Author's guidelines of

Pediatric Respiratory Journal

Official Journal of the Italian Pediatric Respiratory Society

www.pediatric-respiratory-journal.com

edra

1. Aim and scope

Pediatric Respiratory Journal is a peer-reviewed journal designed to promote understanding and advance the treatment of respiratory diseases in children. It is an open access journal, published online quarterly in English.

The Journal deals with original contributions on translational, clinical, and epidemiologic research, and case reports, on the most common acute and chronic respiratory illnesses, as well the genetic and rare diseases of children.

PRJ emphasizes the developmental implications of the epidemiological, morphological, physiological, pharmacological, and sociological components of these conditions, as well as the impact of disease processes on families and the future perspective in pediatric respiratory medicine.

2. Before Submission

i. Manuscripts are considered for publication with the understanding that they do not contain previously published material, have not been published previously and are not currently under review at another journal or elsewhere. **Conference presentations (including summaries, abstracts and posters) and doctoral (PhD) or master (MSc) theses are exempt but should be acknowledged in the title page.**

ii. The Authors of manuscripts that include illustrations, tables and/or sections of text that have been published previously elsewhere must request permission to reproduce the material from the copyright holder. This permission must be presented in written form during submission of the manuscript. In the absence of such permission, all materials received will be regarded as the Authors' own work.

iii. All the manuscripts that do not respect the Author Guidelines will be returned to the Authors.

iv. The study must be conducted in accordance with the ethical standards established in **The Code of Ethics of the World Medical Association** (**Declaration of Helsinki**). The manuscript should be compatible with the **Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals** and aim for the inclusion of representative human populations (*i.e.*, sex, age and ethnicity) as per those recommendations.

Authors must provide the name of the approving committee and the approval number or code protocol. Furthermore, they must guarantee that the enrolled participants (or who stands in for – *e.g.*, legal guardians, next of kin in case of death, animal owner) signed an informed consent and that are aware they will be part of a scientific publication.

Patients' names and unnecessary references to personal aspects (*e.g.*, occupation, residence) or sensitive data (*e.g.*, political preference, etc.) that could reveal the identity of a patient must be omitted from the text and iconographic materials.

v. If experiments have been conducted on animals, the Authors should declare that the study have been conducted in accordance with the **ARRIVE guidelines** and should be carried out in line with the **National Research Council's Guide for the Care and Use of Laboratory Animals**. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

3. Once a manuscript is accepted for publication

i. Each Author must complete and sign a **Conflict of Interests disclosure form**, which specifies all economic, personal and professional relationships that might become a conflict of interests, or might be perceived as a possible conflict of interests, or might influence the activities described in the manuscript. All the declarations will appear after the **Acknowledgements** section of the article, in the specific paragraph entitled **Compliance with Ethical Standards**.

ii. Under proofreading before the publication, the Editorial Office will send the Corresponding Author the **Conflict of Interests** disclosure form, alongside with the **Journal Publishing Agreement**. The documents should be **compiled and signed by each author** and returned to **editorialoffice@pediatric-respiratory-journal.com by the Corresponding Author**.

iii. The Authors will be held responsible for any false declarations or noncompliance with the instructions specified above.

iv. The Editorial Office reserves the right to reject any manuscript that does not conform to the above-described instructions.

4. Submission procedure

To submit a manuscript, the Corresponding Author needs to register in the official platform, available at the following link:

https://www.editorialmanager.com/pedresjournal/default1.aspx and follow the guided procedure.

It will thus be possible to upload the manuscript, which must be in **Word format and with line numbers** to facilitate the reviewers.

5. Peer-review timing

The Journal is committed to evaluate articles as quickly as possible, while maintaining scientific excellence and rigor. **Expected time to the decision after each (re)submission**: **30 days**.

6. Peer-review procedure

The decision to publish a manuscript will be based on the **peer-review**, as well as the acceptance of an article will be based on criteria of originality, relevance, and scientific content of the contribution. **Manuscripts will be rapidly, strictly and fairly peer-reviewed by international experts of the Scientific Community**.

Specifically, PRJ applies a **single-blind, transparent, fair, and constructive review process**.

Each manuscript will be thoroughly evaluated by at least **two expert referees** beyond the Journal's Editors. **Authors may suggest the names of up to three referees**.

Before taking the final decision, the Editor may ask the Authors to modify the text based on the comments of the reviewers, to which the Authors **should respond point by point**.

Statements made in the manuscripts are the responsibility of the Authors and not of the Editors. The opinions expressed in the articles are those of the Authors and may not reflect the position of the Editors.

