

INSTRUCTIONS TO AUTHORS

The Brazilian Journal of Rheumatology (BJR), an official organ of Sociedade Brasileira de Reumatologia (Brazilian Society of Rheumatology), was founded in 1957 and is published bimonthly. The journal publishes original articles, review articles, brief communications, case reports (currently unavailable) and letters to the editors.

To submit a manuscript, please access the site <http://www.evise.com/evise/jml/bjr>.

Format of the manuscript

The manuscript can be submitted in Portuguese or English, double spaced, with 2.5 cm margins. Unconventional abbreviations, medical jargon and telegraphic style should not be used in the text. Citation of drugs and pharmaceutical products must be done using pharmacological nomenclature, without any mention to commercial names.

Manuscript structure

Manuscript*, Title Page*, Cover Letter, and Author Agreement* must be submitted in separate files. Tables and Figures should be numbered as cited in the text and sent in separate files with corresponding titles and legends. (*required files)

Title page

The title page should contain: a) the full title; b) the full name of the authors and their most important academic degree; c) the department and institution where the study was originated; d) the full address and e-mail of the corresponding author; e) conflict of interest and relevant financial agencies; f) a running title with no more than 60 characters.

Author Agreement

It is the document where the authors declare that the manuscript is original, in addition to approve the manuscript object of the submission, the authorship and the order of authors listed. It must be signed by all authors. Below is presented an example.

Dear Editor,

We, the undersigned, declare that this manuscript is original, has not been published before and is not currently being considered for publication elsewhere. We would like to draw the attention of the Editor to the following publications of one or more of us that refer to aspects of the manuscript presently being submitted.

We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.

We understand that the Corresponding Author is the sole contact for the Editorial process. He/she is responsible for communicating with the other authors about progress, submissions of revisions and final approval of proofs. (Signature of all authors)

Original article

The original article should contain: the title page, the abstract page with keywords, introduction, material and methods or patients and methods, results and discussion, acknowledgements, references, tables, figures and figure legends. Original articles should not exceed 5,000 words including references and excluding the title page, abstract, tables and legends. It is allowed up to six figures or tables and 50 references.

Abstract page

The abstract page should contain: a) objective, methods, results and conclusions, with no more than 250 words; b) three to five keywords.

Introduction

As the aim of this section is to define the purpose and the reasons for the accomplishment of the work, we do not recommend a large literature review.

Patients and methods or Material and methods

This section should include enough information that allows the reproduction of the work and, when it is relevant, the approval by the institutional Committee of Ethics. The methods employed in the statistical analysis should always be quoted.

Results

They should be clear and concise. Tables and graphics should not duplicate information.

Discussion

It should be concise, interpreting the results in the context of the present literature. Please do not exceed the limit of half the number of pages of the complete work.

Acknowledgments

Only to people who contributed; i.e., with techniques, discussion and sending patients. Financial help should be referred in the title page.

References

They should be quoted in the text in Arabic numerals, superscript, with no brackets. Numbering should be sequential, according to the quotation order in the text. Please quote all the authors in works with until six authors; after six authors, quote the first six followed by the expression *et al.* Reference Manager or Endnote programs are strongly recommended for use adopting the Vancouver style. Examples for reference citation are presented below. Authors should consult NLM's Citing Medicine for additional information on the reference formats.

Printed article

1. Rivero MG, Salvatore AJ, Gomez-Puerta JA, Mascaro JM, Jr., Canete JD, Munoz-Gomez J *et al.* Accelerated nodulosis during methotrexate therapy in a patient with systemic lupus erythematosus and Jaccoud's arthropathy. *Rheumatology (Oxford)* 2004; 43(12):1587-8.

Reference retrieved from electronic address

2. Cardozo JB, Andrade DMS, Santiago MB. The use of bisphosphonate in the treatment of avascular necrosis: a systematic review. *Clin Rheumatol* 2008. Available from: <http://www.springerlink.com/w10069.dotlib.com.br/content/105j4j3332041225/fulltext.pdf>. [Accessed in February 24, 2008].

