Manuscript Submission Guidelines and Policies for Autism in Adulthood

Journal Information

- Manuscript Submission Site: Authors should submit manuscripts via our online submission system at https://mc.manuscriptcentral.com/aut. Insight Essay authors who would rather not use the online system may email their submission to autisminadulthood@pdx.edu.
- Editorial Office Contact: kcloudhansen@liebertpub.com
- Support Contact: prosupport@liebertpub.com
- Journal Model: Hybrid (Open Access Option)
- Masking: Single Masked (aka “Single Anonymized”) Reviewers know the author's identity, author's do not know the reviewers' identities.
- File formatting requirement stage: On revision. Format neutral on original submission.
- Instant Online Option (immediate publication of accepted version): No
- Submission Fee: None
- Average time to initial decision: 35 days

About the Journal

Autism in Adulthood is published by Mary Ann Liebert, Inc. publishers, headquartered in New Rochelle, New York. The founding Editor-in-Chief is Christina Nicolaidis, MD, MPH. The Journal is managed by an academic chief editor, associate editors, and an international editorial board comprised of leading researchers, autistic community leaders, and practitioners focused on autism in adulthood.

In addition to the traditional, scientific peer-review procedure, all manuscripts submitted to Autism in Adulthood will be reviewed by at least one autistic adult as part of our commitment to inclusion. While in some cases, autistic scientists or scholars may fill both roles, many autistic reviews will be conducted by people outside of academia. Our autistic reviewers greatly contribute to the high standards of the Journal.

Autistic reviewers will be asked to give their opinion about whether the paper addresses high priority topics, the findings can have a true impact on the autistic community, the article is written in a respectful manner, and the community brief is comprehensible to the public.

Please review the Journal’s language policies prior to submission.

Manuscript Types and Guidelines

<table>
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<tr>
<th>Original Research Articles</th>
<th>Descriptions of rigorously conducted empirical research studies</th>
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<tr>
<td></td>
<td>Structured abstract of no more than 300 words (Headings: Background, Methods, Results, Conclusion).</td>
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</table>
- Community Brief of no more than 500 words
- 6,000-word limit for main text
- Main text uses standard heading structure (i.e., Background, Methods, Results, Discussion)
- Authors should follow international reporting guidelines as described at https://www.equator-network.org (i.e., CONSORT for randomized trials, STROBE for observational studies, SQUIRE for quality improvement studies, etc.).
- Clinical trials registration required, as applicable (see below)
- Maximum total of 4 (four) tables and/or figures

**Brief Research Reports**

Concise, focused reports about original research

- Structured abstract of no more than 300 words (Headings: Background, Methods, Results, Conclusion).
- Community Brief of no more than 500 words
- 2,500-word limit for main text
- Main text uses standard heading structure (i.e., Background, Methods, Results, Discussion)
- Authors should follow same reporting guidelines as for Original Research
- Maximum total of two (2) figures and/or tables

**Conceptual Analysis**

Well-supported, in-depth analytic essays advancing theory, practice or policy

- Unstructured abstract of no more than 250 words
- Community Brief of no more than 500 words
- 6,000-word limit for main text
- Main text may use alternate heading structure, at authors’ discretion
- Manuscripts should present a novel idea, develop a new conceptual theory or model, or synthesize the literature in an innovative way
- Maximum total of 4 (four) tables and/or figures

**Advances in Methodology**

Evidence- or practice-based recommendations that advance research methods, processes, or approaches

- Unstructured abstract of no more than 250 words
- Community Brief of no more than 500 words
- 6,000-word limit for main text
- Main text may use alternate heading structure, at authors’ discretion
- Authors should focus on transferable lessons that may inform how others conduct research on autism in adulthood
- Maximum total of 4 (four) tables and/or figures

**Emerging Practices**

Well-reference descriptions of innovative programs, interventions, technologies, or practices, grounded in theory, with lessons learned from their initial implementation or pilot-testing.