PEER-REVIEW WORKFLOW		
Steps	**Editorial Office (OE) /Editor in Chief (EiC) /Associate Editor (AE)**	**Comments**
1	Author submits a manuscript	Only Word format manuscripts are accepted in the platform. **Word line numbers are needed on the left**.
2	EO receives the submission	
3	EO performs Technical Check	
4	EO alerts the EiC on the presence of the manuscript in the platform. According to the topic, EiC assigns the manuscript to the appropriate Associate Editor (AE)	Before peer-review process Editors discuss the manuscript and decide on: - removal (like "Early Rejection"). - Assignment: paper will be assigned to an AE to be peer reviewed.
5	The EiC decides if the submitted manuscript should be accepted for further revision or rejected.	The assigned AE will send the manuscript in the subsequent steps to the EiC.
6	AE identifies and invites the reviewers	**2 Reviewers** (default) or more in case assessment requires multiple expertise (**deadline: 14 days**).
7	Reviewers send in their comments and recommendation	EO/AE sends reminders to the reviewers if necessary.
8	AE/EO receives reviewer comments	Only the AE receives the comments.
9	AE makes a recommendation accordingly	**AE recommends a decision (revise, accept, reject) to the EiC**. EO receives notification.
10	In case of revision, EO notifies the Authors	
11	In case of revision, Authors submit revised manuscript to EO	Authors submit revision. **Deadline**: - **three months in case of major revision** - **one month in case of minor revision**
12	EO assigns manuscript to previous AE	
13	In case of revision, AE sends revised manuscript to the Reviewers (if necessary or requested by Reviewers)	**14 days to review** (**revised manuscripts**). Reviewers can see comments from Authors. Authors may request an extension for the due date.

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14		Reviewers send their recommendation.
15	AE receives recommendation	Only the assigned AE receives comments.
16	AE recommends decision and sends it to the EiC for final confirmation	**The AE will recommend a decision to the EiC based on the reviewers' comments, the EiC will make the final decision on the manuscript**. Submitting author will be notified of the final decision.

7. Preparation of the manuscript

7.1 Article types

Article description	Abstract	Word limit	Tables/Figures	References
Research articles Research Articles report on original research. They must describe significant and innovative observations. Consideration for publication is based on the article's originality, novelty, and scientific soundness, and the appropriateness of its analyses. The article must be subdivided into the following sections: introduction, materials and methods, results, discussion, conclusions.	Unstructured abstract, max. 350 words **or by invitation graphical abstract** † **+ Highlights box * (see the related notes below)**	The text should be 3000-5500 words (8 to 16 typed, double-spaced pages) not including abstract, tables, figures, references.	Min. 4 Max. 6-8	Max. 60
Review articles Reviews are summaries of recent insights in specific research areas of a topic that has direct relevance in the field. Key aims of Reviews are to provide systematic and substantial coverage of mature subjects, evaluations of progress in specified areas, and/or critical assessments of emerging technologies. They should discuss a topic of current interest, outline current knowledge of the	Unstructured abstract, max. 350 words.	The text should be 2000-4000 words not including abstract, tables, figures, references.	A minimum number of 3 display items is required including figures and tables or boxes for important but marginal topics.	Max. 150

subject, analyze different opinions regarding the problem discussed in a balanced manner, be up to date on the latest data in the literature. Normally these are authored by individuals who have themselves made a significant contribution to the original literature on the topic under review and are acknowledged authorities in the field.				
Systematic Reviews, Meta-Analysis Please select "Systematic Review" as Category. A systematic review identifies, selects, and gives a critical appraisal of the relevant research to a given issue/question including a structured analyses of the data that are cited in the review.	Structured, 250 words max.	3500 words maximum, excluding abstract, figure legends, and references. Please supply a word count.	Total of no more than 6 figures and/or tables.	Max 150. If more, justification should be provided.
Brief reports Brief Reports are short announcements of research results. They must contain data derived from cutting-edge research and be of potential interest to a large proportion of the readership. They are independent, concise reports representing a significant contribution to the field. Such communications should represent complete, original studies and should be arranged in the same way as full-length manuscripts.	Unstructured abstract, max. 200 words.	The text should be limited to 2500 words not including abstract, tables, figures, references.	Max of 2 figures and/or tables (combined total).	Max. 20
Perspectives Perspectives are intended to review concepts in a field of interest to Pediatr Respir J based on the writer own assessment. They should provide a new view with the goal of sparking debate and	Unstructured abstract, max. 200 words.	The text should be between 2000 and 3500 words not including abstract, tables, figures, references.	A minimum number of 2 display items is required.	Max. 75

