Article Preparation

Key Points

For Original Research, Review, Focus on Asia Pacific and Methodologies, before deciding to submit one manuscript to the FMCH, authors are encouraged to consider following three key points, and write them in clear, concise and accurate sentences before the abstract:

Question	What are the core issues that your article has explored, validated, or solved?
Finding	What conclusions did this research draw through design, method, and analysis?
Meaning	What is the value, meaning and impact of your research? Is there any follow-up study based on this research?

We encourage authors to answer these three questions before submitting the paper, which will increase the number of readers and citations of articles by helping readers to understand the content at a glance.

Structured Abstract

Please ensure that the structured abstract is as complete, accurate, and clear as possible. For original articles, the four-paragraph abstract (Introduction, method, result and conclusion) less than 250 words is a common mode at present, but we also encourage nine-paragraph abstract around 400 words long (see table below):

Objectives	A clear statement of the main aim of the study and the major hypothesis tested or research question posed.
Design	Including factors such as prospective, randomization, blinding, placebo control, case control, crossover, criterion standards for diagnostic tests, etc.
Setting	Include the level of care, and number of participating centres.

Participants	Numbers entering and completing the study, sex, and ethnic groups if appropriate. Give clear definitions of select methods, entry and exclusion criteria.
Interventions	What, how, when and for how long. This heading can be deleted if there were no interventions but should normally be included for randomized controlled trials, crossover trials, and before and after studies.
Main outcome measures	Those planned in the protocol, those finally measured (if different, explain why).
Results	Main results with (for quantitative studies) 95% confidence intervals and, where appropriate, the exact level of statistical significance and the number need to treat/harm. Whenever possible, state absolute rather than relative risks. Generally, this part occupies one-half of the content of the abstract.
Conclusions	Primary conclusions and their implications, suggesting areas for further research if appropriate. Do not go beyond the data in the article.
Trial registration	Registry and number (for clinical trials and, if available, for observational studies).

However, for abstracts of systematic reviews and meta-analysis, FMCH recommends the one-paragraph model.

Keywords

The FMCH encourages authors to use MeSH Browser to check Keywords here

Reporting Guidelines and Checklists

For many kinds of research, widely accepted reporting guidelines can improve the consistency, quality and rigor of reports. FMCH encourages authors to review the list below and use appropriate guidelines to frame their work.

The EQUATOR Network provides a comprehensive, up-to-date and searchable clearinghouse of reporting guidelines at www.equator-network.org/ .

Type of Study	What reporting guidelines are available?	Checklists
Randomized controlled studies	CONSORT SPIRIT (Trial Protocols)	CONSORT 2010 Checklist SPIRIT Checklist
Observational studies	STROBE (Strengthening the Reporting of Observational Studies in Epidemiology)	STROBE Checklists
Systematic reviews; meta-analyses	PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)	PRISMA Checklist and Flow diagram
Studies of diagnostic accuracy	STARD (Standards for Reporting Diagnostic Accuracy Studies)	STARD Checklist and Flow diagram
Qualitative interviews; focus groups	COREQ (Consolidated Criteria for Reporting Qualitative Research)	COREQ Checklist
Quality improvement	SQUIRE (Standards for Quality Improvement Reporting Excellence)	SQUIRE 2.0 Checklist
Basic statistical reporting	SAMPL (Statistical Analyses and Methods in the Published Literature)	SAMPL Guidelines

Prediction models	TRIPOD (Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis or Diagnosis)	TRIPOD Checklist

Statistical Issues

We encourage authors to review the "Statistical Analyses and Methods in the Published Literature or The SAMPL Guidelines" while preparing their manuscripts. Whenever possible, state absolute rather than relative risks. Please include in the results section of your structured abstract (and in the article's results section) the following terms, as appropriate:

For a clinical trial:	Absolute event rates among experimental and control groups. RRR (relative risk reduction). NNT or NNH (number needed to treat or harm) and its 95% confidence interval (or, if the trial is of a public health intervention, number helped per 1000 or 100,000).
For a cohort study:	Absolute event rates over time (e.g. 10 years) among exposed and non-exposed groups. RRR (relative risk reduction).
For a case control study:	OR (odds ratio) for strength of association between exposure and outcome.
For a study of a diagnostic test:	Sensitivity and specificity. PPV and NPV (positive and negative predictive values).

Please do not use the term 'negative' to describe studies that have not found statistically significant differences, perhaps because they were too small. There will always be some uncertainty, and we hope you will be as explicit as possible in reporting what you have found in your study. Using wording such as "our results are compatible with a decrease of this much or an increase of this much" or 'this study found no effect' is more accurate and helpful to readers than "there was no effect/no difference."

Style and Writing Tips

I	The FMCH generally follows the Vancouver style.
II	Make every effort to eliminate unnecessary words. We encourage tightly written manuscripts with a clear main message, as these often engage a broad readership.
III	Please write in the active voice, first person, and in a style appropriate to your audience(s) but avoid “we did” or “we found”.
IV	Numbers over 10 do not need spelling out at the start of sentences.
V	P values should always be accompanied by supporting data, and denominators should be given for percentages.
VI	Confidence intervals should be written in the format (15 to 27) within parentheses, using the word “to” rather than a hyphen.
VII	Prior to submitting your work, consider asking a member of your target audience to read the article for clarity and succinctness.

Example of Reference Formats

Journal	Salam A, Stewart F, Singh K, et al. INterpreting the Processes of the UMPIRE Trial (INPUT): protocol for a qualitative process evaluation study of a fixed-dose combination (FDC) strategy to improve adherence to cardiovascular medications. FMCH 2013;3:e002313
Book	Brinkmann S. Qualitative interviewing: Oxford university press, 2013

Website	Global oncology trends. 2017. Advances, complexity, and costs. IQVIA Institute for Human Data Science. https://www.iqvia.com/institute/reports/global-oncology-trends-2017-advances-complexityand-cost (accessed Mar 2018).

Other Tips

Please add the statement of “Author contributions”, “Special Acknowledgement”, “Funding support” and “Declaration of interests” between “Conclusion” and “Reference”.