

FMJ – INSTRUCTIONS TO AUTHORS 2010

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FMJ – INSTRUCTIONS TO AUTHORS 2010

1. Submission of articles to the Finnish Medical Journal

The Finnish Medical Journal (FMJ) is a publication of the Finnish Medical Association. It publishes original and review articles related to medicine and health care. The topics should be of general interest to the readers and the text needs to be understood without special knowledge of the topic. Photographs, figures and tables are very welcome as they help clarify the message and make reading more enjoyable. Also video-material to enrich the article can be published on the net. The FMJ publishes also editorials and columns dealing with medicine and health care. This material is invited or written by the editors, but suggestions for contributions are welcome. Please discuss submission of a manuscript on these topics beforehand. The FMJ invites contributions to the Correspondence and Viewpoints sections, as well.

Original clinical articles need to be in accordance with the Helsinki Declaration of the World Medical Association regarding patient information, consent and safety. Published intervention studies must be registered in an internationally approved registry.

2. General publication principles

Generally, an article submitted to the FMJ may not have been published elsewhere previously. Also, an article may be submitted to only one journal at a time.

Original articles and review articles undergo review by two experts outside the editorial staff of the FMJ.

The FMJ publishes all articles in the printed version of the journal and electronically in the internet. The copyright to an article accepted for publication is transferred to the FMJ in accordance with international copyright rules.

If, in the article, the author has used material (figures, etc.) from other publications, permission must be obtained to reproduce such material from the copyright holders for the paper version and for the electronic version. Similarly, if person(s) are shown in photographs, e.g. patients, the author must obtain their written permission.

Identifying information, including patients' or hospital's names, should not be published in written descriptions, photographs and pedigrees unless the written information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. When informed consent has been obtained it will be indicated in the published article.

An article that has been approved for publication by the FMJ, or has already been published in it, may be published in some other printed publication or electronic medium only with the explicit permission of the Finnish Medical Journal. The FMJ has the right, without the consent of the author(s), to publish such articles that have already been

approved for publication in the printed version, also in the electronic version of the journal.

If a press conference is organized on a study that is to be published in the Finnish Medical Journal, this press conference must take place on the day the article is published or later.

A research report that has previously been published in an international professional journal may be published in the Finnish Medical Journal, if it is considered to be highly important for readers of the Finnish Medical Journal. When a paper is submitted to the editor-in-chief, it must include a copy of the original article, or the manuscript if the article has not yet been published. The author must obtain written permission for publication of the article in the FMJ from the editor-in-chief of the journal in which it was first published. The rules governing secondary publication state that the second publication must be rewritten to address a different target group, and that it is not a direct translation, but e.g. a shortened version.

All authors are responsible for the entire content of the article, and it is assumed that each author has participated in the writing of the manuscript. Authorship of original articles is granted only if the author has contributed substantially to the planning of the study, data collection or analysis, and interpretation of the data. The final manuscript must be approved by each author; this is to be verified in a covering letter signed by each author.

3. Disclosure of conflicts of interest

The FMJ follows the practice of international medical journals regarding the disclosing of conflicts of interest. The aim is to inform the readers and the reviewers of the articles about the connections that may have influenced the contents of the article. The possible conflicts of interest will not, however, affect the decision regarding publication; this decision is based on the merits of the article and on editorial policy. Conflicts of interest dating back three years are to be disclosed, and they will be published at the end of the article.

Conflicts of interest shall be reported on the appropriate form, regarding funding obtained for the research, and other income of the author or his/her institution, that has any bearing on the article in question. This includes, for instance, other than the connections regarding this article to the sponsor of this research or to competitors. The connections may be for example fees, membership in expert or administrative organs, employment contracts, donations or ownership of shares.

If there is any uncertainty concerning disclosure of conflicts of interest, it is better to report it rather than not mention something that might be of interest to the reader. Sources of public funding do not need to be reported. When, in a review, mention is made of, for example, some form of cancer treatment, also the connections to other suppliers of cancer treatments should be reported.

If the author's spouse or children have any of the above-mentioned financial connections, they also shall be reported.

However, the following connections or affiliations do not need to be disclosed: The author has participated in a sponsored conference/meeting and has received a meal paid by the pharmaceutical company; or has given a lecture at a convention arranged by a non-profit organization supported financially by a pharmaceutical company; or the author has received a grant from a fund, the capital of which has been raised by a pharmaceutical company.

