

In the Trenches
Instructions for Authors

“In the Trenches” is a series designed to feature challenging clinical cases confronted by obstetrician–gynecologists in any aspect of care (outpatient clinics, inpatient floors, emergency department, or in community or while traveling). Its purpose is to educate readers of *Obstetrics & Gynecology* about the management of common clinical scenarios that are infrequently described in standard literature read by obstetrician–gynecologists. “In the Trenches” will accomplish this goal by soliciting specialist input from expert commentators about direct patient cases and using evidence-based guidelines when available.

Selection of topics is based on the following criteria:

- Cases should have fairly broad appeal and not be so rare that the management appeals only to a few.
- Cases should illustrate clinical issues that are especially prevalent or challenging in women.
- Cases should stimulate or promote discussion of evidence-based evaluation and treatment and may raise controversies in management.
- Cases that illustrate CREOG (Council on Resident Education in Obstetrics and Gynecology) learning objectives are especially helpful.

I. PROCESS

Along with the Review Board and journal editors, the series editor (Ingrid Nygaard, MD, MS) will choose cases based on their educational value for *Obstetrics & Gynecology*'s readers. The final decision on publishing will occur only after peer review. Thus, some cases may be chosen for development and ultimately *not* chosen for publication for various reasons.

- Authors may discuss the appropriateness of a potential case with Dr. Nygaard prior to submitting it via EM (e-mail: ingrid.nygaard@hsc.utah.edu).
- Potential cases should be submitted via Editorial Manager (<http://ong.editorialmanager.com>).
- Expert commentators will be chosen by the series editor (with assistance from the case author) to respond to the submitted case.
- Authorship will be granted to the case author and expert commentators. Only *one* case author is permitted. In general, primary authorship will be attributed to the most involved expert commentator.

- The series editor will edit each contribution and compile the manuscript. The revised manuscript will be uploaded to Editorial Manager.
- Each manuscript will undergo peer review by two “In the Trenches” Review Board members, which are selected from both academic and private practitioners, and by a member of the *Obstetrics & Gynecology* Editorial Board. Reviewers will be given 2 weeks to submit their comments to the series editor.
- The series editor will send comments from peer reviewers to the pertinent contributors. Contributors will send revisions to the series editor. The series editor will incorporate revisions and will submit the final article to each author for approval. All revisions are to be completed within 3 weeks. The final revised manuscript will be submitted via Editorial Manager.
- The final decision on publication will be made by the journal editors.
- The series editor will take primary responsibility for approving page proofs.

II. ARTICLE SEGMENTS

An “In the Trenches” article is composed of two parts: the case and the expert commentary.

A. Case

Case authors should *not* provide an introduction, discussion, or review of the literature; they should merely present the case. Case authors may suggest expert commentators but are not required to do so.

The case should be formatted as follows:

1. **Case presentation.** Presenting symptoms, management, and outcome should be described. In some cases, management may simply involve referral.
2. **List of key questions.** A list of key questions about topics or management issues raised by the case should be provided for the expert commentators (generally specialists in fields pertinent to the case). The number of questions should not exceed eight. Generally, questions should pertain to some or all of the following areas:
 1. Prevalence of the disease or condition in question
 2. Risk factors for the disease
 3. Differential diagnosis for presenting symptoms
 4. Diagnostic strategies for the primary care provider
 5. Management options as appropriate for a primary care provider
 6. Indications for referral to a specialist
 7. Management or treatment options by a specialist

B. Expert Commentary

The expert commentators will address management issues raised by the case. The content should be specific to women. An introductory paragraph may be written, but is not required, to briefly discuss salient aspects of the case. Key questions raised by the case presenter should be answered

succinctly. In general, no more than one paragraph per question should be written. If key questions do not include important and pertinent areas that should be understood by primary care-level physicians, questions and responses should be added.

III. MANUSCRIPT SPECIFICATIONS

Manuscripts should be prepared according to the following specifications:

A. Title Page

The first page of the case and/or commentary should include the name, major degree, affiliation, address, telephone and facsimile numbers, and e-mail address of the each author responsible for that segment. Please also provide a brief section “about the authors” (eg, “Dr. XX just completed her fellowship in Reproductive Endocrinology and Infertility and is now a faculty member in the Division of Reproductive Endocrinology and Infertility at the University of XX, where Dr. XX is Professor and Division Head. Dr. XX is an Associate Professor in the Division of Diagnostic Radiology in the Department of Radiology at the University of XX.”).

B. Word Count

A maximum of **300 words** is permitted for the case presentation. Key questions and figure legends are *not* considered in the final word count. A maximum of **1200 words** is permitted for the commentary.

C. Figures

We request that the author supply between two to five graphics (photographs or diagrams) to illustrate the article and facilitate the reader’s understanding. Both case and commentary authors may also suggest a few illustrations that could be redrawn in-house by a freelance artist. The journal encourages the use of color illustrations in this series and will defray the cost.

Art saved and submitted in a digital format is preferred. Figures should be saved as high-resolution TIFF or EPS files. The minimum requirements for resolution are 1200 dpi (dots per inch) for line art, 300 dpi for color photographs, and 600 dpi for images containing a photograph with text labeling or thin lines. Art that is low resolution, digitized, or adapted from slides may not reproduce. For detailed guidelines on submitting digital artwork, please refer to the journal’s web site (<http://www.greenjournal.org>). An artwork checklist is available online for your use. Figures may also be submitted as traditional art (ie, hard copy figures printed on glossy paper).

D. Permissions and Releases

Tables and figures should be original. The use of borrowed material (eg, lengthy direct quotations, tables, or figures) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source. Both print and electronic rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

If a patient is recognizable, a signed release must be obtained from that patient. Forms for use in obtaining permission and releases can be found at <http://www.greenjournal.org>. Authors must include this documentation with the submitted manuscript.

E. References

The commentary should include a maximum of 15 references. References should be from peer-review publications only and should be chosen to exemplify important points. If debate currently exists among experts about key management issues, both sides should be represented, although no attempt should be made to include all pertinent references. When available, information from high-quality evidence-based systematic reviews regarding the evaluation or management of condition should be cited. References to high-quality web sites managed by national or governmental organizations (ie, sites not likely to disappear) to which the health care provider or patient can turn for more information may be included.

References are numbered consecutively in the order in which they appear in the text and listed double-spaced at the end of the manuscript. Citations should be identified on the line within parentheses. Authors are responsible for the accuracy of all references.

For detailed information on formatting references, please consult the journal's Instructions for Authors, available online at <http://www.greenjournal.org>.

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