- Unstructured abstract of no more than 250 words
- Community Brief of no more than 500 words
- 6,000-word limit for main text
- Main Text Structure: Introduction (including why this emerging practice is needed and how the practice is grounded in the literature); Emerging Practice (a clear description of the emerging practice, intervention, technology, or other advancement); Evaluation Methods; Results and Lessons Learned (including evaluation data, observations from practice, and other lessons from initial implementation efforts); Discussion (including conclusions, how this work advances the literature, limitations, implications, and next steps).
- Maximum total of 4 (four) tables and/or figures
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<th>Category</th>
<th>Description</th>
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<tr>
<td><strong>Systematic Literature Reviews</strong></td>
<td><em>Systematically conducted literature reviews or scoping reviews, with or without meta-analysis</em></td>
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<td>• Structured abstract of no more than 300 words (Headings: Background, Methods, Results, Conclusion).</td>
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<td>• Authors should follow the guidelines in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (<a href="http://www.prisma-statement.org">http://www.prisma-statement.org</a>).</td>
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<td>• Authors should submit include a PRISMA flow diagram as part of the manuscript and submit the PRISMA checklist as supplemental information</td>
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<td>• Include the systematic review registration number and funding source, as appropriate.</td>
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<td>• Maximum total of 4 (four) tables and/or figures</td>
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<td>• Authors should summarize the most important information in tables for the main article and present additional, more detailed information as online supplemental materials.</td>
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<td><strong>Brief Systematic Reviews</strong></td>
<td><em>Brief reports of systematic literature reviews or scoping reviews when the evidence is too scant to justify a full-length article</em></td>
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<td>• Authors should follow the same guidelines as for full-length systematic reviews</td>
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<td>• Discussion should lay out a research agenda and recommendations to the field.</td>
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<td>• Maximum total of 2 (two) tables and/or figures</td>
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<td><strong>Narrative or Clinical Reviews</strong></td>
<td><em>Thorough and balanced reviews of available evidence, melded with expert opinion, where a systematically conducted review would not be possible or clinically useful</em></td>
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<td>• Unstructured abstract of no more than 250 words</td>
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<td>• Note: Autism in Adulthood strongly prefers systematically conducted reviews. Authors should clearly justify their choice to use a narrative review format.</td>
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<td><strong>Perspectives</strong></td>
<td><em>Well-referenced opinions or recommendations on topics related to research, practice, or policy</em></td>
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<td>• Authors should be transparent about their own positionality, experience, and expertise.</td>
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<td>• Perspectives must synthesize and advance the literature in a novel way, through the author(s) own lens(es), not solely review the current state of the science.</td>
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<td>• All articles must end with one or more sections focused on the authors’ recommendations</td>
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<td>• Maximum total of 2 (two) tables and/or figures</td>
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<td><strong>Insights</strong></td>
<td><em>Invited personal memoir-like essays from autistic adults or other stakeholders that provide important insights to the field</em></td>
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• No abstract
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• 2,000-word limit for main text
• The essay should be written for an academic audience and use citations, if appropriate, but it should be in the author's own voice. The author should use their personal experiences to provide insights to others in the field.
• Essays may be in a variety of formats, including, but not limited to first-person narratives, creative non-fiction, poetry, and graphics.
• Note: Insight Essay authors work directly with our Insight Essay Editors. If interested in potentially writing an Insight Essay, please contact the editorial office at autisminadulthood@pdx.edu prior to writing the essay.
• Do not use the ScholarOne System to submit Insight Essay manuscripts.

Letters to the Editor

Letters commenting on the scientific content of an article published in the Journal

• No abstract
• No Community Brief
• 500-word limit for main text
• May include one figure OR table
• No more than ten (10) citations

Guest Editorials

Solicited by the Editor to discuss a pressing issue or to accompany a manuscript to be published in Autism in Adulthood

• No abstract
• No Community Brief
• 2000 word limit for main text
• Maximum of ten (10) references
• Please do NOT submit unsolicited editorials.

Reviews of Book, Media, and Other Resources

Solicited reviews of published works relevant to research on autism in adulthood

• No abstract
• No Community Brief
• 1,000-word limit (or greater at the discretion of the Editors)
• Autism in Adulthood does NOT accept unsolicited reviews.

Word limits do NOT pertain to the abstract, disclosure statements, author contribution statements, funding information, acknowledgments, tables, figure legends, or references.

File Formatting Policy

For the original submission, AIA will accept manuscripts in any file format (e.g., a single PDF) as long as the files are clear and readable. Similarly, authors may use any standard citation format (e.g., JAMA, APA, Vancouver) for the original submission.

Original submissions must still meet all content requirements, including any disclosures, IRB or other ethics and consent statements, a Community Brief (in Q&A format), and all relevant information needed to thoroughly review the manuscript.