4. Manuscript

Submission and form of manuscript

Articles dealing with medicine or health care are to be submitted as one full set on paper (printed on both sides) and in electronic form (e-mail). Tables and figures are presented on separate pages. Original medical articles and medical reviews are sent to the medical editor-in-chief, all other material to the editor-in-chief. Submissions to the Correspondence and Viewpoint sections may be submitted to the editor-in-chief as e-mail attachments.

Manuscripts on paper must have sufficient space between the lines (1.5 or double-spaced) and a left margin of 3 cm. The pages must be numbered.

No formatting should be used in the text (such as indentation, bolding, italics, spacing or underlining). Nor should automatic hyphenation of word processors be used. Paragraphs, as well as headings, are separated by two enters.

The maximum length of original articles and review articles is 22,000 characters including spaces, and that of articles on health care 16,000 characters. The recommended maximum length of contributions to the Viewpoint section is 6,000 characters, and to the Correspondence section 2,000 – 2,500 characters, spaces included. The references are additional to these numbers of characters. The editors may condense the text if needed.

The electronic version of the article may include supplementary material which will not be published in the paper version.

5. Structure of the manuscript

The title page contains the title, the name of the author in the form in which the author wishes to use it, his or her highest academic degree, position, and affiliation, including department. This information is provided for each author in the order in which their names appear. The title page shall also contain the name, address, telephone number and e-mail address of the author to whom correspondence is addressed. The total number of characters in the article (including spaces) shall be given at the bottom of the page.

Original articles

Abstract

The second page of the manuscript contains an abstract with the following subheadings: Introduction, Methods, Results, and Conclusion. The abstract may not be longer than 2,300 characters including spaces. The Introduction describes the aims of

the study and the hypothesis. The Methods presents the study design (i.e., prospective/retrospective study, diagnostic/treatment/preventive study, cohort/randomized/case-control study). In an intervention study, the number and sex distribution of the participants and the patient/subject selection criteria are specified. The treatment protocol and main procedures are reported. In the Results section, the main results are presented briefly and the 95% confidence intervals and, when appropriate, statistical significance and NNT numbers. The Conclusions section should contain the most important conclusion based on the results, and the significance of this finding.

Summary box

The third page of the manuscript should contain a summary with two headings: 'What was known' and 'This we learned'. Both headings should be followed by 3–4 concise sentences. In the journal this will be presented as a box containing the main message of the article.

Introduction

The article begins with an untitled introduction to the subject. A short introductory paragraph should clearly state the aims of the study. In the Introduction, reference to literature is allowed to the extent needed to present the topic to the reader, and to provide a reason for undertaking the study.

Material and methods

The Material and Methods section describes how the aims of the study were achieved. The methods should be described concisely, but in such a way that the reader could, on the basis of the presentation, repeat the study if needed. If a questionnaire has been used in the study, it must be submitted together with the manuscript for publication in the electronic version of the Journal.

Statistical methods

The study design can often be depicted in the form of a flow chart. The statistical methods used should be described in sufficient detail to allow the reader to repeat the analyses. This implies that the material must be presented with values for variables that allow repetition of the analyses. The results need to be presented with values for variables (e.g. confidence intervals) that can be used for repeating the analyses, and which describe the precision of, e.g., the effect of an intervention, and the extent of the effect, rather than values for only testing the hypotheses (p-values). Statistical terms, abbreviations and symbols must always be defined. If even a slightly unorthodox statistical method has been used, it must be referenced precisely. The statistical data analysis programs used to obtain the reported results must be stated.

Results

The results must be reported in logical order, in accordance to the stated aims. The most important results are presented first. Tables and figures should be used to illustrate the most important results and to demonstrate statistical validity. Tables and figures should therefore present only data that clarify the aims of the study, and should not repeat the results presented in the text. If numerical data are derived from the original data, e.g., as percentages, the absolute numbers from which the derived figures have been obtained must be shown.

Discussion

The Discussion section provides a summary of the main results, describes issues related to the present work, and provides a critical evaluation of the methods used in

the study. The strengths and weaknesses of the study must be evaluated in relation to previous studies, and the results must be related to the existing literature. The Discussion must also explain the importance of the findings for clinicians or for decision-makers in the health care sector. The Discussion and Conclusion should focus only on matters that pertain to the results at hand. The Discussion may end in a statement on the possible need for future studies.

Acknowledgement

An Acknowledgements section may be added at the end of the article to acknowledge the contribution to the original study of persons who do not qualify as authors.

English summary

All original articles must include an English summary (see p. 10).

Reviews

The Journal publishes review articles, which are traditional comprehensive overviews in fields with a broad coverage of references, or shorter articles of practical importance.

