References and Citation Formatting

*JCSM* uses the AMA Manual of Style, 10th Edition. A brief summary of the formatting requirements follow, but please reference this source for specific detail.

- Each reference should be cited in the text, tables, or figures in consecutive numerical order by means of superscripted Arabic numerals placed outside periods and commas and inside colons and semicolons.
- When three or more references are cited at one place in the manuscript, a hyphen should be used to join the first and last numbers of a series; commas should be used without spaces to separate other parts of a multiple-reference citation.
- A standard bibliography program such as EndNote or Reference Manager may be used.
- *JCSM* uses abbreviated journal names in references; for abbreviations of journal names, refer to listings in the Pubmed database. Exclude periods following each abbreviated

journal name word. Include a period at the end of the full journal name. See the Journal Article example below.

- Provide all authors' names when fewer than seven; when seven or more, list the first three and add et al.
- Provide journal article titles in sentence case, and provide inclusive page numbers.

Accuracy of reference data is the responsibility of the author. We cannot guarantee that citation/reference software will match all *JCSM* author guidelines. Failure to initially comply with *JCSM*'s style requirements may result in manuscripts returned to authors for correction and may potentially delay publication.

## Sample Citations within the Body of a Paper

According to our previous work,<sup>1,3-8,19</sup>

The patients were studied as follows<sup>3,4</sup>:

## Sample References

### Journal Article:

Rainier S, Thomas D, Tokarz D, et al. Myofibrillogenesis regulator 1 gene mutations cause paroxysmal dystonic choreathetosis. *Arch Neurol*. 2004;61(7):1025-1029.

### Book:

Modlin J, Jenkins P. *Decision Analysis in Planning for a Polio Outbreak in the United States*. San Francisco, CA: Pediatric Academic Societies; 2004.

### Chapter of a Book:

Solensky R. Drug allergy: desensitization and treatment of reactions to antibiotics and aspirin. In: Lockly P, ed. *Allergens and Allergen Immunotherapy*. 3rd ed. New York, NY: Marcel Dekker; 2004:585-606.

### Website:

Include as many of the following elements that are available. Author(s); Title of the specific item cited (if not given, give the name of the organization responsible for the site); Name of the website; URL (verify that URL is active and working); Published date; Updated date; and Accessed date.

Example:

International Society for Infectious Diseases. ProMED-mail Web site.  
<http://www.promedmail.org>. Accessed April 29, 2004.

## Sleep Medicine Terminology

Follow the terminology usage recommendations in the [AASM Style Guide for Sleep Medicine Terminology](#). Authors should use respiratory event index (REI) instead of using apnea-hypopnea index (AHI) when using home sleep apnea testing (HSAT) to diagnose obstructive sleep apnea (OSA). The abbreviations are acceptable on second use within a document, after the abbreviation has been previously defined.

## Drug Names

Use generic names in referring to drugs; trade names may be given in parentheses after the first mention, but the generic name should be used thereafter.

## People-Centered Language

The *Journal of Clinical Sleep Medicine* endorses the use of inclusive and “people-centered” language. When reporting clinical research, please be mindful that study participants are not defined by their condition. You should ensure that your word choice is precise, neutral, and respects the autonomy of everyone involved. Words and phrases that impart bias or imply negative connotations on a person or group must be avoided. Below are some commonly used words and phrases that can be improved by being mindful of these principles.

| <b>Avoid</b>    | <b>Use Instead</b>     |
|-----------------|------------------------|
| OSA patients    | patients with OSA      |
| narcoleptics    | people with narcolepsy |
| suffers from    | experiences            |
| burden          | effect                 |
| subjective data | self-reported data     |
| subjects        | participants           |
| compliance      | adherence              |

For more guidance, read [“People-Centered Language Recommendations for Sleep Research Communication” by Rebecca E. Fuoco, MPH](#).

## FIGURE GUIDELINES

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Submitted figures that do not meet journal guidelines may result in delays to the publication of a manuscript. The AASM reserves the right to modify figures in order to meet journal guidelines. Include the number of figures on the title page of the manuscript submission.

