

Instructions for Authors

AIMS AND SCOPE

International Journal of Dermatology and Venereology intends to provide international clinicians and researchers with an open forum, further to disseminate important/new information and promote academic communications in all aspects of dermatology and venereology, including epidemiology, etiology, diagnosis, treatment, and management of skin disorders. Manuscripts with clinical and public health implications and manuscripts with innovative ideas and/or approaches that bridge different fields are considered with priority.

- 1) Epidemiology and molecular epidemiology of STDs, and the new techniques, targeting antigens, and vaccines used for diagnosis, treatment, and prevention/control of STDs;
- 2) Genetics of skin diseases with significant regional and ethnic characteristics;
- 3) Outcomes of Traditional Chinese Medicine studies in dermatology and venereology;
- 4) New case or fungi strain never reported;
- 5) Innovative ideas and/or approaches, like artificial intelligence applied in diagnosis, topical immunomodulators and biological agents providing a novel remedy for diseases remaining difficulties to treat, and so on.

ONLINE SUBMISSION

Currently the online editorial manager submission system of the journal is used. Now please send the manuscripts to www.ijdv-dermatol.com

JOURNAL POLICIES

DUPLICATE PUBLICATION

Manuscripts are reviewed for possible publication with the understanding that they are being submitted only to *International Journal of Dermatology and Venereology* and have not been published, simultaneously submitted, or already accepted for publication elsewhere. The Editorial team may subject any manuscript submitted for consideration of publication in *International Journal of Dermatology and Venereology* to plagiarism-detection software.

This does not preclude consideration of a manuscript that has been rejected by another journal or a complete report that follows publication of preliminary findings elsewhere, usually in the form of an abstract. Copies of any possibly duplicate published material should be submitted with the manuscript under consideration, with a statement

in the cover letter as to why the manuscript currently being submitted is not a duplicate publication.

DISCLOSURE OF CONFLICTS

Authors must state all possible conflicts of interest in the manuscript, including financial, consultant, institutional, and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged at the end of the manuscript. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding." For example: "Conflicts of Interest and Source of Funding: A has received honoraria from Company Z. B is currently receiving a grant (#12345) from Organization Y, and is on the speaker's bureau for Organization X – the CME organizers for Company A. For the remaining authors, no relevant conflicts of interest were declared."

AUTHORSHIP

International Journal of Dermatology and Venereology expects that each person listed as an author has participated sufficiently in the intellectual content, the analysis of data, and/or the writing of the manuscript to take public responsibility for it. Each author must have reviewed the manuscript, believes it represents valid work, and approves it for submission.

Moreover, should the Editorial team request the data upon which the manuscript is based, the authors shall provide the data.

An author may list more than one contribution, and more than one author may have contributed to the same aspect of the work. Any change in authorship/contributions after submission must be approved in writing by all authors and submitted to the Editorial Office for final consideration.

Reporting of Randomized Clinical Trials

Registration of Clinical Trials is an essential requirement for publication of clinical trials in *International Journal of Dermatology and Venereology*. On the title page of your manuscript, provide the name of the trial registry and the registration number/identifier of the trial.

Acceptable web-based clinical trial registries include the following:

- 1) Chicttr for China trials
- 2) EudraCT for EU trials

- 3) Clinical Trials for US trials
- 4) Current Controlled Trials
- 5) WHO International Trial Registry Network
- 6) Australian and New Zealand Clinical Trials Registry
- 7) And any publicly available primary registry of clinical trials.

Reports of randomized clinical trials should follow the recommendations given in the Consolidated Standards of Reported Trials (CONSORT) statement. In brief, this statement comprises a checklist and flow diagram to help improve the quality of reports of randomized controlled trials and offers a standard way for researchers to report trials.

Optional Reporting Guidelines

The following resources may be helpful to authors:

- 1) PRISMA – Preferred Reporting Items for Systematic Reviews and Meta-Analyses
- 2) STROBE – Strengthening the Reporting of Observational Studies in Epidemiology
- 3) STEGA – Strengthening the Reporting of Genetic Associations

Qualitative Research

Qualitative research provides in-depth insights into people's values, attitudes, beliefs, and experiences. Qualitative methodology informs approaches to data collection and analysis and includes grounded theory, ethnography, and phenomenology. Open-ended interviews and focus groups are commonly used to collect data. Authors are advised to follow the COREQ guidelines for reporting primary qualitative research.

Systematic review and/or synthesis of primary qualitative studies can provide a broader understanding of people's perspectives across different healthcare contexts. Methodologies for synthesis of qualitative research include thematic synthesis, meta-ethnography, and critical interpretive synthesis. Authors can refer to the ENTREQ statement.

