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After receiving each manuscript, a checklist is completed by the editorial assistant. The editorial assistant checks that each manuscript contains all required components and adheres to the author guidelines, after which time it will be forwarded to the editor in chief. Following the editor in chief's evaluation, each manuscript is forwarded to the associate editor, who assigns reviewers. The selected reviewers (at least three) will generally review all manuscripts based on their relevant expertise. The associate editor could also be assigned as a reviewer along with the reviewers. After the reviewing process, all manuscripts are evaluated in the editorial board meeting.

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This journal applies double-blind review, which means that the reviewers cover both the reviewer and the author identifications throughout the review process.

Each manuscript submitted to the *Journal of Multiple Sclerosis Research* is subject to an initial review by the editorial office to determine if it is aligned with the journal's aims and scope and complies with essential requirements. Manuscripts (all double-blind and peer-reviewed) sent for peer review will be assigned to one of the journal's associate editors, who is an expert on the manuscript's content. During the review, the statistics department editor will evaluate articles that need detailed statistical evaluation. All accepted manuscripts are subject to English language editing. Once papers have been reviewed, the reviewers' comments are sent to the editor, who will make a preliminary decision on the paper. At this stage, based on the feedback from reviewers, manuscripts can be either accepted or rejected, or revisions can

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Manuscripts should be prepared according to ICMJE guidelines (<http://www.icmje.org>).

Original manuscripts require a structured abstract. Each section of the structured abstract must be labelled with the appropriate subheading (Objective, Materials and Methods, Results, and Conclusion). Case reports require short unstructured abstracts, whereas letters to the editor do not require an abstract. Research or project support should be acknowledged as a footnote on the title page.

Technical and other assistance should be provided on the title page.

Preparation of research articles, systematic reviews, and meta-analyses must comply with study design guidelines:

CONSORT statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel-group randomized trials. *JAMA* 2001;285:1987-1991) (<http://www.consort-statement.org/>);

PRISMA statement of preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 2009;6(7):e1000097.) (<http://www.prisma-statement.org/>);

STARD checklist for the reporting of studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Toward complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. *Ann Intern Med* 2003;138:40-44.) (<http://www.stard-statement.org/>);

STROBE statement, a checklist of items that should be included in reports of observational studies (<http://www.strobe-statement.org/>);

Meta-analysis of observational Studies in Epidemiology (MOOSE) guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting MOOSE group. *JAMA* 2000;283:2008-2012).

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Writing rules

The submission should be split into separate files in the following order:

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Title: The title should provide important information regarding the manuscript's content. The title page should include the authors' names, degrees, and institutional/professional affiliations, a short title, abbreviations, keywords, financial disclosure statement, and conflict of interest statement. If a manuscript includes authors from more than one institution, each author's name should be followed by a superscript number corresponding to their institution, which is listed separately. The contact information for the corresponding author should also be provided, including name, e-mail address, telephone, and fax numbers.

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Abstract and Keywords: The second page should include an abstract not exceeding 250 words. Moreover, as various electronic databases integrate only abstracts into their index, important findings should be presented in the abstract.

Abstract

The abstract should be short and factual. It should state the purpose of the research briefly and should be structured according to the following subheadings: Objective, Materials and Methods, Results, and Conclusion. Abbreviations should be avoided and reference citations are not permitted. References should be avoided, and nonstandard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. The clinical trial number should be provided at the end of the abstract.

Objective: The abstract should state the objective (the purpose of the study and hypothesis) and summarize the rationale for the study.

Materials and Methods: Important methods should be written respectively.

Results: Important findings and results should be provided here.

Conclusion: The study's new and important findings should be highlighted and interpreted.

Other types of manuscripts, such as case reports, reviews, and others, will be published according to uniform requirements.

Keywords: Provide at least three keywords below the abstract to assist indexers. Use terms from the Index Medicus Medical Subject Headings List (for randomized studies, a CONSORT abstract should be provided (<http://www.consort-statement.org>).

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An article is considered original research if;

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The researchers describe their hypothesis or research question and the purpose of the study.

The researchers detail their research methods.

The results of the research are reported.

The researchers interpret their results and discuss possible implications.

This is the most common type of journal manuscript used to publish full data reports from research. It may be called an Original Article, Research Article, Research, or just Article, depending on the journal.