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open up future research avenues.				
Opinions Opinions are short articles intended to convey the author's viewpoint: on an issue that is critical to the research community; on the strengths and weaknesses of a hypothesis or scientific theory; on a research study. In the latter cases they should provide constructive criticism and be supported by available evidence. Opinion articles should not contain unpublished or original data.	Unstructured abstract, max. 200 words.	The text should be limited to 2500 words not including abstract, tables, figures, references.	A minimum number of 2 display items is required.	Max. 20
Rostrum Rostrum articles are commissioned by the editors. Authors wishing to submit a rostrum article should contact the editorial office before submitting the manuscript. *Structure*: Introduction, Methods, Results, Discussion.	Max. 250 words	4500 words maximum, excluding abstract, figure legends and references. If the manuscript is longer, reasons for increase in length, figure or table number or reference number should be included on the cover page	Total of no more than 10 figures and tables.	Max. 75
Commentaries A commentary is a thorough analysis referred to a work already published in the field of interest to Pediatr Respir J, written to draw attention to its possible impact. They should be written by expert in the field.	No abstract	The text should be between 1500 - 2000 words not including tables, figures, references.	Max. of 2 figures and/or tables (combined total).	Max. 20
Meeting Reports	No abstract	The text should be between 2000 and 3500 words not including tables,	Max. of 2 figures and/or tables (combined total).	Max. 20

		figures, references.		
Letters to the Editor Letters are encouraged if they directly concern articles recently published in the journal. If accepted, the editors reserve the right to submit such letters to the authors of the articles concerned prior to publication, in order to permit them to respond in the same issue of the journal. In exceptional cases, Letters may also address data published in another journal or general subjects related to matters discussed in the journal.	Unstructured abstract, max. 200 words.	The text should be limited to 2500 words not including abstract, tables, figures, references.	Max. of 2 figures and/or tables (combined total).	Up to 6 references and one of the references must be to the article discussed.
Editorials Editorials are discussions related to a specific topic, article or issue written by an editor or other member of the publication staff.	No abstract	The text should be between 1500 - 2000 words not including tables, figures, references.	Max. of 2 figures and/or tables (combined total).	Max. 6
Interviews These types of articles are usually written by the editors who use a question/answer format to interview leading scientists or eminent characters to provide an authoritative view on a particular aspect related to the field of interest to Pediatr Respir J.	No abstract	The text should be limited to 2500 words not including tables, figures, references.	Max. of 2 figures and/or tables (combined total).	Max. 20
Case reports Accurate and transparent data collection from episodes of care informs the delivery of high-quality individualized healthcare. Therefore, case reports submitted to *Pediatric Respiratory Journal* should make a contribution to medical knowledge, must have educational value, highlighting the need for a	See Pediatr Respir J's Case report format below	limited to 1500-1800 words	Max. of: 1-2 tables and 3 figures.	See Pediatr Respir J's Case report format below.

considerable change clinical practice or diagnostic/prognostic approaches. The ones that describe preventive or therapeutic interventions are discouraged, as these generally require stronger evidence. Should adhere to **international case report guidelines** supporting the measurement of: (1) **Clinician and Patient-assessed Outcomes** (COA), (2) effectiveness of **Clinical Practice Guidelines** (CPGs), and (3) the **Return On Investment** (ROI).				
Correspondence and Replies Correspondence concerning recent publications in the Journal will be considered for publication and accepted based on their scientific quality, and available space in the Journal. Once approved by the Editor, the Correspondence and relevant Reply (if any) will both be published in the same issue. *Title:* For Correspondences referring to an article: all correspondence should have the following title: "Comment on [referred author's name]. Please note that all Replies should have the title “Reply to [Corresponding author's name]." *Salutation*: Start with the salutation “To the Editor”.		Max. 1000 words, excluding graphics (if any) and references.	Total of no more than 2 figures and tables	Max. 7; article being discussed as first reference. Replies should include the Correspondence to which they are replying as one of the references

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Signature: Close with the author's name(s), academic degree(s), institutions(s), and location(s).				
Clinical Trials Description of the results of interventional studies related to health. They can include: pilot studies, safety and efficacy trials, surrogate endpoint studies, and proof-of concept studies. Clinical Trials Articles should have the following format: 1) Abstract, 2) Introduction, 3) Materials and Methods, 4) Results, 5) Discussion.	Abstract with the clinical trial registry number	The text should be limited to 12000 words.	Max. 15 tables and figures.	Max. 120-150

† **By invitation**, Authors must provide an **original image** that clearly represents the work described in the paper. **Graphical abstracts** should be submitted as a separate file in the submission system when uploading files.

Image size: please provide an image with a **minimum of 1328 x 531 pixels (w x h)** using a **minimum resolution of 300 dpi**. **If you are submitting a larger image, please use the same ratio (500 wide x 200 high).**

Font: please use **Times**, **Arial**, **Courier** or **Symbol** with a large enough font size as the image will be reduced in size for the table of contents to fit a window **200 pixels high**.

- File type: preferred file types are **TIFF**, **EPS**, **PDF** or **MS Office** files.
- **No additional text, outline or synopsis should be included**. Any text or label must be part of the image file. Please do not use unnecessary white space or a heading “graphical abstract” within the image file.