The second page of a review should contain 4–6 sentences describing the main content of the subject being discussed, e.g., diagnostics, epidemiology, risk factors or a new therapy. These sentences comprise an abstract of no more than 800 characters (including spaces).

The review begins with an untitled introduction to the subject, which is then discussed in sections that form logical units. In addition to section headings, sub-headings are used to clarify the discourse. The author of a review should think of ways to arouse the reader's interest in the topic being reviewed. The facts should be presented succinctly, in short paragraphs. The author may wish to present some of the material in table form, making the text shorter. A summary should be given at the end of the review.

Review articles include an English summary.

Review articles in the 'Tools of the trade' section

This section contains review articles on practical medicine. The purpose is to provide readers with easy instructions and instruments for their daily work with patients. Usually the article describes concisely the diagnosis and treatment of some disease. A general practitioner is most welcome in the team of authors, because these articles are addressed at non-specialist physicians.

The information should be evidence-based, but the article may also contain recommendations that rely on solid clinical experience and commonly accepted practices. It is good to support the most important statements by referring to a meta-analysis or treatment guideline. The purpose is not to cover a theme comprehensively, but rather to focus on information that is of importance to the practising physician. The article may contain figures and tables which show the most important facts. The maximum length of the article is 2 printed pages or a maximum of 3 pages (8,000 – 10,000 characters, including spaces); this does not include any tables. A maximum of 10 references is allowed.

Review articles in the 'Tools of the trade' section include an English summary (see p. 10).

Case reports

The Introduction describes the case in one sentence; the prevalence of the problem is mentioned.

The report itself should contain the accumulated data: patient's case history, investigations and the outcomes of the most important consultations. The negative and positive findings are stated and the treatment and outcome are described. A case report may be divided into the following sections: Case history, Clinical examination, Laboratory and radiological investigations, Treatment and outcome.

The Discussion may begin by explaining why the case report has been written. The most important literature on the subject should be mentioned. The etiology of the disease and the reasons for selecting the studied treatments should be explained. It should be discussed how the treatment affected the outcome, i.e.: How did the case in question differ from the ordinary? What can one learn from this case? This part of the report should emphasize the central message to the reader. Photographs are often very enlightening in case reports.

The recommended maximum length of a case report is 13,000 characters (including spaces).

The central facts are given in 4–6 sentences on the second page. An English summary is to be included (see p. 10).

Identifying information, including patients' or hospital's names, should not be published in written descriptions, photographs and pedigrees unless the written information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. When informed consent has been obtained it will be indicated in the published article.

Editorials

The FMJ publishes invited as well as submitted editorials on topics related to the contents of the current issue of the Journal, or on independent topics.

The author of an editorial presents his or her own views on some current theme of general interest.

Scientific editorials discuss topics of current interest: they provide background information to the reader. (Maximally 8 current references of central importance are allowed.) The editorial discusses the impact of new observations on what has been known previously. The core issues and future trends are presented, and these views are justified. It is important that the matter is explained so that is understood also by others than experts in the field.

Editorials are not published anonymously. Giving the author's name shows that the editorial reflects primarily the view of the author, but that this view carries such value that it merits publication in the Finnish Medical Journal. Even if the editorial has been invited by the editor-in-chief, the author may be asked to make corrections, and the editorial may even be refused.

The recommended length of an editorial is 3,600 characters (including spaces), i.e., one printed page; the references are not included. For well justified reasons, the editorial may be longer, especially if there is need to elaborate the topic with a picture or a table.

Editorials related to medical issues are sent to the medical editor-in-chief (paivi.hietanen@fimnet.fi) and other editorials to the responsible editor-in-chief (hannu.ollikainen@fimnet.fi).

Correspondence

The Correspondence section of the Finnish Medical Journal publishes succinct points of view and comments on topical articles or phenomena. The section is mainly intended as a forum for comments on articles published in the FMJ, or on current matters that have bearing on Finnish physicians in some way.

Contributions to this section should concentrate on the matter at hand, and comment only very briefly (1–2 sentences) on the background. The topic should appear in the title. If necessary, the text may be supported by references, but a maximum of 8 references will be printed.

The length of contributions to this section may be 2,000 – 2,500 characters, but this may be exceeded by editorial decision. If needed, the editorial staff will abridge the text and supply subtitles.

Viewpoints

Articles that take a stand on current matters in the field of science or the medical profession are published in the Viewpoint section. In contrast to the Correspondence section, the Viewpoint section allows more in-depth analysis of backgrounds, and more references may be cited. The maximum length of a contribution is about 5,000 characters (spread of 2 pages). If needed, the editorial staff will abridge the text and supply subtitles.

