

International Journal of Technology Assessment in Health Care

Instructions for Contributors

The editors welcome submissions of articles that deal with the wide range of topics related to assessment for health care policy and practice, including issues of technology diffusion, economics, ethics, law, and social and cultural perspectives. All manuscripts are screened by the Editors and members of the Editorial Board. Those that pass proceed to an international review process, which usually is completed within 4 to 10 weeks. Accepted manuscripts will be published within 4 to 6 months. Articles must be in English. Spelling, capitalization, and punctuation should conform to the 15th Edition of *The Chicago Manual of Style* (University of Chicago Press).

MANUSCRIPT SUBMISSION AND REVIEW. All manuscript submissions to the *International Journal of Technology Assessment in Health Care* must be made electronically via ScholarOne Manuscripts, at the following website address:

<http://mc.manuscriptcentral.com/thc>

Complete instructions are provided on this website. Please follow the instructions on the website to avoid delays. The instructions will prompt the author to provide all necessary information, including the corresponding author's contact information, which includes complete mailing address, phone and fax numbers, and an e-mail address. The website also requests suggested reviewers. The website will automatically acknowledge receipt of the manuscript and provide a manuscript reference number. Every effort will be made to provide the author with a rapid review. Correspondence should be sent *by email only* to Marjukka Mäkelä at: IJTAHC@thl.fi.

PREPARATION OF MANUSCRIPT. The entire manuscript (in Word, RTF or PDF format), including all notes and references, must be typed, *double-spaced* on 8½ × 11 inch or A4 page sizes, with at least 1-inch (2.54 cm) margins. Manuscript pages should be numbered consecutively. Manuscripts should be arranged as follows: 1) cover sheet with title and short title; 2) abstract and key words; 3) acknowledgments, including source of funding; 4) text; 5) references; 6) tables with titles; and 7) figures, with captions on a separate page. Manuscripts should typically have *no more than 4,000 words*—including the abstract, which should not exceed 250 words. There should be no more than a total of four tables and illustrations together and no more than 25 references. Tables and illustrations exceeding these limits may be posted on the Journal's web site (www.journals.cambridge.org/thc) as supplementary materials. Supplementary figures and tables should be numbered separately from the figures and tables in the printed issue, beginning with Supplementary Figure 1 and Supplementary Table 1. Where relevant, all manuscripts should include one paragraph on the policy implications of the findings of the study. Acronyms should be clearly spelled out on first use. The use of product trade names should be avoided; generic names should be used except where discussion of proprietary brands is essential to the manuscript.

COVER SHEET AND COVER LETTER. A cover letter, signed by all authors, must attest that 1) each named author contributed to both the conception/design and/or analysis/interpretation of the project and the writing of the paper; 2) each has approved the version being submitted; and 3) the content has not been published nor is being considered for publication elsewhere.

As relevant to the content of the paper, the letter should also attest to the fact that any research with human or animal subjects conforms to the legal and standards of the country in which it was performed. *All authors must disclose any financial arrangements with companies whose products are discussed in the paper or their competitors*; such information will not be revealed to reviewers but may be included in a suitable format in the final publication if the manuscript is accepted. The cover letter should also provide all authors' full names, professional degrees, and institutional mailing addresses.

The cover sheet should list the article's title, the name, complete mailing address, telephone and fax numbers, and e-mail address of the corresponding author, and a short title (50 characters or less) for the running head.

ABSTRACT AND KEYWORDS. A 100- to 250-word abstract, submitted on a separate page, should *summarize* the objectives of the study or analysis, the article's major arguments and/or results, and its conclusions/ recommendations. *Abstracts must be submitted in four sections:* Objectives; Methods; Results; and Conclusions, except where the subject and/or format of the article do not permit. Three to five key words, using terms from the Medical Subject Headings from *Index Medicus*, should follow the abstract.

