



ACTA MÉDICA PORTUGUESA Editorial Board
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TABLE OF CONTENTS

1. Mission, Values and Scope
2. Editorial Freedom
3. Copyright and Authors' Rights
4. Publication Fees
5. ORCID
6. Authorship criteria
7. Authorship changes
8. Acknowledgments
9. Support in Writing
10. Corresponding Author
11. Cover Letter
12. Conflicts of Interest and Financial Support
13. Confidentiality Policy
14. Originality
15. Patient consent
16. Clinical Trials
17. Data Sharing Policy
18. Preprints Policy
19. Plagiarism Policy
20. Fast-Track Publication
21. Peer-Review
22. Proofing
23. Errata
24. Retractions
25. Submission Guidelines

1. MISSION, VALUES AND SCOPE

Mission

Published continuously since 1979, the Acta Médica Portuguesa (AMP) is the scientific journal of the Portuguese Medical Association and is indexed in PubMed / Medline from the first issue, with an Impact Factor assigned from 2010 by the Journal Citation Reports – Clarivate Analytics.

The AMP is a peer-reviewed, open access journal aimed at the publication with a monthly basis of scientific works of the highest quality in the biomedical area and covering a broad range of areas of medical knowledge in order to guide physicians in clinical decision-making. The AMP publishes original research papers, review articles, case reports and editorials, among others, dealing with the clinical, scientific, social, political and economic factors affecting healthcare. Articles for publication written either in Portuguese or in English, from authors in any country, may be considered.

Values

Promotion of scientific quality. Promotion of knowledge

and scientific updating. Editorial independence and impartiality. Ethics and respect for human dignity. Social responsibility.

Scope

The AMP aims to be recognised as a Portuguese medical journal with an international impact, promoting the scientific publication of the highest quality and focused on the original research work (clinical, epidemiological, multicentric or on basic science), in addition to become a forum for the publication of guidelines and the international enhancement of the Portuguese medical research.

“Primum non nocere, primeiro a Acta Médica Portuguesa” (*Primum non nocere*, the Acta Médica Portuguesa in the first place) is the AMP's motto.

2. EDITORIAL FREEDOM

The AMP adopts the definition of editorial freedom of the International Committee of Medical Journals Editors (ICMJE) described by the World Association of Medical Editors, establishing that the Editor-in-Chief assumes full authority over the editorial content of the journal. The Portuguese Medical Association, as owner of the AMP, does not interfere in the process of evaluation, selection, programming or editing of any manuscript and the Editor-in-Chief has full editorial independence.

3. COPYRIGHT AND AUTHORS' RIGHTS

All the articles published in the AMP are open access and comply with the requirements of funding agencies or academic institutions. The AMP is governed by the terms of the Creative Commons 'Attribution – Non-Commercial Use - (cc-by-nc)' license, regarding the use by third parties.

It is the author's responsibility to obtain approval for the reproduction of figures, tables, etc. from other publications.

Upon acceptance of an article for publication, the authors will be asked to complete the ICMJE "Copyright Liability and Copyright Sharing Statement" (<http://www.actamedicaportuguesa.com/info/AMP-NormasPublicacao.pdf>) and the "Declaration of Potential Conflicts of Interest" (<http://www.icmje.org/conflicts-of-interest>). An e-mail will be sent to the corresponding author to acknowledge receipt of the manuscript.

After publication, the authors are authorised to make their articles available in repositories of their institutions of origin, as long as they always mention where they were published and according to the Creative Commons license.

4. PUBLICATION FEES

No processing fees (for submission of publication) will be charged.

5. ORCID

The ORCID ID of the corresponding author will be required; it is also recommended that co-authors indicate their ORCID IDs. It is our belief that an increased use and integration of ORCID IDs will be beneficial to the entire scientific community.

Further information and registration details at ORCID.org (<https://orcid.org/content/collect-connect>).

6. AUTHORSHIP CRITERIA AND AUTHORSHIP FORM

The AMP follows the guidelines on authorship recommended by the ICMJE in the Statement on Authorship and Contribution.