1. Figures must be a useful visualization of data that could not otherwise be accomplished in a few lines of text.
2. The following graphics can be submitted as figures: charts, graphs, illustrations, and photographs.
3. Figures must be numbered consecutively in the order in which they are cited in the manuscript. Figures should be numbered using Arabic numerals (e.g., 1, 2, 3). Include the figure number in the figure's filename.
4. Each figure must have a corresponding short title and caption included in the manuscript text.
5. All figures must make economical use of space. Large areas of white space are not acceptable (e.g., axes of graphs extending beyond the relevant points needed to display data).
6. The resolution of all figures must be a minimum of 300 dpi.
7. Figures must be submitted in their final size. One-column figures have a maximum width of 3.3 inches and a maximum height of 8 inches. Two-column figures have a maximum width of 7 inches and a maximum height of 8 inches. Lengthy figure captions may require that the height of the figures be reduced.
8. All figures must fall within the maximum height and width values and must be viewable without rotation.
9. Figures must be submitted as .tif, .eps, or .pdf files. Figures embedded as images in a Word document are not acceptable for publication. PowerPoint files are not acceptable for publication. Charts and graphs that are built in a Word document or an Excel spreadsheet can be submitted as a Word .doc file or an Excel .xls file provided that a .pdf version accompany these files.
10. Each figure must be self-contained and comprehensible without referring to the manuscript. This includes the following requirements:
  - a. All symbols used in a figure must be defined for that figure (e.g., \*, †). If a symbol is used in multiple figures, the definition of the symbol must also be repeated for every figure in which it appears. Symbols may be defined in a key within the figure or in the figure caption.
  - b. All abbreviations used in a figure (including those used in the figure's title and caption) must be defined in the figure caption. This includes abbreviations defined in the manuscript. If the same abbreviation is repeated in multiple figures, the definition of that abbreviation must be repeated for every figure in which it appears. Only the most widely recognized abbreviations are the exception to this rule.

11. Type within figures must be consistent and legible when viewing the figure at its final size. The preferred font is Arial 9 pt. The use of italic and bold styling should only be used when meaningful (e.g., differentiating between gene and protein names).
12. Charts and graphs must be two-dimensional unless the data require a third dimension.
13. Illustrations must be professionally drawn. Use color where appropriate. There is no charge for color.
14. Visual representation of animal subjects through the use of illustrations is preferred to photographs.
15. Photographs of subjects in which the individual is identifiable require a signed model release.
16. Authors are responsible for obtaining full permission to publish figures for which they do not hold the copyright. Proof of this permission is required prior to publication. See [Third-Party Copyright](#).
17. The use of clip art and stock photography is not allowed.

## TABLE GUIDELINES

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Submitted tables that do not meet journal guidelines may result in delays in publication. The journal reserves the right to modify tables in order to meet journal guidelines. Include the number of tables on the title page of the manuscript submission.

1. Tables must not duplicate data reported in the manuscript text or figures.
2. All tables must be created using the table function in Microsoft Word. Tables created in PowerPoint are not acceptable. Tables submitted as images are not acceptable.
3. Tables must be numbered consecutively in the order in which they are cited in the manuscript.
4. Each table must have a corresponding short title above the table and caption below.
5. Authors are responsible for obtaining full permission to publish tables that have been previously published. Proof of this permission is required prior to publication. See [Third-Party Copyright](#).
6. Tables can be no more than 10 columns wide. Lengthy column headings may require that the number of columns be reduced.
7. Tables can be no more than 45 rows tall. Lengthy captions may require that the number of rows be reduced.
8. Each table should fit on one, letter-sized page in portrait orientation. If necessary, large datasets can be submitted as supplemental material.
9. Each table must be self-contained and comprehensible without referring to the manuscript. This includes the following requirements:

- a. All symbols used in a table must be defined for that table (e.g., \*, †). If a symbol is used in multiple tables, the definition of the symbol must also be repeated for every table in which it appears. Symbols should be defined in the table caption.
  - b. All abbreviations used in a table (including those used in the table title and caption) must be defined in the table's caption. This includes abbreviations defined in the manuscript. If the same abbreviation is repeated in multiple tables, the definition of that abbreviation must be repeated for every table in which it appears. Only the most widely recognized abbreviations are the exception to this rule.
10. Footnotes are acceptable in tables. Footnotes should clearly be marked with superscript lowercase letters or symbols in the table. Do not use numbers (Arabic or Roman numeral) to indicate a footnote. All footnotes should be fully expanded in the table caption.