The editors generally only request major or minor revisions if they feel there is a strong chance that the manuscript can eventually be published in the journal, assuming that the authors adequately address the concerns raised by the editors and reviewers. If we ask authors to revise and resubmit the manuscript, we will then require them to comply with all
Language Policies

Use of active voice and concise language

*Autism in Adulthood* recommends the use of the active voice as opposed to the passive voice. Further, we recommend that the actor in a sentence always be explicitly identified for clarity. For example: “A research assistant administered the surveys.” (Not: “Surveys were administered.”) *Autism in Adulthood* also recommends use of clear, concise language. Avoid using sentences with excessive clauses or unnecessary complexity.

Anti-ableist language

*Autism in Adulthood* strives to use anti-ableist language throughout. See [Recommendations for Avoiding Ableist Language](#) for more details.

Person-first vs. identity-first language

*Autism in Adulthood* respects that there are strong arguments and passions on both sides of the debate between the use of person-first language (e.g., “person with autism”) and identity-first language (e.g., “autistic person”) in relation to autism. However, there is a growing body of scientific and community literature documenting the dislike, amongst autistic individuals, of person-first language and its potential for increasing stigma. Based on this literature and the strong preference of the autistic members of the journal's Editorial Board, we recommend either using identity-first language, or more neutral terms such as “person on the autism spectrum.”

Subpopulations within the autism spectrum

Due to the ambiguity and potential offensiveness of terms such as “high functioning” or “low functioning” autism, “Kanner’s” autism, or “mild” or “severe” autism, *Autism in Adulthood* recommends avoiding these terms. Instead, describe subpopulations using the specific characteristic(s) that make them a subpopulation. For example, “autistic people who qualify for developmental disability services,” or “autistic people who primarily communicate using speech.”

Terms related to autism diagnoses

The term “Autism Spectrum Disorder” (ASD) may be used when specifically discussing autism diagnoses. Otherwise, we recommend using terms such as “autism,” “autism spectrum,” “autistic adults,” or “autistic participants.” When referring to historic data, historic diagnoses such as Asperger’s syndrome may be used; however, these terms should be considered out of date, and not used as terms for any part of the autism spectrum except when referring to someone’s self-identity.

Strengths-based vs. deficits-based language

*Autism in Adulthood* strongly encourages authors to take a strengths-based approach to writing about autism. Examples include:

- Referring to autism as a condition or disability instead of as a disease or illness;
- Using neutral terms such as “typically developing” or “non-autistic” rather than “healthy” or “normal;”
- Avoiding emotional phrases such as “suffering from autism;”
- Referring to “co-occurring” or “secondary” conditions instead of “comorbid” conditions;
- Referring to autistic characteristics in a neutral or positive manner, as opposed to as symptoms or deficits (e.g., “autistic traits;” “characteristics of autism;” or “features of autism” instead of “symptoms of autism;” “communication differences” instead of “communication deficits”).

General guidelines for writing about disability more broadly
There are many excellent guides to writing about disability more broadly. Authors may refer to resources from the following organizations:

- The Research and Training Center on Independent Living
- The National Center on Disability and Journalism
- The Association of University Centers on Disabilities

The Editors of *Autism in Adulthood* welcome questions by authors regarding language. We understand that language can be a gray area, can vary by geography and culture, and that there are many valid opinions. Contact the Editor for further guidance.

**Abbreviations**

Use only standard abbreviations, which can be found in the AMA's Manual of Style for Authors and Editors, 10th edition or the Council of Science Editors (CSE) Style Manual, 8th edition. At first usage, spell out terms and provide abbreviations in parentheses. Thereafter, use only the abbreviations. It is not necessary to spell out standard units of measure. Use generic names for drugs if possible. If you wish to use a proprietary drug name the first time it appears, use the generic name followed by the proprietary name, manufacturer, and location in parentheses.

**Community Briefs**

Prepare a community brief, of up to 500 words, highlighting the most important aspects of the manuscript. This summary should be aimed at what the lay public, including autistic adults, family members, practitioners, services providers, and policymakers, would want to know about the manuscript. Please use Plain Language. Plain Language includes the use of short, simple sentences; the active (not passive) voice; and simple vocabulary. Avoid or define technical terms.