INSTRUCTIONS TO AUTHORS

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Materials and Methods: The selection of observational or experimental participants, such as patients, laboratory animals, and controls, must be clearly described, including inclusion and exclusion criteria and a description of the source population. Sufficiently detailed methods and procedures must be identified to allow other researchers to reproduce the results. References to established methods (including statistical methods) and to brief modified methods and the rationale for using them and evaluation of their limitations must be provided. All drugs and chemicals used, including generic names, doses, and routes of administration, must be identified. The section should include only information that was available at the time the plan or protocol for the study was devised on STROBE (<http://www.strobe-statement.org>).

Statistics: The statistical methods used in enough detail to enable a knowledgeable reader with access to the original data to verify the reported results must be described. Statistically important data should be provided in the text, tables, and figures. Details about randomization and the number of observations must be provided as well, the treatment complications must be described, and all computer programs used must be specified.

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Study Limitations: Limitations of the study should be detailed. In addition, an evaluation of the implications of the obtained findings/results for future research should be outlined.

Conclusion: The conclusion of the study should be highlighted.

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new ideas in medicine. Case reports should be structured as follows:

Abstract: an unstructured abstract that summarizes the case

Introduction: a brief introduction (recommended length: 1–2 paragraphs)

Case Presentation: describes the case in detail, including the initial diagnosis and outcome

Discussion: should include a brief review of the relevant literature and how the presented case furthers our understanding to the disease process

3. Review Articles: Review articles provide a comprehensive summary of research on a certain topic and a perspective on the state of the field and where it is heading. They are often written by leaders in a particular discipline after an invitation from the editors of a journal.

Review articles should include a conclusion in which a new hypothesis or study about the subject may be posited. Methods for literature search or level of evidence should not be published. Authors who will prepare review articles should already have published research articles on the relevant subject. There should be a maximum of two authors for review articles.

4. Images: Authors can submit for consideration an illustration and photos that are interesting, instructive, and visually attractive, along with a few lines of explanatory text and references. No abstract, discussion, or conclusion is required, but a brief title should be included.

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6. Invited Review Article: Invited review articles are comprehensive analyses of specific topics in medicine, which are written upon invitation due to extensive experience and publications of authors on their view of the subjects. All invited review articles will also undergo peer review prior to acceptance.

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https://www.nlm.nih.gov/bsd/uniform_requirements.html

Examples of References

1. List All Authors

Bonanni E, Tognoni G, Maestri M, Salvati N, Fabbrini M, Borghetti D, DiCoscio E, Choub A, Sposito R, Pagni C, Iudice A, Murri L.

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Sleep disturbances in elderly subjects: an epidemiological survey in an Italian district. *Acta Neurol Scand* 2010;122:389-397.

2. Organization as Author

American Geriatrics Society 2015 Updated Beers Criteria Expert panel. American geriatrics society 2015 updated Beer criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc* 2015;63: 2227-2246.

3. Complete Book

Ham RJ, Sloane PD, Warshaw GA, Potter JF, Flaherty E. Ham's primary care geriatrics : a case-based approach, 6th ed. Philadelphia, Elsevier/Saunders, 2014.

4. Chapter in Book

BG Katzung. Special Aspects of Geriatric Pharmacology, In:Bertram G. Katzung,Susan B. Masters, Anthony J. Trevor (Eds). Basic and Clinical Pharmacology. 10th edition, Lange, Mc Graw Hill, USA 2007, pp 983-90.

5. Abstract

Reichenbach S, Dieppe P, Nuesch E, Williams S, Villiger PM, Juni P. Association of bone attrition with knee pain, stiffness and disability; a cross sectional study. *Ann Rheum Dis* 2011;70:293-8. (abstract).

6. Letter to the Editor

Rovner B. The Role of the Annals of Geriatric Medicine and Research as a Platform for Validating Smart Healthcare Devices for Older Adults. *Ann Geriatr*. 2017;21:215-216.

7. Supplement

Garfinkel D. The tsunami in 21st century healthcare: The age-related vicious circle of co-morbidity - multiple symptoms - over-diagnosis - over treatment - polypharmacy [abstract]. *J Nutr Health Aging* 2013;17(Suppl 1):224-227.

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Invited Review Article	250	3500	75	5
Case Reports	100	1000	15	2
Images	None	500	10	2
Letters to the Editor	None	600	10	1
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