## SUPPLEMENTAL MATERIAL GUIDELINES

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Supplemental material can provide additional detail on study methods, or on data that are informative, but not critical to the aims of the study. However, indiscriminate or excessive use of supplemental material can also undermine the concept of a self-contained research paper by providing a place for critical material to get lost. It is the author's responsibility to make sure that the main manuscript can be read and understood without reference to supplemental materials. Information that is essential to understanding the article must NOT be provided as supplemental material. While discouraging indiscriminate use of supplemental materials, some forms of data (videos and large datasets, explanations of data sources, details of computational algorithms) may be appropriately presented as supplemental material. All supplemental material must be succinct, organized carefully, and labeled appropriately.

Reviewers are instructed to review supplemental materials of reasonable length (e.g. typical figures and tables) at the same level as the content of the main manuscript. Reviewers cannot reasonably be expected to review large supplemental data formats (e.g., large databases). Reviewers are also asked to comment on the appropriateness of supplemental materials, including if they contain essential information that belongs in the main article and if they sufficiently enhance the presentation of the main article to justify inclusion. Readers are expected to communicate directly with the corresponding author about supplemental material, not with the Editor-in-Chief. No comments or critiques of supplemental material will be considered for publication in *JCSM*.

### General Formatting Guidelines for Supplemental Material

Supplemental materials are not copyedited or formatted by *JCSM*, and therefore authors must ensure that all files are checked carefully before submission and that the style of figures and tables conforms to the recommendations spelled out in the manuscript submission guidelines for figures and tables. Refer to each piece of supplemental information within the text of the main manuscript using the file name and the term “supplemental material,” (e.g., see Video 1 in the supplemental material).

## **Supplemental Figure and Table Guidelines**

A maximum of four supplemental figures of no more than 5 MB in total are permitted per manuscript. Figures and tables should be numbered sequentially using the prefix “S” to differentiate them from figures and tables presented in the main manuscript (e.g., see Figure S1 and Table S3 in the supplemental material).

## **Video Guidelines**

Videos should be provided in .mp4 format. Videos submitted in alternate formats will be converted. File names should be as short as possible (e.g. Video 1). Please provide a separate Microsoft Word file containing a description of the videos. Please keep the description as short as possible and ensure that the description is necessary for the comprehension of the videos. Releases signed by persons who appear in any video must be provided with the submission of videos. *JCSM* will not publish any video where persons can be identified without suitable permission forms on file.

## **Dataset Guidelines**

Large datasets should only be submitted when necessary to support a manuscript’s conclusions, when solicited by *JCSM*’s Editors/Reviewers, or if the authors feel that the publication of the dataset is critical to advancing research in the field. These should be submitted as an Excel spreadsheet, which will be made available for download. The dataset will not be copyedited or formatted in any way by *JCSM*. It is the author’s responsibility to carefully check and correct any errors in the content or formatting of the dataset. Authors have the option of providing a link to large data sets and hosting them on their own website.

# **REVIEW PROCESS**

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The Editor-in-Chief and/or an Associate Editor first determines if a submitted manuscript is suitable for review and publication. Manuscripts are then sent for peer review to reviewers who are selected based on their expertise related to the particular manuscript. After reviews are

submitted, a recommendation of accept, reject or revise (for further consideration) is made by the Associate Editor to the Editor-in-Chief, who makes the final decision.

Manuscripts are reviewed with due respect for the author's confidentiality. At the same time, reviewers also have rights to confidentiality, which are respected by the editors. The editors ensure both the authors and the reviewers that the manuscripts sent for review are privileged communications and are the private property of the author.

When submitting a manuscript for consideration for publication, authors may suggest the names of potential reviewers to invite and/or exclude.

## **Resubmissions**

If a manuscript is returned to the author(s) for revisions, all resubmissions must follow the instructions for submitting a manuscript and include the following:

- Both a clean copy and a redlined copy of the revised submission. NOTE: If the redlined copy was created using “track changes” mode in Word, please create a PDF file of the redlined version and upload the PDF file. If you are not able to create a PDF file of your redlined version, please use alternative font colors or highlighting tools in Word to show the redlined changes – not “track changes” mode.
- The corresponding author must also upload a letter (Corresponding Author’s Rebuttal) responding to each of the points made by the reviewers.