*Highlights box

Each **Research Article** will be accompanied by a **highlights box** that provides answers (**no longer than 35 words each**) to the following questions:

1. What is already known about this topic?
2. What does this article add to our knowledge?
3. How does this study impact current management guidelines?

7.2. Adherence to research reporting standards

Pediatric Respiratory Journal encourages authors to make every attempt to adhere to recognized research reporting standards for many study types, such as:

- CONSORT for randomized trials
- STROBE statement for observational studies
- PRISMA guidelines for systematic reviews and meta-analyses

Authors are encouraged to refer to and follow available guidelines from EQUATOR Network (https://www.equator-network.org).

7.3 Case report format

i. **Title** – The diagnosis or intervention of primary focus followed by the words “case report”.
ii. **Keywords** – **2** to **5** keywords that identify diagnoses or interventions in this case report (including "case report").
iii. **Abstract** – (unstructured).
iv. **Introduction** –Briefly summarizes why this case is unique and may include medical literature references.
v. **Patient information**:
   - primary concerns and symptoms of the patient.
   - Medical, family, and psychosocial history including relevant genetic information.
   - Relevant past interventions and their outcomes.
   - De-identified patient specific information.
vi. **Clinical findings** – Describe significant physical examination (PE) and important clinical findings.
vii. **Timeline** – Historical and current information from this episode of care organized as a timeline (figure or table).
viii. **Diagnostic assessment**
   - Diagnostic methods (PE, laboratory testing, imaging, surveys).
   - Diagnostic challenges.
   - Diagnosis (including other diagnoses considered).
   - Prognostic characteristics when applicable.
ix. **Therapeutic intervention**
   - Types of therapeutic intervention (pharmacologic, surgical, preventive).
   - Administration of therapeutic intervention (dosage, strength, duration).
   - Changes in therapeutic interventions with explanations.
x. **Follow-up and outcomes**
   - Clinician- and patient-assessed outcomes if available.
   - Important follow-up diagnostic and other test results.
   - Intervention adherence and tolerability (How was this assessed?).
   - Adverse and unanticipated events.
xi. **Discussion**
   - Strengths and limitations in your approach to this case.
   - Discussion of the relevant medical literature.
   - The rationale for your conclusions.
   - The primary “take-away” lessons from this case report (without references) in a one paragraph conclusion.
xii. **Patient perspective** – The patient should share their perspective on the treatment(s) they received.
xiii. **Informed consent** – The patient should give informed consent.

7.4 Cover letter

A cover letter must be included with each manuscript submission.

You should include:

i. The affiliation and contact information of your corresponding author.
ii. A brief explanation of why the work is appropriate for *PRJ.*
iii. Confirm that neither the manuscript nor any parts of its content are currently under consideration or published in another journal.
iv. The names and contact information of at least three reviewers you consider suitable
v. The names of any referees you would like excluded from reviewing.

Finally, you should state whether you have had any prior discussions with a *Pediatric Respiratory Journal* Editorial Board Member about the work described in your manuscript.

If the manuscript is longer than previously indicated, reasons for increase in length, figure or table number or reference number should be stated here. Acceptance of longer manuscripts is subjected to acceptance by the EiC and the AE. The decision will be taken according to the scope and importance of the communication.

7.5 Essential title page information

7.5.1 Full title

The full title of the manuscript should be concise and specific. Manuscripts must be submitted with both a full title (max. of 100 characters).

7.5.2 Authors' full names

7.5.3 Authors names should be listed in the following order: first name, middle initial, last name.

7.5.4 Authors' institutional affiliations including city and country

Each author should list a department, university or hospital or research institution, city and country (please avoid writing your academic position such as resident, fellowship, assistant or associate professor).

7.5.5 A running title

Not exceeding 40 characters and spaces.

7.5.6 The name, address and e-mail address of the author responsible for correspondence about the manuscript.

At least one author should be designated as Corresponding Author (identifying the corresponding author with an asterisk), and his or her email address and other details should be included at the end of the affiliation section. It is also advisable to indicate the **ORCID** identification.

In the case of joint first authorship, a footnote should be added to the author listing, *e.g.*, 'X and Y should be considered joint first author' or 'X and Y should be considered joint senior author'.

7.5.7 Word count; number of tables and figures.

8. Main text file

The text file should be presented in the following order and be line numbered throughout:

i. **A statement with potential conflict of interests related to the manuscript content**;
ii. **Financial support**;
iii. **Abstract and key words**;
iv. **Main text**;
v. **Acknowledgments**;
vi. **Impact statement**;
vii. **References**;
viii. **Tables** (each table complete with title and footnotes);
ix. **Figure legends**;
x. **Appendices** (if relevant);
xi. **Compliance with Ethical Standards**

NOTE: Figures, Tables and supporting information should be supplied as separate files.

i. Conflicts of interests

Authors must include financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony), personal, political, intellectual (organizing education) or religious interests, according to the **ICMJE recommendations**. A competing interest should not prevent someone from being listed as an author if they qualify for authorship (see below). If there is doubt about whether interests are relevant or significant, it is prudent to disclose.

ii. Financial support

In addition to a list of the sources of funding, Authors are also expected to provide the relevant grant numbers, where possible, and list the Authors associated with the specific funding sources.

