



INSTRUCTIONS FOR AUTHORS

IJTLD OPEN publishes Editorials, Original Articles, Minireviews and Letters of significance on TB and the entire spectrum of lung diseases in adults and children.

We welcome submissions on basic, translational, clinical, epidemiological and programmatic research relevant to the Union's mission to find health solutions for these conditions, including the development of vaccines, diagnostics and medicines for the prevention, management and control of TB and other respiratory diseases.

SUBMISSION OF ARTICLES

Articles should be submitted online via Manuscript Central:
<http://mc.manuscriptcentral.com/ijtld>.

Before submitting your article, please read and carefully follow the Instructions for Authors outlined below.

All articles must be submitted in English. When necessary, authors are encouraged to seek professional editing service before submission. If the quality of the English is not considered to be adequate, the manuscript will be returned to the authors without review. Authors may be offered the opportunity to re-submit a revised version that has been edited for English language.

Manuscripts may only be actively under consideration by one journal at any given time.

FAST TRACK REVIEW

For exceptional articles of major scientific or public health interest, the Editor-in-Chief may decide to proceed with fast-track review, aiming to reach a first decision within one week. If you believe your article requires fast-track review, please state this in the cover letter of your manuscript along with detailed justification(s).

AUTHORSHIP

The journal recommends the International Committee of Medical Journal Editors' criteria for authorship (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). The ICMJE recommends that authorship be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

When a multicentre group has conducted the study, all individuals who accept direct responsibility for the manuscript should be identified. When submitting a group author manuscript, the corresponding author should clearly identify all individual authors, as well as the group name.

FORMAT OF SUBMITTED ARTICLES

The formats for different types of articles are summarised as follows:

Article type	Pages*	Word limit	Figure or Table	References	Abstract
Original Article (including also Systematic Reviews and Meta-Analysis)	6	2500	Up to 5	35 (50 for Systematic Reviews and meta-analyses)	200 words
Review (State of the Art, Guidelines/Consensus)	10	3500	Up to 5	70	200 words
Minireview	5	2000	3–4	40	150 words
Letter	3	1100	1	15	No
Correspondence	2	600	1	10	No
Editorial	1–3	500-1400	1-2	25	100 words

*Number stated refers to the maximum number of typeset pages before fees apply.

Papers that do not conform to these guidelines will either be rejected, returned to the authors for revision prior to peer review, or subject to fees for excess page charges (see below).

Original Articles (including Systematic Reviews and Meta-Analyses) should not exceed 6 pages, typically including a maximum of 2,500 words (excluding abstract, references, Tables and Figure captions) and should have a structured summary of 200 words, up to 35 references and up to 5 moderate-sized tables/figures. See examples of table sizes that will fit this layout within the section 'Figures and Tables'. Tables that are too large should be included as Supplementary Data (see details below).

Clinical trials must be registered in a WHO compliant clinical trial registry and reported according to [CONSORT](#) guidelines. Epidemiological studies should be conducted and reported according to [STROBE](#) guidelines. Systematic reviews and Meta-Analyses will only be considered if they provide insight beyond that available in the source studies. Reporting should follow [PRISMA](#) guidelines. Meta-Analysis of observational data should follow [MOOSE](#) guidelines. A completed PRISMA or MOOSE checklist should be included with the submission.

Abstract

An informative abstract of no more than 200 words that can be understood without reference to the text should be included. For optimal clarity, the author should use the headings Background, Methods, Results and Conclusion. Abstracts will be translated into French (authors are welcome to provide their own translation).

Main text headings: Three categories of heading are used.

Major headings (e.g., **METHODS, RESULTS**) are in Arial 12 bold caps.

Minor heading 1 (e.g., *Study population and materials*) in Arial 12 italics.

Minor heading 2 (e.g., *Human subjects*) in Times Roman 12 italics.

Sections should follow the usual conventions

Introduction (does not require a heading): This should include the aim, objectives and/or hypotheses for the manuscript, preceded by their rationale.

Methods: This should include a description of the study design, study population, intervention, exposures, outcomes and other relevant variables, where applicable. Details of the statistical analysis plan and sample size and study power should also be included. Methods should be described in a manner that is conducive to replication.

Details of ethics approval (or a statement as to why it was not required) should be provided in the Methods section of all research studies. All studies involving human subjects should include details of informed consent.

Results: Present the results in logical sequence, referencing figures and tables (see information below on submitting figures and tables). For complex tables only highlight the most important results.

Data sharing – as an open access journal, we strongly encourage authors to share the data and other elements presented by archiving it in an appropriate public repository. Authors may include a data availability statement within the Acknowledgements section, with a link to the repository used.

Discussion: Bring the reader back to your initial aims, objective or hypothesis, showing how this study has improved our understanding of the topic. **Conclusions:** optional, but if used, please briefly highlight the single most significant aspect of this study.