For more information on Plain Language, please see:

- Center for Plain Language
- Federal Plain Language Guidelines (March 2011)
- Self Advocacy Resource and Technical Assistance Center

The Community Brief is not just a simplified version of the abstract. Note that the recommended questions do not correspond to the abstract headers. They more closely correspond to the main content of the manuscript. Authors should make sure that they answer the recommended questions fully. The Brief should stand on its own as a complete summary of the most important aspects of the manuscript. Authors should include the Community Brief in the main text file, immediately after the abstract.

Community Briefs should use a question-and-answer format. We recommend the following questions for each article type:

| Original Research and Brief Reports | • “Why is this an important issue?”
| | • “What was the purpose of this study?”
| | • “What did the researchers do?”
| | • “What were the results of the study?”
| | • “What do these findings add to what was already known?”
| | • “What are potential weaknesses in the study?”
| | • “How will these findings help autistic adults now or in the future?”
| Emerging Practices | • “Why was this program developed?”
| | • “What does the program do?” |
"How did the researchers evaluate the new program?"
"What were the early findings?"
"What were the weaknesses of this project?"
"What are the next steps?"
"How will this work help autistic adults now or in the future?"

Perspectives

"Why is this topic important?"
"What is the purpose of this article?"
"What personal or professional perspectives do the authors bring to this topic?"
"What is already known about this topic?"
"What do the authors recommend?"
"How will these recommendations help autistic adults now or in the future?"

Other article types, including Conceptual Analysis, Advances in Methodology, and Literature Reviews

Authors should choose similar questions, but may tailor them to fit the content of the manuscript.

Clinical Trials Registration

Autism in Adulthood ascribes to the registration policies of the International Committee of Medical Journal Editors (ICMJE) that can be found at http://www.icmje.org/about-icmje/faqs/clinical-trials-registration. Appropriate registries (such as http://clinicaltrials.gov) must be accessible to the public at no charge and must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. Please include the appropriate Trial Registration Number on the Title Page of the submitted manuscript.

References

Autism in Adulthood follows the AMA style. References must be prepared in Word, double spaced, and numbered consecutively as they are cited in the text. Include the reference section as part of the main text file, not as a separate file. References should be cited in the text in numerical order using superscript numbers without parentheses and placed outside of sentence punctuation. References appearing for the first time in tables and figures must be numbered in sequence with those cited in the text where the table or figure is mentioned. Use journal abbreviations as provided by PubMed/Medline. List all authors when there are six or fewer. When there are more than six authors, list the first three, followed by et al.

If references to personal communications or unpublished data are used, they are not to be in the list of references. They should be referred to in the text in parentheses with the researcher’s name and date: (e.g., AB Jones, personal communication, month and year of communication). Include among the references any articles that have been accepted but have not yet published; identify the name of publication and add “In Press.” If the reference has been published online, provide the DOI number in place of the page range.

At this time, Autism in Adulthood does not yet have an output style in EndNote, but you may use the journal JAMA as a substitute as it follows the same reference style. Go to www.EndNote.com, search for “JAMA” and download the output style.*

*Note: The Publisher of Autism in Adulthood does not provide technical support for EndNote. If you have questions, click on the Support tab on EndNote’s website for assistance.
Sample style for references:

Journal article:


The preferred citation style for an electronic journal uses a DOI (digital object identifier). The DOI provides a persistent link to the electronic item and is considered to be more stable than a URL. If the DOI is not given on the full text article or in the citation, use a DOI Lookup Tool to locate it or use the format for an electronic article without a DOI.

Book:


Chapter in a book:


Website:


Conference Proceedings:

Please follow this structure for Conference Proceeding references, including capitalization and punctuation:

List all Authors’ (or) Editors’ names (last name first, followed by first and middle initials). Conference title. Date of conference. Location of conference. City of publisher: Publisher; Year of publication. Complete number of pages in proceedings book.

Preprint:

Preprints may be cited in the same manner as a journal article. Discretion is recommended as preprints are, by definition, not peer reviewed.
Submission Preparation

All manuscripts must be prepared in accordance with the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (icmje.org). Please consult your specific journal's requirements for additional information.

All Mary Ann Liebert, Inc. journals follow the standards, guidelines, and best practices set forth by the Committee on Publication Ethics (COPE; publicationethics.org), the International Committee of Journal Medical Editors (ICJME; www.icmje.org), the World Medical Association (WMA; www.wma.net), and the American Medical Association (www.ama-assn.org).