Authors are also required to state whether the funding sources were involved in study design, data collection and interpretation, or the decision to submit the work for publication.

iii. Abstract and keywords

A concise and factual abstract is required, according to the articles' type, see the table above. The abstract should recapitulate in an abbreviated form the Purpose of the study, Results (along with the main methods used) and Conclusions. Vague, uninformative statements and too basic, general sentences should be avoided. Important terms relevant to the content of the manuscript should be incorporated into the abstract to assist indexers and searchers. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, references should be avoided. Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Immediately after the abstract, please provide a maximum of 5 keywords, avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'or'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

iv. Main text

The main text should include:

1. **Introduction**

   Should establish the rationale for the research and contain only the essential information and citations.

2. **Materials and methods**

   Provide a detailed description of the materials and methodologies used.

   Indeed, new sequence information must be deposited to the appropriate database prior to submission of the manuscript.

   New high throughput sequencing (HTS) datasets (RNA-seq, ChIP-Seq, degradome analysis…) or other high throughput data must be deposited in public databases such as the GEO database, the NCBI's Sequence Read Archive (SRA), or others.

   The Authors should clarify all the ethical aspects related to their research (see instructions in the Ethical Approval and Trial Registration Statements paragraph below) including availability of data and materials. Copy of all the uncropped original experimental data at publishing resolution must be retained for five years and shown upon request from the Journal. Failure to produce such data on request can constitute a reason for possible retraction by the Journal.

3. **Results**

   Present the results of the research clearly and exhaustively. Should give answers to the aim/s aforementioned in the introduction and provide main findings and trends.

4. **Discussion**

   Analyze critically the results obtained and their possible translational and clinical implications. Should compare and contrast the results with relevant researches, provide possible alternate explanations to interpret the results and include possible limitations and shortcomings. It should make clear whether the hypothesis mentioned in the article is true, false or no conclusions can be derived.

5. **Conclusions**

   Present the relevance of the results, their potential impact and, if possible, future perspectives.

6. **Supporting information**

   Supporting information is information that is not essential to the article but provides greater depth and background. It is hosted online and appears without editing or typesetting. It may include tables, figures, videos, datasets, etc.

NOTE: Acronyms, abbreviations, units of measurements

Pediatric Respiratory Journal recognizes the adoption of the **International Systems of Units** (**SI-Units**). Acronyms, abbreviations, and units of measurements without a legend and/or incomprehensible are not permitted. When necessary, a list of abbreviations may be inserted after the abstract.

v. Acknowledgments

vi. Impact statement

The impact statement is single sentence (typically 15-30 words) that summarizes the most important finding of the work: it needs to complement (rather than repeat) the title and should avoid acronyms that are not well known to a broad readership.

The style of writing should conform to English usage and syntax. Authors whose mother tongue is not English are urged to have their manuscripts checked for linguistic correctness before submission. Slang, technical jargon, obscure abbreviations, and abbreviated phrasing should be avoided.

vii. References

Please, ensure that every reference cited in the text is also present in the reference list (and *vice versa*). References should follow the **Vancouver System**, as indicated below:

1. the order number corresponding with that of appearance in the text;
2. the first six Author's surname(s) followed by the initial letter of the names and et al.;
3. the title of the work, in the original language;
4. for journals: usual title abbreviations according to international nomenclature and in the order: year, volume number, issue number (in parenthesis), first and last page numbers of the work and doi.

For example: Le Vu S, Bertrand M, Jabagi MJ, Botton J, Drouin J, Baricault B, et al. Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines. Nat Commun. 2022;13(1):3633. doi: 10.1038/s41467-022-31401-5.

Books

Name of the Author/Editor, title, publisher/institution, town where published, first and last page number of the work.

For example: Roger K (Ed). The Respiratory System. Britannica Educational Publishing, New York, 2011:pp:11-72.

NOTE: do not write the references using uppercase, small caps or italics. For abbreviation of titles, use the international standards from Index Medicus.

Web links and URLs

All web links and URLs, including links to the authors' own websites, should be given a reference number and included in the reference list rather than within the text of the manuscript. They should be provided in full, including both the title of the site and the URL, as well as the date the site was accessed.

For example: Children's Health of Orange County (CHOC). Available from: https://www.choc.org/news/7-common-respiratory-diseases/. Accessed: May 20, 2013.

If an Author or group of Authors can clearly be associated with a web link, such as for weblogs, then they should be included in the reference.

Article within a journal

Smith JJ. The world of science. Am J Sci. 1999;36:234-5.

