

PUBLICATION STANDARDS – INSTRUCTIONS TO AUTHORS

The Brazilian Journal of Sexually Transmitted Diseases (DST - J bras Doenças Sex Transm ISSN 0103-4065) is a quarterly publication for scientific dissemination of the Brazilian Society of Sexually Transmitted Diseases, the Latin American and Caribbean Association for STD Control, the International Union against Sexually Transmitted Infections (for Latin America), and the Sexually Transmitted Diseases Department of Universidade Federal Fluminense. It is targeted at professionals working in the STD/AIDS field: infectious disease specialists, dermatologists, urologists, obstetricians, gynecologists, and professionals from associated areas, with the purpose of publishing original contributions submitted to analysis that address relevant themes for the STD/HIV-AIDS field and related areas. It welcomes national and international contributions. The selection of manuscripts for publication involves assessing the originality, relevance of the theme, and quality of the scientific methodology used, besides the adequacy to the editorial standards adopted by the journal. All manuscripts submitted to the journal will be reviewed by two or more anonymous peer reviewers; confidentiality is guaranteed throughout the review process. **Material related to rejected articles will not be returned.**

The content of the material submitted cannot be previously published or submitted to other journals for publication. In order to be published in other journals, even partially, it will need written approval from the editors. Copies of the reviewers' opinions will be sent to the authors. Accepted and conditionally accepted manuscripts will be sent to the authors so they can make the necessary modifications and be aware of the changes that will be made in the editing process. Authors should return the text with the requested modifications, justifying in the cover letter, if applicable, the reason for not accepting the suggestions. If the work is not returned in 6 months, the journal will understand that the authors no longer have interest in the publication.

Authors have full responsibility for the concepts and statements included in the papers. The manuscript submitted for publication must be written in Portuguese, English, or Spanish and belong to one of the different article categories of the journal.

Instructions to authors

The following standards were based on recommendations proposed by the International Committee of Medical Journal Editors, published in the article: *Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication*, which was updated in April 2010 and is available at <http://www.icmje.org/>.

Journal sections

1. *Original articles*: complete prospective, experimental, or retrospective articles. Manuscripts reporting clinical or experimental trial results will have priority for publication.
2. *Preliminary notes*: from works in the final stage of data collection, but whose results are relevant and justify their publication.
3. *Case reports*: of great interest and well documented from a clinical and laboratory perspective.
4. *New techniques*: presentation of innovations in diagnosis, surgical techniques, and treatments, provided they are not a clear or concealed propaganda of drugs or other products.
5. *Review or update articles*: including critical and systematic assessment of the literature, with the description of the procedures

adopted, definition and limits of the theme, conclusions, and references; may include meta-analyses. They must be up to date. 6. *Editorial comments*: when requested from members of the Editorial Board.

7. *Thesis abstracts*: presented and approved in the last 12 months, counted from the Abstract submission date (see instructions for thesis abstracts in "Manuscript preparation"). They should have approximately 250 words and follow the usual standards as to form and content, including at least three keywords or key terms. The abstract must be submitted on a CD with a printed copy. A separate file must include: full name of the author and advisor, members of the examining committee, defense date, and identification of the Service or Department where the thesis was developed and defended.

8. *Letters to the editor*: whether or not it addresses an editorial matter. The letters can be summarized by the editorial office, as long as it keeps the main points. In case of criticism of published works, the letter will be sent to the authors so that their response can be published simultaneously.

9. *Technical reports*: of public service bodies discussing issues of great public health interest and related to STD/HIV-AIDS issues.

General information

1. The papers must be double-spaced in all sections, from the title page to references, tables, and legends. Each page should have approximately 25 lines in one column. Preferably, use a Microsoft Word® document and Times New Roman 12 font. Do not highlight excerpts of the text: no underline or bold. Number all pages, starting with the title page.

2. Do not use capital letters for proper names (other than the first letter) in the text or references. Do not use periods in acronyms (WHO instead of W.H.O.). When using acronyms, describe them the first time they appear.