Mary Ann Liebert, Inc. recommends that submissions follow standard relevant reporting guidelines. Please consult The Equator Network for more information.

PaperPal Preflight

The Paperpal Preflight service is available for most journals. PaperPal Preflight allows authors to check their Original Research manuscripts for common errors prior to submitting a manuscript for consideration. Please note that this does not guarantee that your paper will pass all submission or other checks, nor that it will be considered for review.

There may be additional requirements for submission. Please review the full instructions for authors for guidelines.

The basic service is free. PaperPal preflight offers an optional fee-based service that will provide a report showing tracked changes and potential modifications. Please note that if this service is used, a clean copy of the manuscript must be uploaded to the submission system.

There is no obligation to use either the free or paid service. No editorial, review, nor any other decisions will be dependent on its use.

All manuscripts must be submitted through the journal's ScholarOne Manuscripts site. Please refer to the individual journal's instructions for more information and to access the service.
Manuscript Formatting

Please check your journal’s requirements for file formatting. Many journals require formatting compliance only on revision; however, unless stated, the file formatting should comply with the following requirements on submission.

Manuscript Files

The main text file, figure legends, and tables should be prepared in Microsoft Word. Some journals may accept LaTeX. Please consult your individual journal instructions for guidance.

File Naming

- All file names should be in English and contain only alphanumeric characters.
- Do not include spaces, symbols, special characters, dashes, dots, or underscores.
- Title each file with the type of content contained in the file (e.g., manuscript.doc, tables.doc, FigureLegends.doc, Fig1.tif, SupplementalData.pdf, etc.).

Figures

- Submission of high resolution .TIFF or .EPS figure files is preferred. Please upload as individual files.
- Cite figures consecutively in text within parentheses.
- Images should not reveal the name of a patient or a manufacturer.
- Note: Figures that will not be reproduced in color must be readable and interpretable in black and white.

Figure Legends

- A legend should be provided for each supplied figure.
- All legends should be numbered consecutively.
- Figure legends may be included at the end of the main text file or uploaded as a separate, double-spaced Word file.
- In each legend, provide explanations for any abbreviations or symbols that appear in the figure.
- If the figure is taken from a copyrighted publication, permission must be secured by the author(s) and supplied at the time of submission with appropriate credit listed in the legend. Permissions and associated fees are the responsibility of the author.

Tables

- Tables may be included after the references at the end of the main text file, or uploaded as a single, separate Word file. All tables should be editable.
- Provide a title for each supplied table.
- Cite tables sequentially in text within parentheses.
- Explain abbreviations used in the body of the table in footnotes using superscript letters, not symbols.
- If a table is taken from a copyrighted publication, permission must be secured by the author(s) and supplied at the time of submission with appropriate credit listed in the legend. Permissions and associated fees are the responsibility of the author.

Supplemental Files
Supplemental files should be uploaded as individual files. Most text, photo, graphic, and video formats are accepted. Ensure that patient identities are not revealed.

Supplemental Information will not be copyedited or typeset; it will be posted online as supplied.

For journals that publish accepted versions of papers prior to copyediting and typesetting, supplemental files will not be posted with the paper until after production has been completed.

**Manuscript Structure**

Specific journal requirements will vary, however the general order of elements in each manuscript should be

- Title page* with full manuscript title, all contributing authors’ names and affiliations, a short running title, a denotation of the corresponding author, and a list of 4-6 keywords/search terms,
- Abstract,
- Main text without embedded figures or tables and with appropriate section headings, if applicable. Most research papers should be organized as follows: Introduction, Materials and Methods, Results, Discussion, and Conclusions.
- Acknowledgments,
- Authorship confirmation/contribution statement (CRediT format is preferred)
- Author(s’) disclosure (Conflict of Interest) statement(s), even when not applicable,
- Funding statement, even when not applicable,
- References,
- Tables included in the text or as a separate document,
- Figure legends at the end of the main text or in a separate Word file,
- Figures uploaded as individual high-resolution files,
- Supplemental files uploaded as individual files.

*Double-blinded journals require a separate title page with the title, all contributing authors’ names and affiliations, a denotation of the corresponding author, author acknowledgements, disclosures, and related identifying information.

