

Instructions for Contributors

The Journal welcomes submissions of articles that evaluate health technologies to support health policy or practice decisions, or discuss methods of assessing such technologies; please see Journal Aims and Scope for details. Manuscripts are screened by the Editors and members of the Editorial Board. Manuscripts are screened by the Editor-in-Chief and Deputy Editors and those that are deemed appropriate for the journal proceed to an international review process, which usually is completed within 10 weeks. The timeframe from acceptance to FirstView is usually within 6 weeks. 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 website:

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

Please follow the detailed instructions on the website to avoid delays. The authors are asked to provide contact information and they may suggest reviewers. The website automatically acknowledges receipt of the manuscript and provides a manuscript reference number. Every effort will be made to provide the author with a rapid review. Correspondence must quote manuscript reference number and should be sent by email to the Editorial Office at IJTAHC@cambridge.org.

PREPARATION OF MANUSCRIPT. The manuscript, including all references, must be provided in Word or RTF format, double spaced on 8½ × 11 inch or A4 page sizes, with at least 1-inch (2.54 cm) margins. Manuscripts should typically have less than 4,000 words, including the abstract of 250 words maximum, and usually no more than 25 references. Manuscripts should be arranged as follows:

- 1) a title page with the full title, running title, and all author names with affiliations;
- 2) abstract and keywords;
- 3) acknowledgments, including source of funding;
- 4) text;
- 5) references;
- 6) tables with titles; and
- 7) figures, with captions on a separate page.

The Journal accepts no more than four tables or figures altogether for the published version. Tables and figures exceeding these limits may be posted on the Journal's web site (www.journals.cambridge.org/thc) as supplementary materials. Supplementary tables and figures should be numbered separately from the tables and figures in the published issue, beginning with Supplementary Table 1 and Supplementary Figure 1. The Journal does not accept footnotes or appendices.

Where relevant, manuscripts should include a 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 LETTER. The cover letter, must attest that 1) each author contributed to the conception and design or analysis and interpretation of data 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 ethical 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.

A completed Conflict of Interest form should be included for each author. Access the Conflict of Interest disclosure form at http://www.icmje.org/coi_instructions.html.

ABSTRACT AND KEYWORDS. Most manuscript types should include a 100- to 250-word abstract, placed on a separate page without a heading, summarizing the objectives of the study or analysis, the major arguments and/or results, and conclusions/recommendations. Three to five keywords, using terms from the Medical Subject Headings from Index Medicus, should follow the abstract.

REFERENCES AND NOTES. *The references must be arranged according to the ICMJE Uniform Requirements for Manuscripts (URM): numbered consecutively in order of appearance in the text, identified by Arabic numerals in parentheses.* Bibliographic citations in the text should be indicated by Arabic numerals in parentheses. 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 . . ."

If a work has more than six 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 (2011) *Computer diagnosis and results*. New York: Penta Publishers.

Journal: 1. Jones AB, Smith JK (2012) The relationship between health needs, the hospital, and the patient. *J Chron Dis*; **49**: 310-312.

Article in edited work: 1. Jones AB, Smith JK (2013) The diagnostic process. In: Brown R, Wilson T, eds. *New technology and its medical consequences*, vol. 1. New York: Apple Publishers, 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, 2014)."

See http://www.nlm.nih.gov/bsd/uniform_requirements.html for details.

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. All abbreviations used in each table and figure must be defined underneath, even if the abbreviations have been defined previously in the text. Table footnotes appear directly after the table; table references follow the footnotes. Tables must be submitted in Word or RTF and figures in tif, jpeg or eps format.

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.



International Journal of
Technology Assessment
in Health Care

Official Journal of Health Technology Assessment International

Featured in this issue

EDITORIAL

Wendy Babidge: Moving on from 2020 and looking forward to 2021 with a new and continuous publication model

COMMENTARIES

Pietro Refolo et al.: Core ethics expertise in HTA

Rachel A. Archer et al.: Prioritizing Critical-Care Resources in Response to COVID-19 in Thailand

ASSESSMENTS

Eva Gil-Olivas et al.: Telemedicine in Angola and Spain

Michal Stanak and Christoph Strohmaier: Ethics of light and vitamin D therapies for SAD

Angelica Carletto et al.: Quality of Health Economic Evaluations submitted to the Italian Medicines Agency

Irina Cleemput et al.: Organizational patient involvement culture in HTA

POLICIES

Julie Polisen and Gayatri Jayaraman: Use of RWD and RWE for Medical Devices

Enver Kağan Atikeler et al.: Evaluation of the Process for access to Medicines Brought From Abroad

Edilene Lopes, et al.: The rationale and design of public involvement in health funding decision making in Canada: Focus groups with the Canadian public