REFERENCES AND NOTES. Bibliographic citations in the text should be indicated by numbers in parentheses usually at the end of the sentence after the period. When authors are mentioned in the text, the citation number should immediately follow the name(s) as follows:

In-text citations: "Jones and Smith (7) maintained that. . ."

The reference list must be in alphabetical order If a work has more than five authors, the first three authors should be listed, followed by et al. Abbreviate journal titles according to the listing in the current *Index Medicus*.

Book: 1. Jones AB, Smith JK. *Computer diagnosis and results*. New York: Penta Publishers; 1998.

Journal: 1. Jones AB, Smith JK. The relationship between health needs, the hospital, and the patient. *J Chron Dis*. 1995;32:310-312.

Article in edited work: 1. Jones AB, Smith JK. The diagnostic process. In: Brown R, Wilson T, eds. *New technology and its medical consequences*, vol. 1. New York: Apple Publishers; 1992:101-134.

In the reference list, do not include material that has been submitted for publication but has not yet been accepted. This material, with its date, should be noted in the text as "unpublished data" as follows: **Unpublished data:** "Similar findings have been noted by L. W. Smith (unpublished data, 1998)."

The Journal does not accept footnotes or appendices.

TABLES AND FIGURES. Tables and figures should be numbered consecutively. All tables and figures must have a caption and must be cited in the text. Abbreviations in tables and figures should be avoided, except in the case of acronyms already used in the text. Table footnotes appear directly after the table; table references follow the footnotes. Figures must be submitted in Excel, PageMaker, or equivalent.

PERMISSIONS. Authors are responsible for obtaining written permission to publish material for which they do not own the copyright. Contributors will be asked to assign their copyrights to Cambridge University Press.

OPEN ACCESS. Our standard copyright forms allow Open Access Archiving (for instance posting the Accepted Manuscript in an Institutional Repository or on a personal webpage). Authors can also choose to publish Open Access (making articles freely available for non-commercial use) in a large number of our Journals by using Cambridge Open Option. For complete information on all the options available please visit

<http://journals.cambridge.org/OpenAccess>

COPYEDITING AND PROOFREADING. The publishers reserve the right to copyedit and proofread all accepted articles. Page proofs will be sent to the lead author for final review.

REPRINTS. Reprints may be purchased if ordered at proof stage.



International Journal of
**Technology Assessment
in Health Care**

Official Journal of Health Technology Assessment International

Featured in this issue

EDITORIALS

Packer C et al.: The evolution of EAA methods and systems

Noseworthy T, Clement F: Health technology reassessment

MINITHEME: DISINVESTMENT

Henshall C et al.: HTA, optimal technology use and disinvestment

Watt A et al.: The role of evidence in disinvestment

Leggett L et al.: Health technology reassessment practices

ASSESSMENTS

Coyle D et al.: Cost-effectiveness of exercise in diabetes

Chan A et al.: A systematic review on order sets

Lu L et al.: Cost-effectiveness of alemtuzumab for T-PLL

Cooper K et al.: Indirect comparison of romiplostim and eltrombopag

Ruggeri M et al.: Harmonic scalpel in thyroidectomy

Laryionava K, Gross D: Public perception of healthcare robotics

METHODS

Ehlers L, Jensen MB: Mini-HTA in Danish municipalities

POLICIES

Hulstaert F et al.: The clinical review of high-risk medical devices

Varela-Lema L et al.: Post-introduction observation of technologies

Mwape L et al.: Mental health in Zambia

THEME: EARLY AWARENESS AND ALERT (EAA) METHODS AND SYSTEMS

Gutierrez-Ibarluzea I et al.: Early awareness and alert systems' methods

Packer C et al.: UK early awareness and alert activity

Pichon-Riviere A et al.: Early awareness activities in Latin America

Migliore A et al.: COTE Project: The Italian early awareness system

Morrison A: Horizon scanning in Canada

Tal O, Hakak N: Early awareness for medical technologies in Israel

Gallego G et al.: Using best-worst scaling in horizon scanning