Financial Support and Competing Interests

A financial disclosure section is part of the submission process and must be completed by each author at submission. This information is for review by the Editors but will be published if relevant to the content of the accepted manuscript.

The primary purpose of the disclosure section is to determine whether authors have received any commercial financial support that could create a conflict of interest. In addition to monetary interests, a potential for conflict of interest can exist whether or not an individual believes that a relationship (e.g., dual commitments, competing interests, or competing loyalties) affects his or her scientific judgment. Please review ICMJE Uniform Requirements for Manuscripts.

Peer Review

All articles published in *International Journal of Dermatology and Venereology* are subject to review by

the Editorial team. Authors submitting manuscripts to *International Journal of Dermatology and Venereology* may propose suitable reviewers or oppose reviewers who may have competing interests. Manuscripts are accepted on the basis of quality, originality, significance, novelty, and importance for the field based on the reviewers' comments.

Types of Manuscripts Published

Type	Text* word count	Abstract word count	Figures/ Tables	References	Supplement possible
Research Article	3000–5000	250	6	30	Yes
Review Article	4000–6000	No abstract	6	50	No
Brief Reports	2500	250	3	20	Yes
Case Report	1000–2000	No abstract	2	10	No
Comment	1000	No abstract	1	10	No
Letter	1000	No abstract	1	10	No
Editorial	1500	No abstract	1	10	No
Atlas	1000	No abstract	3	10	No

* Text word count excludes abstract, figure legends, and references. Please ensure that the text word count is included on the title page of the manuscript.

Articles are full-length reports of completed basic, translational, or clinical research. Articles should report important, novel, and fully completed studies with strong conclusions. There is a maximum length of 5000 words, but shorter articles can also be considered, as long as these are fully completed studies. Preliminary reports cannot be accepted. Articles have a structured abstract of maximum 250 words.

Review Articles are invited articles, and have a word count of approximately 6000 words. Review articles should not only summarize information but also discuss the importance and impact of the data providing a clear view on how these insights have transformed or will transform the field. Authors of review articles are encouraged to include several figures and tables to summarize and visualize data.

Brief Reports are summary reports of original research in maximum 2500 words, and it includes Abstract, Keywords, Introduction, Methods, Results, and Discussion. Figures and tables combined should not be more than 3.

Case Reports report rare diseases or cases with clinical significance or implications for diagnosis/treatment. Submissions should be divided into Introduction, Case report, Discussion, and Reference sections. Case information should be detailed, including chief complaints, history of present illness, past history, physical examinations, laboratory tests, imaging tests, pathological examinations, diagnosis, treatment, and prognosis. The examination results with important reference value for diagnosis or treatment should be highlighted. Innovative treatments should also be described in detail. Discussion should be combined with characteristics of diagnosis and treatment, and simple literature review should be avoided.

Letters are usually written to comment on a current controversial issue or express the viewpoint of the writer.

Editorials are invited articles to explain the importance of specific articles or to provide opinions on general concepts in practice, research, or policy. Editorials have no abstract and are typically 1000–1500 words long. Editorials who discuss a recently published article should cite that article as the first reference.

Comments are short discussions to be used to describe an own opinion on recently published data in *International Journal of Dermatology and Venereology*. The authors of the original publication will be contacted for a response, which if accepted, will be published in the same issue as the “Comment.” Comments have no abstract and should cite the article under discussion.

Atlas reports typical dermatological cases using high-quality dermatology images, including pathology and dermoscopy. The length of the type of manuscript is within 1000 words without abstract.

MANUSCRIPT PREPARATION AND FORMATTING INSTRUCTIONS

Manuscripts must be written in clear, grammatical English. Manuscripts not conforming to Journal format will be returned to authors for modification. Please double space the entire main body document and number each page. Do not add line numbers as the system will generate those when the PDF is built.

Footnotes, abbreviations, and abstract pages must be included in the main body file. Please do not upload separate copies of these documents, only the title page must be a separate file and uploaded separately to the main body file.

Acceptable document file types for text and tables include .DOC and .DOCX; do not submit a PDF.

Title Page.

The following elements are required for every submission:

Title. Include a descriptive title of the work; the title should not be a sentence. No proprietary or brand names for drugs or agents may be used in article titles.

Authors. Include the full first name, middle initials, and family name of each author, as well as the name(s) of the department(s) and institution(s) to which the work should be attributed.

Address for Correspondence. A current e-mail and full mailing address for the corresponding author must be provided.

Funding. Include disclosure of funding received for this work, especially details of funding from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; and Howard Hughes Medical Institute (HHMI).

Disclosure. If the author(s) have no funding to disclose, please include the phrase, “The authors declare no conflicts of interest.”