Reviews (State of the Art, Viewpoints, Guidelines) are aimed to inform and educate readers and should stimulate debate around clinical and scientific topics. We also welcome suggestions for review articles on different aspects of TB and across the breadth of respiratory medicine. Authors proposing an unsolicited review should explain in a cover letter why the topic is timely and relevant and include a maximum of 5 examples of their own recent published work supporting their expertise in this field.

Submitted reviews should not overlap with recently published ones on similar topics. Review articles should represent the state of the art in their specific field. The literature review should be up-to-date. Systematic review methods are encouraged but are not mandatory. We strongly encourage the use of new imaginative figures and of a pivotal figure to summarise key concepts or conclusions of the review.

Review articles (see Table above) should not exceed 10 pages, including up to 3,500 words (excluding abstract, references, tables and figure captions) and should have a structured summary of 200 words, up to 70 references and 5 moderate-sized tables/figures.

Minireviews are focused, expert reviews on cutting-edge issues. One-page proposals will be considered, and will be judged on 1) the scientific importance and novelty of the subject matter, 2) its relevance to the readership of the Journal, and 3) the expertise of the proposed authors. Minireviews are expected to draw conclusions and make recommendations that are based on the evidence presented.

Up to 5 pages in length, with text up to 2,000 words, a structured summary of 200 words, 3–4 moderate-sized tables/figures and up to 40 references.

Letters include research letters, case studies and other forms of short communication to the Editor. Research letters are preliminary studies or short reports presented in the shorter format of a Letter to the Editor. Case studies are considered only if they contain original and innovative material, ideally discussing cases in the form of a mini-review of the available literature on the topic. Patient consent should be provided (or, in the case of death, the consent of a relative). Letters do not include an abstract or text headings and start 'Dear Editor,...'. They should not exceed 3 pages, with up to 1,100 words (excluding references, tables and figure captions) and should have no more than 15 references. One figure or one table is mandatory.

Editorials

Editorials are usually invited by the Editorial Board to allow experts to concisely discuss the findings of an Original Article (sharing their perspective on how the publication advances the field and highlighting the need for specific further research). Unsolicited Editorials are also of interest and can highlight a key initiative or paradigm shift. Editorials include a brief abstract and are between 1–3 pages, with 500–1,400 words (excluding references, tables and figure captions) and should have no more than 25 references and 1–2 figures/tables.

FORMATTING

Authors should submit a single Word document (.doc or .docx) – this document should include the title page, abstract text, references, tables and figures with legends. For ease of peer review, the article should have 1.5 or double spacing and continuous line numbering.

Title page: This should contain:

- 1) a concise, informative title of not more than 110 characters and spaces, without abbreviations
- 2) the names and affiliations of all contributing authors, clearly indicating who is linked to each institution
- 3) a running head of not more than 45 characters and spaces
- 4) a word count of the summary, a word count of the text, number of references, tables and figures
- 5) 3-5 keywords that do not appear in the title
- 6) the name, full address and contact details of the corresponding author.

ACKNOWLEDGEMENTS: Acknowledge only those people who have made substantial contributions to the study, with their consent. If appropriate, include a data availability

statement with a link to the repository used. All sources of support in the form of grants and all conflicts of interest should be mentioned.

REFERENCES: The accuracy of references is the responsibility of the author. Please use superscript numbers in the text, and they must be numbered in the order in which they are cited. References that are cited more than once retain the same number for each citation. The references list at the end of an article should be arranged in numerical order.

References to an article: should include the names of the authors, followed by their initials. List all authors when three or fewer - see the example below:

Gordon JB, Bennett AM. Tuberculosis in reindeer. *Scand Rev Respir Dis* 1978; 96 (Suppl): 217-219.

When there are more than three authors, list only the first author and add 'et al.'

References to a piece of work: (book/monograph) should include the names of the authors, the title of the piece of work, the ISSN number of the publication, the name of the Editor, the place and year of publication, the number of the volume and the first and last page numbers.

References to a chapter in a book: should include the names of the authors, the title of the chapter with the word "In" preceding the reference of the work e.g.

Girling DJ. The chemotherapy of tuberculosis. In: Ratledge C, Stanford J, Grange JM, eds. *Biology of the mycobacteria*. London, UK: Academic Press, 1989: pp 285-323.

Electronic references should be given only when an original citation is unavailable; please provide as much information as possible, including html address.

References to an article yet to be published: should give the name of the journal as '(In Press)' and include the article DOI.

Personal communications: should be given in the text with the name of the individual cited and with his/her consent.

FIGURES AND TABLES

Tables and figures should be self-explanatory and easily understood as a standalone element. Numbering of tables/figures corresponds to where they are first cited in the text. All abbreviations included in the title or in the Table/Figure, even if explained in the text of the article, should be expanded in a footnote to be understandable without referring to the text.