Article within a journal (no page numbers)

Rohrmann S, Overvad K, Bueno-de-Mesquita HB, Jakobsen MU, Egeberg R, Tjønneland A, et al. Meat consumption and mortality - results from the European Prospective Investigation into Cancer and Nutrition. BMC Medicine. 2013;11:63.

Article within a journal by DOI

Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. Dig J Mol Med. 2000. doi:10.1007/s801090000086.

Article within a journal supplement

Frumin AM, Nussbaum J, Esposito M. Functional asplenia: demonstration of splenic activity by bone marrow scan. Blood. 1979;59 Suppl 1:26-32.

Book chapter, or an article within a book

Wyllie AH, Kerr JFR, Currie AR. Cell death: the significance of apoptosis. In: Bourne GH, Danielli JF, Jeon KW, editors. International review of cytology. London: Academic, 1980:pp. 251-306.

Online First chapter in a series (without a volume designation but with a DOI)

Saito Y, Hyuga H. Rate equation approaches to amplification of enantiomeric excess and chiral symmetry breaking. Top Curr Chem. 2007. doi:10.1007/128_2006_108.

Complete book, authored

Blenkinsopp A, Paxton P. Symptoms in the pharmacy: a guide to the management of common illness. 3rd ed. Oxford: Blackwell Science, 1998.

Online document

Doe J. Title of subordinate document. In: The dictionary of substances and their effects. Royal Society of Chemistry. 1999. Available from: http://www.rsc.org/dose/title of subordinate document. Accessed: Jan 15, 1999.

Online database

Healthwise Knowledgebase. US Pharmacopeia, Rockville. 1998. Available from: http://www.healthwise.org. Accessed: Sept 21, 1998.

Supplementary material/private homepage

Doe J. Title of supplementary material. 2000. Available from: http://www.privatehomepage.com. Accessed: Feb 22, 2000.

University site

Doe, J: Title of preprint. Available from: http://www.uni-heidelberg.de/mydata.html (1999). Accessed: Dec 25, 1999.

FTP site

Doe J. Trivial HTTP, RFC2169. Available from: ftp://ftp.isi.edu/in-notes/rfc2169.txt (1999). Accessed: Nov 12, 1999.

Organization site

ISSN International Centre: The ISSN register. Available from: http://www.issn.org (2006). Accessed: Feb 20, 2007.

Dataset with persistent identifier

Zheng L-Y, Guo X-S, He B, Sun L-J, Peng Y, Dong S-S, et al. Genome data from sweet and grain sorghum (Sorghum bicolor). GigaScience Database. 2011. Available from: http://dx.doi.org/10.5524/100012.

viii. Tables (each table complete with title and footnote)

All tables must be presented in separate files in a text format. Tables must be identified and referred in the manuscript with arabic numerals and accompanied by a brief caption. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

Tables will not be accepted in PowerPoint, PDF or JPG formats, which require retyping of the text for uniformity of style with journal graphics.

ix. Figures and legends

The figures (*i.e.*, photographs, graphs, and diagrams, including flow charts) themselves should be submitted separately from the manuscript file (one file for each figure). Each figure should be numbered with an arabic numeral (according to its citation in the text). For composite figures, each component should be labeled with lowercase letters (*e.g.*, Figure 1 a).

Photographs, graphs, diagrams, and flow charts must be supplied in one of the following formats: **JPG** (high resolution: **min 300 dpi**), **TIFF** (high resolution: **min 400 dpi**), or **EPS** (high resolution: **min 600 dpi**). **Scanned images** must be acquired with high resolution and saved in a high-resolution format as indicated above.

Illustrative material included in the article should ideally be unprotected by copyright. For tables or figures that have already been published (by the Authors or others), permission to reproduce must be obtained from the copyright holder (generally, the journal in which the material was originally published) and attached to the submission. Failure to obtain this permission prior to submission can delay publication of an accepted manuscript.

Authors should make sure that photographs of patients contain no identifying features.

In addition, the Publisher reserves the right to not publish images not conforming to these requirements, which could affect the graphical quality of the journal.

A caption should comprise a brief title and a description of the illustration. Captions for figures are to be provided in the text file at the end of the manuscript. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

NOTE: figures must be presented separately, not inserted in the manuscript text and must not contain trade names or bibliographic references.

Figures submitted in color may be reproduced in color online free of charge. Please note, however, that it is preferable that line figures (*e.g.,* graphs and charts) are supplied in black and white so that they are legible if printed by a reader in black and white.

x. Appendices (if relevant)

xi. Compliance with Ethical Standards

1. Authorship

PRJ follows the **CRediT (Contributor Roles Taxonomy)** which states that, in order to qualify for authorship of a manuscript, the following criteria should be observed:

- substantial contributions to the conception or design of the work; or the acquisition,

analysis or interpretation of data for the work;
- drafting the work or revising it critically for important intellectual content;
- provide approval for publication of the content;
- agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not meet these criteria, but nonetheless provided important contributions to the final manuscript, should be included in the **acknowledgements** section. Manuscripts prepared and written by commercial entities (fake-paper factories, "paper mills") on behalf of researchers listed as Authors on the manuscript do not meet *Pediatric Respiratory Journal*'s policies and will not be considered for publication. PRJ will reject suspicious manuscripts before the peer-revision.