3. For printing, use white paper, with at least 2.5 cm space on each margin. Start each section on a new page: title page; abstract and keywords; *resumo* and *palavras-chave*; text; acknowledgments; references; individual tables and figure legends.

4. The journal will not accept editorial material for commercial purposes. 5. The author will be informed by letter or e-mail of the receipt of the works and their protocol number in the journal. Papers that comply with the Publication Standards – Instructions to Authors and fit the editorial policy of the journal will be sent to two reviewers indicated by the editor for analysis.

6. The number of authors of each manuscript is limited to nine. Works of collective (institutional) authorship should specify the responsible authors. Collaborative investigations and multicenter studies should list as authors the researchers responsible for the protocols applied (up to seven). Other collaborators may be cited in the Acknowledgment section or as "Additional Authorship Information" at the end of the article. The notion of co-authorship is based on the substantial contribution of each person, be it to the study concept and planning, data analysis and interpretation, or the writing or critical review of the manuscript. The inclusion of names whose contribution does not meet the criteria cited on the DST – J bras Doenças Sex Transm 2008; 20(1): 66-68 PUBLICATION STANDARDS – INSTRUCTIONS TO AUTHORS is not justifiable. All authors must approve the final version to be published.

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7. Conflicts of interest: situations that could inappropriately influence the development or conclusions of the work should be mentioned. These situations include stock participation in companies that produce drugs or equipment cited or used in the research, as well as their competitors. Grants received, work relationships, consultancy, etc. are also considered conflicts of interest.

8. When the research involves human beings, a copy of the approval from the Ethics Committee of the facility where the work was carried out should be sent.

9. For original manuscripts, do not exceed 25 pages of typed text. Limit the number of Tables and Figures to what is necessary to present the results that will be discussed (as a general rule, limit them to five). For Case Report and Equipment and Techniques, do not exceed 15 pages, also reducing the number of figures and/or tables. Preliminary Notes should be short texts with up to 800 words, five references, and two figures (see Manuscript Preparation – Results).

10. Original works that do not follow these instructions will be returned to the authors for the necessary adaptations prior to the evaluation by the Editorial Board.

11. Copies of the manuscripts must be accompanied by a cover letter signed by all authors. This letter should explicitly state the authors' agreement with editorial standards, the review process, and the copyright transfer to the journal. The published material becomes property of the Brazilian Journal of STD and can only be fully or partially reproduced with their consent.

12. Send a properly labeled CD with a file containing the text, tables, graphs, and legends of other figures (photos). Also, deliver three printed copies of the manuscript. E-mail submission must be made when requested by the editorial office for the full work or parts of it after the review.

Submission of the manuscript and its final version

Documents should be sent to:

Mauro Romero Leal Passos, Sociedade Brasileira de DST – AMF Avenida Roberto Silveira, 123, Icaraí, Niterói, RJ – Brazil. ZIP CODE: 24230-150.

Manuscript checklist

Before submitting the manuscript, check if the Instructions to Authors were followed, and the items below were included:

1. Cover letter signed by all authors.
2. Citation of project approval by the Research Ethics Committee (see Patient and Methods Section).
3. Conflicts of interest: when applicable, they should be mentioned without omitting relevant information.
4. Title page with all information requested.
5. Structured Abstract and *Resumo* compatible with the text of the paper.
6. At least three keywords related to text and their respective *palavras-chave*.
7. CD with a file containing the full text, tables, and graphs properly labeled.
8. Tables and Figures: all properly cited in the text and numbered. Legends allow the reader to understand the Tables and Figures.
9. Photos properly labeled and included in the package.
10. References: numbered in the order they are mentioned in the text and properly typed. All works cited should be listed in the References, and all references listed must be cited in the text.

Manuscript preparation

Title page: include the title of the work in English and Portuguese, the full names of authors without abbreviations, the name of the facility where the work was carried out, the institutional affiliation of the

authors, information on support received in the form of grants, equipment, or drugs. Provide the name, address, telephone, fax, and e-mail of the corresponding author.