Tables: A short descriptive title should appear above the table. Each column should have a short or abbreviated heading. All abbreviations should be explained in a clear legend below the table. Tables should not have shading or bolding.

Explanations of data should be included in the legend and linked to the respective element by a number (1, 2, 3 etc). Tables should be treated as a standalone item, so references should be included in their entirety in the legend and not added to the Reference list at the end of the article. Please note that the number and size of the tables need to be accommodated within the pages allocated for each type of article.

Examples of table sizes:

Small table with 4-5 columns and 4-5 rows = **1/4 page** in a typeset article

Moderate table with 4-6 columns and 10-12 rows = **1/2 page** in a typeset article

Large table with 6-10 columns and 12-16 rows = **1 full page** in a typeset article
If there is the need to refer to very large datasets, the excess material can be included as

Supplementary Data (please note charges below). The figures and tables in Supplementary Data should be numbered as Figure S1, Table S1 etc (to avoid confusion over labelling of the figures and tables in the main body of the article). Alternatively, the data can be hosted via a service such as Figshare (<https://figshare.com>) with a link embedded in the text.

Figures: These should be referred to consecutively in the text. They can be inserted into the Word document at the end of the References or uploaded separately as image files (.jpg, .ppt, .gif, .tif or .bmp). A brief explanatory legend should be provided for every figure to ensure it can be understood as a standalone item.

After acceptance, figures should be made available in editable form

Line drawings, flow charts and histograms: Must be supplied either as .doc or .xls files. For optimal clarity they should be in black and white, with solid black lines, and avoid shading.

Scans, photographs, or X-rays: Should be supplied at a resolution of a least 300 dpi (preferably 500 dpi) as TIFF or JPEG files suitable for reproduction. Photo-micrographs should have internal scale markers where appropriate. X-ray film should bring out the detail with the area of importance clearly indicated. Techniques (staining, magnification, etc) should be defined.

Patient confidentiality: Images that show recognisable individuals are discouraged and will only be considered for publication if there is strong justification. In such cases, consent must be obtained from the individual or legal guardian for publication. A consent form can be obtained on request from the Editorial Office.

Lettering: The size of the symbols and lettering should be in scale with the figure using black Arial font, of uniform size.

Permission to reproduce illustrations or tables should be obtained from the original publishers and authors and submitted with the article. They should be acknowledged as follows: '*Reproduced with the kind permission of (publishers) from (reference)*'.

ABBREVIATIONS AND UNITS

Avoid abbreviations in the title or summary. Abbreviations or unusual terms should be described the first time of use. Symbols and units of measure must conform to recognised scientific use, i.e. SI units. For more detailed recommendations, authors may consult the Royal Society of Medicine publication *Units, Symbols and*

Abbreviations: A Guide for Biological and Medical Editors and Authors. Designation of diseases must conform to the International Classification of Diseases. Designation of micro-organisms must conform to the norms of biology. Proprietary names of drugs, instruments, etc. should be indicated by the use of initial capital letters. Names of instruments should be accompanied by the manufacturer's name, city, state and country.

PUBLICATION CHARGES

Excess page charge: an excess page charge of €375 per page is applied for all articles that go over length (6 typeset pages for Original Articles, 10 for Reviews and 3 for Letters).

Supplementary Data: Additional tables and figures may be supplied as a PDF that is published online in association with the article. A charge of 325€ will be applied per 10 pp of Supplementary Data. The PDF should be submitted with the manuscript for review. Authors may also be requested to move overlarge tables/figures to Supplementary Data during the editing process.

Immediate Open Access: Articles are made Open Access at the time of online publication, for a charge of €2,300 for Original Articles and Mini-Reviews. Forum articles, Editorials and Letters can be made Open Access for €1,750. All Open Access articles are distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited. Authors retain copyright.

PREPARATION OF MANUSCRIPTS

Manuscripts should conform to the *Uniform Requirements for Manuscripts submitted to Biomedical Journals* (<https://www.icmje.org/recommendations/>). Authors should ensure they follow the relevant recommendations and guidelines for reporting their findings (CONSORT, STARD, MOOSE, STROBE, PRISMA, STREGA). Articles on clinical research should conform to the standards defined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>).

Stigmatising language: Authors are advised to avoid terms that may be perceived to be stigmatising, such as “TB suspect” or “defaulter”. Authors can refer to the following publications: Zachariah R. et al., Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? *Int J Tuberc Lung Dis* 2012; 16: 714–717

Plagiarism: The *Journal* checks for plagiarism. If suspected, IJTLD OPEN follows the guidelines set out by the Committee on Publications Ethics (COPE) (<http://publicationethics.org/flowcharts>).

PERMISSIONS

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Any specific issue related to the checklist should be addressed to the Editors-in-Chief in the accompanying covering letter. All other correspondence should be sent directly to:

The Editorial Office e-mail: journal@theunion.org