Your individual journal may require

- An Institutional Review Board (IRB) approval (or waiver) statement and statement of patient consent as a separate paragraph after the methods section,
- Other relevant ethics attestations (see icmje.org for further guidance),
- Data sharing statement,
- Specific abstract and content sections, depending on manuscript type,
- Word count limits, tables/figure limits, and reference format requirements.

Please note that paragraphs should be no longer than 15 lines once typeset.
Pre-Publication Policies

Funding

Upon manuscript submission, the submitting agent will have an opportunity to enter funding/grant information. If funding information is entered correctly, the publisher will deposit the funding acknowledgements from the article as part of the standard metadata to Funder Registry. The entered information should include funder names, funder IDs (if available), and associated grant numbers. Special care should be taken when entering this information to ensure total accuracy. Funding information must also be provided within the manuscript.

Government Funded Research / Funder Requirements

Mary Ann Liebert, Inc. publishers adheres to national and international funder requirements.

We comply fully with the open access requirements of UKRI, Wellcome, and NIHR. Where required by their funder, authors retain the right to distribute their author accepted manuscript (AAM), such as via an institutional and/or subject repository (e.g. EuropePMC), under a Creative Commons Attribution 4.0 International (CC BY 4.0) license for release no later than the date of first online publication.

Other funders, such as the National Institutes of Health (NIH), Howard Hughes Medical Institute (HHMI), and the Bill & Melinda Gates Foundation, have specific requirements for depositing the accepted version and/or the article of record version of the author manuscript in a repository after an embargo period. Authors funded by these organizations should follow the self-archiving terms and conditions of these separate agreements based on the policies of the specific funding institutions. If you have questions, please contact us for more information.

Peer Review

After internal editorial screening for suitability, all manuscript submissions containing original research or that comprise scholarly review are subject to rigorous, independent, external peer review. Editorials, correspondence, news features, and/or Invited opinion or perspective contributions in other sections of the journal are subject to stringent editorial oversight; at need, external, independent review will be arranged to address specialized topics. Final decisions for publication are solely the responsibility of the Editor(s)-in-Chief.

Exclusivity

Manuscripts should be submitted with the understanding that they have neither been published, nor are under consideration for publication elsewhere, in the same form or substantially similar form. Conference abstracts are excluded. If work was presented at a conference, supply the name, date, and location of the meeting as a footnote on the title page of the submission.

Third-party Submissions and Integrity

If a third party is submitting the manuscript, the submitting agent designation must be used, with the identity of the submitting agent disclosed. We reserve the right to reject any manuscript that does not contain this disclosure. The authors are solely responsible for any manuscript submitted on their behalf.

Confidentiality

Editors and reviewers must maintain strict confidentiality of manuscripts during the peer-review process. Sharing a manuscript in whole or in part, outside the scope of what is necessary for assessment, is impermissible prior to an accepted manuscript’s official publication date. Reviewers are not permitted to contact authors directly.

Sharing of Materials
Sharing of Materials

Authors must honor any reasonable request for materials, methods, or data necessary to reproduce or validate the research findings during peer review unless it violates the privacy or confidentiality of human research subjects.

Conflicts of Interest by the Editorial Leadership

No member of the Editorial Leadership of a journal (Editor in Chief, Deputy/Associate/Guest Editors or Editorial Board members) is permitted to participate in the review or decision process for submissions where there is a potential or actual competing interest. This includes, but is not limited to research or review papers of their own authorship or co-authorship. In those cases, an independent member of the leadership will have full discretion to manage review and decision on the manuscript.

Plagiarism, Peer Review, and Publication Integrity

Mary Ann Liebert, Inc., is committed to maintaining the integrity of the peer-review process by upholding the highest standards for all published articles. All manuscripts are analyzed and evaluated for plagiarism, peer review integrity, and publication integrity. Manuscript screening may be applied at any point in the process, from submission through post-publication. Plagiarized manuscripts or manuscripts with evidence of publication, image, or peer review misconduct will be rejected immediately. If publication misconduct is identified, we reserve the right to rescind acceptance prior to publication.

Authorship

Authorship is defined by the International Committee of Medical Journal Editors in Roles & Responsibilities. Contributors who do not meet all criteria for authorship should not be listed as authors, but they should be acknowledged (with permission from the named parties) in the Acknowledgments section with a description of their contribution to the work.

ORCID IDs

All submitting authors are required to complete their submissions using an ORCID identifier.

Corresponding Authors

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