6. Language

The editorial review of articles submitted to the FMJ includes revision of the language, but the author should finalize the text as far as possible before submission.

Foreign words are best avoided, if there are good Finnish equivalents. Abbreviations are not recommended. Temporary abbreviations are especially unwelcome, and must not be used even in tables. Only the most common units of measure and the most common abbreviations (e.g., EEG, ECG, DNA) may be used without an explanation. Otherwise the abbreviation must be introduced in full when it appears in the text for the first time; the abbreviation is then given in parentheses after the explanation, e.g., gonadoliberin (GnRH), multiple sclerosis (MS). The units of measure should follow the SI system, unless there is a well-established praxis for using other measures.

If any devices are mentioned in the article, the brand and manufacturer must be listed in parentheses after introduction of the device. Pharmaceuticals are presented by their generic names; brand names may be used only in exceptional cases.

7. Tables

Tables must be understandable without reference to the text of the article. Tables may not repeat what is written in the article text.

Tables are numbered consecutively, and each table is printed on a separate page. In the text, reference to tables is made by giving the table number in parentheses, e.g. (Table 1). The table heading, column headings and the section containing the table rows are separated by a horizontal line; vertical lines must not be used in tables at all. Footnotes are numbered in the same way as superscripts.

8. Figures and photographs

If a picture or figure has been reproduced from another publication, the author must obtain written permission from the copyright holder to have the item published in the Finnish Medical Journal. The permission must cover not only the printed version of the Journal but also all other forms of publication; the permissions in writing must be submitted together with the article. If a photograph depicts a patient, the picture must be covered or cropped in such a way that the person cannot be identified; alternatively, the patient's written permission to have the picture published may be obtained.

Figures and graphs will be finalized at the editorial office. Graphs must be accompanied by the files on which they are based, together with all numeric values. High-quality paper copies of the graphs need to be provided together with the article. Figure legends are written on a separate page and placed at the end of the manuscript. The figure legends must be in Finnish (i.e. the same language as the article).

Photographs and other images should preferably be submitted in digital format, but paper reproductions must be included in the manuscript. The author is requested to give advice on image cropping, so that only the essential parts of images are included and are clearly depicted. Any highlighting on the image, e.g. arrows, must be clearly discernible.

Digital images must be submitted as original image files. The images are saved as original images in JPG or EPS format. An image fitted within the text is unacceptable for technical reasons. The size or resolution of images may not be reduced.

The printing house recommends the following dimensions for photographs: final size (width one column 63 mm, width two columns 130 mm), in CMYK format, at a resolution of 300 pixels/inch. The photograph should be saved in JPG or EPS format.

For more information on digital submission of images and about electronic submission see: kuvat.laakarilehti@sun.fimnet.fi, tel. (09) 3930 749.

9. References

References to literature in the text are placed in parentheses, in consecutive order (1, 2), and they are listed consecutively at the end of the text. Original articles and

traditional reviews should have no more than 40 references, and practical, short reviews no more than 10 references.

The list of references may contain only references to published articles; unpublished observations and oral communications may be mentioned in the text in parentheses (Virtanen, Matti, personal communication), (Koskinen, Kauko, unpublished observation). An article that has been accepted for publication but has not yet been published may be included in the list of references with the addition of the words "in press".

Books: name of the author, title of the book, publication information, i.e., edition, place of publication, publisher, year of publication, and page numbers of the reference.

E.g. Lillrank P. Suoritusten mittaus. Kirjassa: Lillrank P, Kujala J, Parvinen P, toim. Keskenäinen potilas, 1. painos. Helsinki: Talentum 2004;104–9.

Publication series: name of the author, title of the report, publisher, information on the series, year of publication, and page numbers of the reference.

E.g. Hujanen T. Terveysthuollon yksikkökustannukset Suomessa vuonna 2001. Stakes, Aiheita 1, 2003;25–8.

Medical journals: Author(s) name(s), title of the article, name of the journal, year of publication, volume, and page numbers. The first page of the reference is mentioned in full, and for the last page only the numbers that differ from the first page are given, e.g. 1234–56. If the number of authors in a reference exceeds six, the first three authors are mentioned, followed by et al. Use abbreviated names of medical journals, as found in e.g. the Medline database.

E.g. (domestic journal): Haahtela T, Pietinalho A, Tuomisto LE ym. Suomalainen astmaohjelma 10 vuotta – suuri muutos parempaan. Suom Lääkäril 2006;61:4369–78.