2. Author Contributions

All the individual contributions should be specified as an Author Contributions statement, which is mandatory and needed at the time of the submission. It should describe each authors' tasks.

List only **2 initials** for each author, without full stops, but separated by commas (*e.g.,* JC, JS). In the case of two authors with the same initials, please use their middle initial to differentiate between them (*e.g.,* REW, RSW) or second letter of the last name (*e.g.*, RWe, RWa).

3. Ethical Approval

- **Human studies and subjects**

  The study must be conducted in accordance with the ethical standards established in **The Code of Ethics of the World Medical Association** (**Declaration of Helsinki**). The manuscript should be compatible with the **Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals** and aim for the inclusion of representative human populations (*i.e.*, sex, age and ethnicity) as per those recommendations.

  Authors must provide the name of the approving committee and the approval number or code protocol. Furthermore, they must guarantee that the enrolled participants (or who stands in for – *e.g.*, legal guardians, next of kin in case of death, animal owner) signed an informed consent and that are aware they will be part of a scientific publication. Patients' names and unnecessary references to personal aspects (*e.g.*, occupation, residence) or sensitive data (*e.g.*, political preference, etc.) that could reveal the identity of a patient must be omitted from the text and iconographic materials.

- **Animal Studies**

  If experiments have been conducted on animals, the Authors should declare that the study have been conducted in accordance with the **ARRIVE guidelines** and should be carried out in line with the **National Research Council's Guide for the Care and Use of Laboratory Animals**. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

- **Clinical Trial Registration (if applicable)**

Pediatric Respiratory Journal (PRJ) follows the **International Committee of Medical Journal Editors (ICMJE)** policy about **C**linical **T**rial registration and adopts its definition of clinical trial: "Any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration".
PRJ requires the registration of clinical trials in a public registry, before or at the time of first patient enrollment, to be considered for the publication.
The ICMJE allows publicly accessible registration in any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP), including the minimum acceptable 24-item trial registration dataset or in ClinicalTrials.gov (a data provider to the WHO ICTRP).
During the submission, Authors must provide the registration identification number and the URL for the trial's registry. The studies involving applicable clinical trials should be complied with the FDAAA of 2007 and the results should be reported to clinicaltrials.gov within 1 year of study completion. Author's results can be shown in clinical trials registries without it being considered previously overlapping or published publication.

Clinical Trial submissions

The quality of data reporting on randomized clinical trials will be evaluated following the rules and checklist of the CONSORT statement (CONSORT 2010 Statement: Updated Guidelines for Reporting Parallel Group Randomized Trials. Schulz KF, Altman DG, Moher D et al. Ann Intern Med 2010;152: 1-7).
PRJ requires a clear and accurate description of the study design, conduct, and analysis methods used to obtain the results of clinical trials.

Phase I studies

Phase I studies of single agents will be considered only where there are additional translational research components. Instead, where a remarkable response rate was observed, translational research is not required.
Phase I studies of single agents could be considered if they have the following features:

- has compelling preclinical rationale.
- Includes a new drug class that has not been studied before in the phase I. Comprehends pharmacokinetics in order to determine whether potentially therapeutic blood levels have been achieved, based upon preclinical studies.
- Demonstrates tolerability of the drug at the maximum-tolerated dose, preferably associated with inhibition of a relevant pharmacodynamic end point.
- Demonstrates that the drug has entered phase II or III testing, because of its sufficient interest to investigators.
- Derivative phase I studies of the same drug, but now investigated in a different schedule compared to what was previously reported, will receive lower priority.
- Derivative phase I studies of a new drug of the same class as was previously reported, without compelling evidence of novelty compared to what is known about

this drug class, will receive lower priority.

Phase I studies of combination could be considered if they have the following features:

- compelling preclinical rationale for the combination with the inhibition of intersecting pathways.
- Includes novel drug classes that have not been previously combined.
- Comprehends pharmacokinetics in order to determine whether potentially therapeutic blood levels have been achieved for each drug, based upon preclinical studies, and importantly whether an interaction exists between the two agents.
- Demonstrates tolerability for the combination at the maximum-tolerated dose, preferably associated with inhibition of a relevant pharmacodynamic end point.
- Demonstrates that the drug has entered phase II or III testing, because of its sufficient interest to investigators.

Phase II trials

Phase II studies should be considered if they include:

- a clearly expressed definition of the primary end point.
- Hypothesized value of the primary end point that justified the planned sample size.
  Analysis of the weakness or of any comparison to historical controls.