Book

3. Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

Tables and figures

Each Table or Figure should be numbered with Arabic numerals and sent in an individual file (.jpg, .tif, .png, .xls, .doc) with minimum of 300 dpi. Titles and legends should be in the same Table/Figure file to which they refer. Tables and Figures should include enough information so the reader can understand them without going to the text.

Photomicrographs should include the appropriated scale.

Review article

Reviews, preferentially systematic, may be submitted to BJR. They should cover deeply any interesting theme for the rheumatologist. They do not present a standard structure, neither introduction or conclusion. Please send abstracts without subdivisions with three to five keywords. Review articles should not exceed 6,000 words including references and excluding the title page, abstract, tables and legends. It is allowed up to five figures or tables and 70 references.

Case report (currently unavailable)

Must have six authors at most. They should include an abstract and keywords, without subdivisions. The text, however, should present the following sections: introduction, which should be concise; case report, containing the description and the evolution of the clinical case, laboratory exams, illustrations and tables (that substitute the sections material and methods and results); and discussion. It should not exceed 1,500 words including references and excluding the title page, abstract, tables and legends. It is allowed up to two figures or tables and 15 references.

Short communication

It covers a point or a specific detail. It should present an abstract with no more than 250 words and three to five keywords. The text does not include subdivisions, and should not exceed 2,500 words including references and excluding the title page, abstract, tables and legends. It is allowed up to three figures or tables and 25 references.

Rules for applying the appropriate tense in scientific writing

Context or section	Appropriate verb tense
Abstract	Past tense
Introduction	Most present tense (established facts, previous published data)
Methods, materials used, and results	Past tense
Discussion/Conclusion	Mixture of past and present, sometimes future tense
Attribution	Past tense Ex.: Andrade et al. reported that...
Description of Tables and Figures	Present tense
Established knowledge, previous results etc.	Present tense

General rules to obtain a good scientific writing:

1. Use active voice.
2. Sentences must be short, clear and objective.
3. Units of measurement are abbreviated when use with numerical values (e.g., 1 mg), but are not abbreviated if used without numerical values. *Système International d'Unités* (SI units) must be used. Remember to leave a space between the number and unit (e.g., 10 mg/dL), except for the percentage mark that follows the number without space (e.g., 70%). The plural form of units of measurement is the same as the singular form (e.g., 1 mL, 10 mL; 1 h, 10 h). Spell out numbers at the beginning of a sentence.
4. Define abbreviations the first time they appear. Avoid abbreviations in titles and abstracts.
5. Do not use contractions (e.g., doesn't, can't etc.).

Recommended book: Rogers SM. Mastering scientific and medical writing: a self-help guide. Berlin: Springer; 2007.

Legal and ethical considerations

According to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (International Committee of Medical Journal Editors – February 2006).

Conflict of interest

Public trust in the peer review process and the credibility of published articles depend in part on how well conflict of interest is handled during writing, peer review, and editorial decision making. Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from those with negligible potential to those with great potential to influence judgment, and not all relationships represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific

judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.

Informed consent

Patients have a right to privacy, that should not be infringed without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published. Authors should identify Individuals who provide writing assistance and disclose the funding source for this assistance. Identifying details should be omitted if they are not essential.

Complete anonymity is difficult to achieve. However, an informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. When informed consent has been obtained it should be indicated in the published article.

Ethical treatment

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

Clinical trials registry

Clinical trials must be registered according to WHO recommendation at www.who.int/ictpr/en/. The definition of clinical trial include preliminary trials (phase I): any study with prospective recruiting of subjects to undergo any health-related intervention (drugs, surgical procedures, equipment, behavioral therapies, food regimen, changes in health care) to evaluate the effects on clinical outcomes (any biomedical or health-related parameter, including pharmacokinetics measurements and adverse reactions).

The BJR has the right not to publish trials not complying with these and other legal and ethical standards determined by international guidelines.

Financing and support

The authors should also inform if they received financing or support from institutions like CNPq, CAPES, SBR Remaining Funds, Graduated Institutions, Laboratories etc.