E.g. (foreign journal): Karjalainen A, Kurppa K, Martikainen R, Klaukka T, Karjalainen J. Work is related to a substantial portion of adult-onset asthma incidence in the Finnish population. Am J Respir Crit Care Med 2001;164:565–8.

E.g. (supplement): Laufik M, Buono D, Casola G, Sirlin C. Delayed traumatic bladder rupture. Am J Roentgenol 2005;184(Suppl 3):99–101.

E.g. (Cochrane review): Alderson P, Gadkary C, Signorini DF. Therapeutic hypothermia for head injury. Cochrane Database Syst Rev 2004;4:CD001048.

Material for electronic submission: Author or group, title of the material, date of quotation or of up-date, www address.

E.g. Kela. Eryiskorvattaviin lääkkeisiin oikeutetut ja kustannukset korvauksia saanutta kohti (päivitetty 28.1.2009).

www.kela.fi/in/internet/suomi.nsf/NET/070703131233MP?OpenDocument

E.g. Lääketeollisuus ry kotisivut. Astma – investointi sairauden hoitoon kannattaa. (siteerattu 12.2.2009).

www.laaketeollisuus.fi/page.php?page_id=99&offset=24&news_id=256

E.g. Drummond M, Weatherly H, Ferguson B. Economic evaluations of health interventions. A broader perspective should include costs and benefits for all stakeholders. BMJ 2008;337:a1204.DOI:10.1136/bmj.a1204

10. English summary

An English summary of 3,500 characters (including spaces) is written on a separate page and placed at the end of all original articles, review articles, as well as case reports. The English summary of original articles follows the structure of the Abstract in Finnish. The subtitles are: Background, Methods, Results and Conclusion. The summaries of review articles should contain the same information as the abstract, plus reference to the wider background of the review. The English summary is concluded by a list of all authors, and the international address (in English) of the author to whom correspondence is addressed and his/her e-mail address.

AGREEMENT

Processing no. of manuscript _____

By my signature I agree to transfer the copyright of my article

to the Finnish Medical Journal.

The article may be published in the Finnish Medical Journal, and the Finnish Medical Journal has the right to make changes to the article as required for rendering the article publishable. The article may be reproduced in another printed forum or electronically with the permission of the Finnish Medical Journal. The Finnish Medical Journal has the sole right, even without hearing the author of the article, to publish the article in electronic form in any current or future electronic services of the Finnish Medical Journal (e.g. in the Internet or as a CD-ROM).

This agreement has been written in _____ copies of identical content, one (1) for the Finnish Medical Journal (editor-in-chief) and one (1) for each of the authors of the above article.

Date

Signature

CHECKLIST

(MEDICAL ARTICLES)

1. The submission contains the original manuscript, and the original figures and tables.
2. The title page has been written in accordance with the Instructions to the authors.
3. The second page contains an abstract of no more than 800 characters (including spaces), or 2,300 characters in the case of original articles.
4. In the case of an original study, an ethics committee has approved the study design, and a copy of this approval is included.
5. A publication agreement signed by each of the authors is included.
6. A disclosure of any conflicts of interest, signed by each author, is included.
7. The manuscript is marked for items that may be published only electronically.
8. References are included in the text and the list of references follows the Instructions to authors.
9. All figures are numbered, figure legends are included, and each figure is referred to in the text.
10. Each table contains a table heading, and all abbreviations are explained.
11. The submission includes an English summary (maximum 3,500 characters), and the language of the summary has been checked (name of the English language reviewer is provided).
12. Written permission to use copyrighted material reproduced in the article has been obtained.

The corresponding author is responsible for checking the submission against this checklist, and for guaranteeing that the manuscript follows the Finnish Medical Journal's Instructions to authors.

Signature of author and name in block letters

DISCLOSURE OF CONFLICTS OF INTEREST

This is a statement concerning any economic conflicts of interest that authors of articles submitted to the Finnish Medical Journal may have.

Manuscript:

Author:

During the past three years I have:

-
- received a grant or some other kind of financial support as compensation for writing the submitted article from the following sources: _____
 - given presentations at meetings sponsored by pharmaceutical companies, or participated in the planning of such meetings and received a fee for this.
 - travelled or participated in foreign conferences with the support of a pharmaceutical company (i.e., travel costs, conference fee).
 - received a grant from a pharmaceutical company or a fund governed by a pharmaceutical company.
 - participated in the activity of an administrative body of a pharmaceutical company or – due to ownership – received substantial income or had an authoritative position in the company's administration.
 - held a leading position in a health care enterprise (member of board, or other organ preparing decisions or giving advice).

Date: _____

Signature: _____

Name in block letters: _____