Study abstract on the second page: for full papers, write a structured abstract that should be divided into defined sections: **Introduction, Objectives, Methods, Results, and Conclusion**. It should have approximately 250 words. The abstract should provide relevant information, allowing the reader to get a general idea of the work. It should include a brief description of the methods and statistical analysis performed. Report the most relevant numerical results rather than indicate the statistical significance found. Conclusions should be based on study results and not on the literature. Avoid using abbreviations and symbols. Do not cite references in the Abstract.

On the same page of the Abstract, include at least three keywords that will be used to comprise the Journal's annual index. They should be based on DeCS (*Descritores em Ciências da Saúde/Health Sciences Descriptors*), published by Bireme, which is a translation of MeSH (Medical Subject Headings) by the National Library of Medicine (available at: <http://decs.bvs.br>).

Another page should bring the *Resumo* as an exact version of the structured Abstract (*Introdução, Objetivos, Métodos, Resultados, Conclusão*). It must also be accompanied by the Portuguese version of the keywords (*palavras-chave*). The Abstract of Case Reports should not be structured and is limited to 100 words. Preliminary Notes do not need an Abstract.

Introduction: repeat the full title in English and Portuguese at the top of the first page of the introduction. In this section, provide the current knowledge context on the topic studied, disagreements, and gaps that may justify the development of the work, but without an extensive literature review. For Case Reports, summarize the information about the reported condition and justify its presentation as an isolated case. Clearly describe the objectives of the work.

Methods: start this section by indicating the study design — prospective or retrospective; clinical or experimental trial; random case distribution or not, etc. Describe the criteria for selecting patients or the experimental group, including controls. Identify the equipment and reagents used. If the methodology applied has been previously used, provide references, in addition to a short description of the method. Also, describe the statistical methods adopted and the comparisons for which each test was used. Mentioning the project approval by the Research Ethics Committee of the facility where the work was carried out is mandatory. Research aimed at assessing the efficacy or tolerance of a treatment or drug must necessarily include an appropriate control group. For additional information on the design of this type of work, see ICH Harmonized Tripartite Guideline – Choice of Control Group and Related Issues in Clinical Trials (http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/e10_e.html).

Results: present the results in a logical sequence, with text, tables, and figures. Provide results that are relevant to the objective of the work and that will be discussed. Do not repeat all data from Tables and Figures in this section, but describe and emphasize the main ones without interpreting them. In Case Reports, the Methods and Results sections are replaced with the case description; other sections remain the same.

Discussion: highlight new and original information obtained from the investigation. Do not repeat data and information already mentioned in the Introduction and Results sections. Avoid citing tables and figures. Emphasize the adequacy of the methods employed in the investigation. Compare and associate your observations with those of other authors, commenting on and explaining possible differences. Explain the implications of the findings and their limitations, and make the resulting recommendations.

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For Case Reports, ground the discussion in a broad and up-to-date literature review. When necessary, tabulate the information collected from the literature for comparison.

Acknowledgments: address them to individuals who have intellectually collaborated with the work but whose contribution does not justify co-authorship or to those who have provided material support.

References (Vancouver style): include in this section all authors and papers cited in the text and vice versa. Number the references in the order they are mentioned in the article and use these numbers for the text citations. Avoid an excessive number of references by selecting the most relevant ones for each statement, giving preference to recent works. Do not use citations that readers of the journal might find difficult to access, such as abstracts of works presented in congresses or other publications with restricted distribution. Do not use references such as "unpublished observations" and "personal communication". Articles accepted for publication may be cited accompanied by the statement: "accepted and awaiting publication" or "in press", indicating the journal. For citations of other works of the authors of the study, select only original ones (do not mention chapters or reviews) printed in journals with peer review and related to the topic investigated. The number of references should be limited to 25. For Preliminary Notes, the limit is ten references. Authors are responsible for the accuracy of the reference data. For all references, cite all authors up to six. If the reference has more than six authors, cite the first six, followed by the expression et al., according to the following examples:

Journal articles

• *Print version:*

Teixeira JC, Derchain SFM, Teixeira, LC, Santos CC, Panetta K, Zeferino LC. Male sexual partner evaluation and relapse risk in women treated for genital human Papillomavirus (HPV) lesions. *BRGO* 2002; 24(5): 315-320.