The deadline for submission of a revised manuscript needing major revisions is two months from the date of the notice. For minor revisions, the deadline for resubmission is one month. There is no guarantee that a revised manuscript will be accepted for publication.

## **Plagiarism Review**

The editorial office carefully monitors papers submitted to *JCSM* for plagiarism. All accepted manuscripts will be compared to published papers using similarity checking software. Plagiarism includes literal copying - reproducing a work word for word, in whole or in part, without permission and acknowledgment of the original source; paraphrasing - reproducing someone else's ideas while not copying word for word, without permission and acknowledgment of the original source; substantial copying - copying images, or data from other sources; text-recycling - reusing substantial amounts of text from your own previous publications.

Any text contained in a manuscript that is directly copied from another source must be placed within quotation marks and the original source must be properly cited. If a paper captures the essence of a previously published work, that work should be cited. If any paraphrasing is included, the source must be properly referenced and the meaning intended by the source must

not be changed. All works that may have inspired a study's design or manuscript structure must be properly cited.

If plagiarism is detected during any part of the peer-review process, the manuscript may be rejected. For published papers where plagiarism is detected, the journal reserves the right to issue a correction or retract the paper, whichever is deemed appropriate. The journal reserves the right to inform authors' institutions about plagiarism detected either before or after publication.

## **AFTER ACCEPTANCE**

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### **Author Agreement Letter – Required Upon Acceptance**

Upon acceptance, all authors of an accepted manuscript will receive an email informing them that their paper has been provisionally accepted and will be accepted upon the receipt of an “Author Agreement Form” from all authors within seven business days. The Author Agreement Form requires authors to assign copyright to the American Academy of Sleep Medicine (AASM), declare their involvement in the development of the manuscript and attest to their review and approval of the final manuscript. The corresponding author will be responsible for disseminating this form to all authors, collecting the completed forms and uploading the forms into the manuscript submission system. Should ALL forms not be returned within the specified time frame, the manuscript will be automatically rejected.

### **Copyediting and Proofreading**

All accepted manuscripts are subject to manuscript editing for conciseness, clarity, grammar, spelling and *JCSM* style. After acceptance all manuscripts will be copyedited and page proofs will be developed. The page proofs will be sent to the corresponding author for review and approval. These proofs will be expected to return their corrections or approval of these proofs within the timeframe given in the correspondence. It is the authors' responsibility to keep their account in Editorial Manager current and to notify the *JCSM* Editorial Office ([publications@aasm.org](mailto:publications@aasm.org)) of any changes in contact information after a paper has been accepted.

### **Accepted Papers Repository**

In order to provide readers with access to accepted papers as early as possible, all manuscripts accepted will be available online prior to being published. Accepted manuscripts are posted as received - without editing or formatting by the publisher. The layout and appearance of each article will change when published in *JCSM*.

All papers appearing in *JCSM*, including online Accepted Papers, are copyrighted by the American Academy of Sleep Medicine. No paper in whole or in part may be used in any form without written permission from the American Academy of Sleep Medicine. When an article appears in an issue, it is removed from the Accepted Papers page.

## Ahead of Print Abstracts

Once page proofs are returned, all accepted papers will be posted to the PubMed website as ahead of print (AOP). The AOP listings include only the manuscript's abstract and are citable. These listings will update after the manuscript is published in an issue of *JCSM* to include a digital object identifier (DOI) number and link directly to the full text article on the *JCSM* website.

# REM: A PUBLICATION FOR RESIDENTS AND FELLOWS

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## About

REM is the resident and fellow section of the *Journal of Clinical Sleep Medicine*. Its mission is to provide relevant, high-quality, peer-reviewed articles to medical students, residents and fellows in the sleep medicine pipeline. Where possible, every step in the manuscript submission and review processes for this section are completed by medical students, residents, fellows and those who have recently completed their fellowship.

## General

Ideally submissions to REM are from current medical students, residents, fellows and those who have recently completed their fellowship. Faculty can be listed as coauthors for manuscripts submitted for the REM section. Manuscripts must follow *JCSM*'s guidelines for [Manuscript Submission Instructions](#), [Essential Elements of Manuscript Submissions](#), [Details of Style](#), [Figure Guidelines](#), [Table Guidelines](#) as well the specifics below for each article type. To submit a manuscript, go to [JCSM's Editorial Manager website](#), and choose "REM: Resident Fellow" as the article type. Add the specific article type to your manuscript's title, followed by a colon. Example: "Media Review: The Role of Sleep in Colson Whitehead's *The Underground Railroad*."