- **Data Sharing and Data Accessibility**

  When data is available and linked, authors will need to provide a citation of the data in their reference list.

  Data citation: [dataset]Authors; Year; Dataset title; Data repository or archive; Version (if any); Persistent identifier (*e.g.,* DOI).

  Wherever possible, authors should make major datasets available using domain-specific public archives (for example, **GenBank, Protein Data Bank, ClinicalTrials.gov**), or generic databases (for example, **Dryad**, **Dataverse**, **the Open Science Framework** or an institutional repository) where a domain specific archive does not exist. A comprehensive catalogue of databases has been compiled by the **BioSharing information resource**.

4. Publication Ethics

- **Plagiarism**

  Authors should declare any potentially overlapping publications on submission. Any overlapping publications explicitly identified should be cited.

  In case of doubt, the Editors shall require explanations and the full access to the used documents, such as the signed consent forms. The Editors can also proceed with an independent revision of the manuscript to ascertain if the manuscript meets the ethical standards. If any problem emerges, the authors and the institution where the study was conducted will be consulted and updated about the results of such review. The manuscripts could be rejected in case of serious misconduct.

  Furthermore, in case of serious proven misconduct, all authors of the indict article shall be banned from future publication in PRJ.

  A fraudulent article or an article previously published elsewhere could be improperly published. In this case, the article will be retracted. Readers will be informed with a

notification on the journal web site, and the authors' institution will be contacted by Editors and/or the Publisher. In case of publication on indexing systems, every appropriate step to identify the fraudulent article will be undertaken, including adding the word "Retraction" in the title.

- **Data falsification and fabrication**

  Data falsification means to manipulate data, images, not convenient results, with the intention of giving a false impression, for example increasing the scientific quality of the study.

  Any doubt regarding data integrity will be referred to the Editor. The Editor may request the data for inspection or verification. If the original data cannot be provided, the manuscript will be rejected or retracted, depending on the cases.

- **Manipulation of images**

  PRJ strives to avoid misrepresentation of the data collected. Images cannot be modified (enhancing, obscuring, moving, removing, or introducing features) to change the overall appearance or appearance of any specific feature.

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  Please, visit the following websites:

  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114110/
  - https://www.elsevier.com/connect/authors-update/five-things-every-researcher-should-know-about-image-manipulation

  for greater details.

9. Submission checklist

The following list will be useful during the final checking of an article prior to sending it to the journal for review. Ensure that the following items are present:

(1) one author has been designated as the corresponding author with contact details:
- ✓ e-mail address;
- ✓ full postal address;
- ✓ ORCID.

(2) All necessary files have been uploaded, and contain:
- ✓ key words;
- ✓ all figure captions;

- ✓ all tables (including title, description, footnotes); further considerations:
- ✓ manuscript has been “spell-checked” and “grammar-checked”;
- ✓ references are in the correct format for this journal;
- ✓ all references mentioned in the Reference list are cited in the text, and *viceversa*;
- ✓ permission has been obtained for use of copyrighted material from other sources (including the Internet);
- ✓ ethics paragraph.

10. Revised manuscript

Revised manuscripts, if not differently indicated in the decision letter, must be returned within established deadline (three months in case of major revision, one month in case of minor revision) and must include the following items:

- o **Responses to Comments** that includes point-by-point responses to the comments made by the Reviewers, Editor, and Editorial Office for each of them numbered and labelled always as COMMENT and RESPONSE.
- o **Marked Manuscript**. Any text that was not part of the original manuscript but has now been added, underline formatting should be applied; to any text that was part of the original manuscript but has now been deleted, strikethrough formatting should be applied. Changes made on Figures and Tables should be clearly visible and provided as separate files labelled as 'Figure x Marked' and 'Table x Marked'. Line numbering must be used in the Marked Manuscript and numbers mentioned in the response to the comments.
- o **Unmarked Manuscript**. The Unmarked Manuscript should be your revised manuscript just as you intend it for publication (if it is accepted). Line numbering need not be used in the Unmarked Manuscript too.

If the deadline for revision cannot be met, authors may justify a request for an extension which will be examined by the editorial office.

11. Online proof correction

Proofreading is the responsibility of the authors regarding content, and of the editors regarding the technical part. The proofs for correction will be sent to the corresponding author indicated in the manuscript. These must be corrected and returned to the editorial office by the date indicated in the accompanying letter and within **5 working days** of their receipt.

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PRJ will allow authors to correct authorship on a submitted, accepted, or published article if a valid reason exists to do so. All authors – including those to be added or removed – must agree to any proposed change. To request a change to the author list, please complete the **Request for Changes to a Journal**

Article Author List Form and contact either the journal's editorial office, depending on the status of the article. Authorship changes will not be considered without a fully completed Author Change form.

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