Barreto NA, Sant'anna RRP, Silva LBG, Uehara AA, Guimarães RC, Duarte IMD et al. Phenotypic and molecular characterization of *Neisseria gonorrhoeae* isolated in Rio de Janeiro, Brazil, 2002 – 2003. *DST - J bras Doenças Sex Transm* 2004; 16(3): 32-42.

• *Electronic version:*

Cabar FR, Nomura RMY, Costa LCV, Alves EA, Zugaib M. Previous cesarean section as a risk factor for abruptio placentae. *Rev Bras Ginecol Obstet*. [journal on the Internet]. 2004 Oct [cited 2005 Mar 19]; 26(9):[about 15 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-72032004000900006&lng=pt&nrm=iso&tlng=pt Accessed on: 07/10/2007.

Kremer LCM, Caron HN. Anthracycline cardiotoxicity in children [perspective]. *N Engl J Med* [serial on the Internet]. 2004 Jul [cited 2004 Sep 29];351(2):[about 2 p.]. Available from: <http://gateway.ut.ovid.com/gw1/ovidweb.cgi>.

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Books:

Tavares W, Marinho LAC. Rotinas de diagnóstico e tratamento das doenças infecciosas e parasitárias. São Paulo: Editora Atheneu; 2005.

Tavares W. Manual de antibióticos e quimioterápicos anti-infecciosos. 3rd Ed. São Paulo: Editora Atheneu; 2001.

• *Book chapters:*

Duarte G. DST durante a gravidez e puerpério. In: Passos MRL. Deesetologia, DST 5. 5th Ed. Rio de Janeiro: Editora Cultura Médica; 2005. p. 685-706.

Web site citation in electronic format: for official statistical information only. Indicate the responsible body, the electronic address, and the file name or entry. Include the access date and time of when the information cited was obtained.

Tables: print each table on a separate sheet, with double space and Arial 8 font. They must be sequentially numbered, in Arabic numbers, in the order they were cited in the text. All tables must have a title, and all table columns must be identified with a header. The legend should provide information that allows the reader to understand the contents of tables and figures, even without reading the text of the paper. Horizontal lines should be simple and limited to two at the top and one at the bottom of the table. Do not use vertical lines. Do not use table-creation functions, justification commands, decimal or centralized alignment. Use the tab command, rather than the space key, to separate columns and the enter key for new rows. The table footer must bring the legend for abbreviations and statistical tests used.

Figures (graphs, photographs, and illustrations): print the figures on separate sheets and sequentially number them, in Arabic numbers, according to the order they are mentioned in the text. All figures can be colored or black and white, with good print quality, and have a legend title typed in Arial 8 font. On the CD, they must be sent in an electronic file separate from the text (the image used in the text document does not indicate that the original file has been copied). To avoid issues that can compromise the journal standards, the image digitalization process (scan) must comply with the following parameters: for graphs or schematics, use 800 dpi/bitmap for lines; for illustrations and photos, use 300 dpi/CMYK or grayscale. In all cases, the file extension must be .tif and/or .jpg. If delivering the figure electronic file is not possible, the originals must be sent in laser print (graphs and schematics) or photographic paper so that they can be properly scanned. Files with the extension .xls (Excel), .cdr (CorelDraw), .eps, and .wmf will also be accepted for vector illustrations (graphs, drawings, schematics). A maximum of five figures will be accepted. If the figures have been published elsewhere, they must be accompanied by written authorization from the author/editor, and the source must be cited in the illustration legend.

Legends: print the legends using double space, along with their respective figures (graphs, photographs, and illustrations) and tables. All legends must be numbered in Arabic numbers, corresponding to each figure and table in the order they were cited in the work.

Abbreviations and acronyms: must be preceded by the full term when cited for the first time in the paper. In legends of tables and figures, they must be accompanied by the full term. Abbreviations and figures must be accompanied by their full name. Abbreviations and acronyms should not be used in article titles or abstracts.