## Review Process

Manuscripts are first evaluated for essential elements by *JCSM* staff. Acceptable manuscripts are assigned to Resident/Fellow Editors who oversee the peer review process. Reviewers are selected from a pool of Resident/Fellow Reviewers. Following peer review, the Resident/Fellow Editor submits a recommendation to one of the *JCSM* Associate Editors that supervise this section. The *JCSM* Associate Editor then recommends a decision to the Editor-in-Chief of *JCSM*, and the Editor-in-Chief of *JCSM* makes the final decision.

## **Publication**

If selected for publication, articles in the REM section will be published within an issue of *JCSM*. This means the article will be assigned a DOI and will be submitted to PubMed/PubMed Central for indexing.

## **Article Types**

The following article types will be considered for REM.

### **Board Review**

Board review articles highlight a topic relevant to the sleep medicine board examination. Board reviews must include a challenging multiple choice question and answer that highlight a topic likely to be on sleep medicine board examination. If necessary, a brief case report or description of a clinical scenario may precede the multiple choice question. Following the correct answer, a discussion section that explains why the correct answer is correct and the other answers are incorrect is required. The discussion should also highlight what is important to remember about the topic.

Specifications:

- Multiple choice question, answer, and discussion section are required
- A brief case report or description of a clinical scenario is optional
- Maximum of 1250 words (not including the multiple choice question, figure legends, table legends, and references)
- No more than 15 references (less than 5 years old)
- Maximum of 3 tables and/or figures

### **Perspective**

Perspective articles are editorials that express the author's opinion about a topic related to the current practice and science of sleep medicine. For REM, opinions directly related to the medical student, resident, and fellow experience are encouraged.

Specifications:

- Maximum of 1000 words (not including table legends, figure legends, and references)
- No more than 20 references

- Only one table and/or figure is permitted

### **Shift Work**

Shift work articles are personal perspectives from medical students, residents and fellows working long or irregular hours. It is recommended that these articles begin with a relevant story or example and then discuss how the author's personal perspective fits with current understanding of shift work, fatigue and well-being.

Specifications:

- Maximum of 1000 words (not including table legends, figure legends, and references)
- No more than 15 references
- Maximum of 3 tables and/or figures

### **Media Review**

Sleep disorders, normal sleep phenomena, habits related to sleep, and the impact of sleep on health have all been subjects of multiple media pieces and deserve attention from the sleep medicine community. We invite medical students, residents and fellows to review movies, books, music, television, and podcasts that reference sleep themes. Reviews should focus on the accuracy and relevance of the sleep information presented in the media. The content should be organized as a description of the media piece: the name and author(s), format (movie, book, music, etc), and where featured or available. This should be followed by an unstructured text discussion of how the sleep topic was depicted, the accuracy of this information and the relevance and potential impact of media piece.

Specifications:

- Maximum of 500 words
- No more than 10 references
- Maximum of 2 figures and/or 1 table

### **Images**

Diagnostic testing provides relevant ancillary information to the physician caring for the sleep disorders patient. Medical students, residents and fellows with a video or image that highlights an important teaching point that is best depicted visually may submit this material along with a description of the case. In addition to content from the sleep laboratory, radiological or physical exam images are welcome. In most cases, it is preferred that all information that may lead to the identification of a patient be removed or obscured. In instances where this is not possible, and a patient is identifiable from the image or video used, a signed release form is required from the patient or guardian.

The article should be organized as follows: introduction, report of the case, associated video(s) or image(s), and discussion.

Specifications:

- Maximum of 750 words
- No more than 10 references
- Minimum of 1 image or 1 video required
- Maximum of 3 images and/or 2 videos

### **To the Editor**

Brief letters precipitated by articles published in REM or brief commentaries on a timely topic that are relevant to medical students, residents and fellows will be considered for publication.

The letter should address the editors and cite the article or state the topic they are addressing in the first sentence. The letter should otherwise be unstructured.

#### Specifications:

- Maximum of 500 words
- No more than 10 references
- Maximum of 1 figure and/or 1 table

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*Last updated 11/9/18*