Author contributions and potential conflicts of interest: List each author’s specific contributions to the work (see

details above, under (Authorship) and list all forms of support received by each author for this study; list any potential conflict of interest for each author or make a declaration of no conflict of interest.

Following pages.

Abstract. Where required, abstracts are limited to 250 words; it is excluded from the overall manuscript word count. The abstract is unstructured and should briefly describe (1) the problem being addressed in the study, (2) how the study was performed, (3) the salient results, and (4) what the authors conclude from the results.

Introduction. The introduction contains a statement of the purpose of the work, the problem that stimulated it, and a brief summary of relevant published investigations.

Materials and Methods. Avoid detailed description of previously published methods and cite the appropriate reference. Detailed methods may be provided as Supplementary information.

Results. The results should be concise, avoiding redundant tables and figures illustrating the same data.

Discussion. This section should follow the results and is used to interpret results, with minimal recapitulation of findings.

Acknowledgements. This section normally includes sources of research funds and the names of collaborators who are not listed as coauthors or of any others who contributed to the manuscript. Where a medical writer or editorial assistant has been used to write or edit the article, the writer must be identified and named, together with the source of funding.

References. References should begin on a separate page and numbered in the order in which they are cited in the text, where they are designated by superscript numbers placed outside periods and commas and inside colons and semicolons. Only published works should be listed in the References.

No more than three authors should be listed. If there are four or more, only the first three followed by “et al.” should be included. Titles of journal articles must be included, and abbreviation of journal names should conform to Index Medicus style.

Two authors:

Ahmed KA, Xiang J. Mechanisms of cellular communication through intercellular protein transfer. *J Cell Mol Med* 2011;15(7):1458.

More than seven authors:

Ali JM, Bolton EM, Bradley JA, et al. Allorecognition pathways in transplant rejection and tolerance. *Transplantation* 2013;96(8):681.

Organization as author:

CDC. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2008;57:1.

Donation after Circulatory Death. *British Transplant Society*, Accessed August 1, 2013.

Tables. Photographs of tables are not acceptable. Type each table, 1.5 spacing throughout (including column headings, footnotes, and data), on a separate page. Tables may be included as part of the Main Body file and placed after the References section. Number the tables in sequence in Arabic numerals and supply a concise, informative title for each one. Each column in the tables should carry a concise heading describing the data in the column. Use lowercase superscript letters to designate footnotes, and type the footnotes below the tables to which they refer. Tables are cited in the text in numerical order. Each table should be able to be understood without consulting the text.

Like text, tables should be prepared using a standard word-processing program and may be included within the main body text document or uploaded separately. Do not upload table files more than once (i.e., in the main document and in separate files). Acceptable document file types for tables include .DOC and .DOCX; do not submit PDF, XLS, or XLSX type files.

Figures and Legends. Figures should be uploaded in the highest resolution available. Legends should be supplied for all figures. They are numbered to correspond with the figures and typed double-spaced on a separate page. Figure legends for any supplemental figures being submitted are to be provided separately; see section Supplemental Digital Content (SDC).

Acceptable figure file formats:

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- 4) Histology figures must be in color.
- 5) Monochrome images (such as line graphs) should be prepared at a resolution of 1200 DPI.
- 6) Halftones images (black/white or color) should be prepared at a resolution of 300 DPI.
- 7) Combination halftones (images containing both pictures and text labeling) should be prepared at 600 DPI.
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Your manuscript may be returned to you for correction if the images are of insufficient quality. Artwork submitted to the Journal will be checked for quality. Authors submitting a revised paper will have the opportunity to check the quality of their images and make the necessary changes. This step is required for all revisions.

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submitted manuscript. SDC files will be available via URL (s) placed at the citation points within the article and are not copyedited by the publisher. Note that Journal policies for manuscript submission relating to peer review, patient anonymity, ethics, financial disclosure, copyright, and permissions also apply to SDC. Authors should mask patients' eyes and remove patients' names from supplemental digital content unless they obtain written consent from the patients and submit them as supplemental files at the time of the manuscript submission.

Format, File Type, and Size Requirements: SDC must be provided in one Word or PowerPoint file. Each SDC in the file should have a visual header in the following name format (e.g., "SDC, Figure 1"; "SDC, Materials and Methods") and a corresponding citation must appear in the Main Body text. Note that SDC is numbered separately from non-SDC material. If providing SDC figure(s), a figure legend should be included on the figure itself. When uploading SDC, select "Supplemental Digital Content" as the file designation. For audio and video files, also include the author name, videographer, participants, length (minutes), and size (MB). Video files should be formatted with a 320 × 240 pixel minimum screen size. For each submission, the SDC file cannot exceed a total size of 10 MB.

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Changes at Proofs

It is expected that the final manuscript sent to the Editor is indeed the final version, so few changes should be required at proof stage.

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