(<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>)

Statement of individual contributions signed by each author

All those designated as authors must meet the four criteria for authorship as follows and all those who meet the four criteria must be identified as authors.

Collaborators who do not meet the four criteria for authorship but have contributed to the study or manuscript should be acknowledged in the Acknowledgements section and their contribution should be specified.

The acquisition of funding, data collection or general supervision do not in themselves constitute Authorship.

Each manuscript must have a “Corresponding Author”. The corresponding author should obtain written permission from all those mentioned in the acknowledgements. These acknowledgments are free text and may be simple emails addressed to the corresponding author and collated by him into a single document and uploaded to the AMP’s website as a Supplementary Document to the submission.

The Authorship should refer to:

- 1) Those who had a significant and direct intellectual contribution to the design and writing of the manuscript;
- 2) Those having participated in data analysis and interpretation;
- 3) Those having participated in writing the manuscript, review of versions and critical review of the content, in addition to the final approval of the version for publication;
- 4) Those who agree that are responsible for the accuracy and integrity of all the work.

When a large multi-centre group conducts the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals must fully meet the authorship criteria. Obtaining financial support, collecting data or general supervision of the working group do not in themselves explain the authorship.

7. AUTHORSHIP CHANGES

It is the corresponding author’s responsibility to ensure that the list of authors is correct as far as the online submission form and the submitted text are concerned. Any changes to the list of authors, including the removal or addition of authors that occurs between the initial submission and the acceptance for publication will require a written agreement of all the authors. New authors are required to confirm their full compliance with AMP’s authorship criteria.

No authorship changes (addition or removal) will be allowed after the manuscript is accepted for publication.

8. ACKNOWLEDGMENTS

All contributors who do not meet the authorship criteria should be listed in the Acknowledgements section. Examples of people who may be acknowledged include those having provided purely technical help or a department head who provided only general support.

A letter or email should be sent by each person cited in the acknowledgments section to the corresponding author authorising the inclusion of their name.

9. SUPPORT IN WRITING

Individuals providing assistance in writing the article obtained, for instance, from a specialist communication company, do not qualify as authors and, therefore, should be included in the Acknowledgements section.

Authors should disclose in writing any assistance obtained - including the name of the individual company and level of input - identifying the entity that supported this.

The disclosure of language polishing services is not required.

10. CORRESPONDING AUTHOR

The corresponding author will act on behalf of all co-authors as the preferred correspondent with the editorial team during the submission and review process. Any author can be corresponding author, but only one author can perform this role.

The corresponding author will be held responsible:

- To ensure that submission requirements are met and to submit the manuscript to the journal;
- To ensure that all authors have reviewed and approved the final version of the manuscript before submission;
- To ensure that authorship forms are completed - this includes conflict of interest forms for all the authors;
- To hand out decision letters, reviewer comments and other AMP messages and distributing proofs to co-authors to review;
- To send corrections and ensure that each version of the paper is approved by all the authors.

11. COVER LETTER

This is a communication addressed to the Editor explaining the reason why the journal would like to publish the manuscript. All cover letters should contain the following

sentences: - *We confirm that this manuscript has not been published elsewhere and is not being considered by another journal.* - *All the authors have approved the manuscript and agree to its submission to the AMP.*

12. CONFLICTS OF INTEREST AND FINANCIAL SUPPORT

All the participants in the peer review and publication process - not only the authors, but also reviewers, editors and members of the AMP editorial board - should consider their own conflicts of interest when fulfilling their roles in the article review and publication process, disclosing all relationships that may be perceived as potential conflicts of interest.

The accuracy of the contents, as well as the opinions expressed in the articles, are the sole responsibility of the authors.

The authors are required to disclose all financial and personal relationships that may bias the work. To prevent ambiguity, authors must explicitly mention whether there are conflicts of interest. All authors must complete the Declaration of Conflicts of Interest template (ICMJE Form for Disclosure of Potential Conflicts of Interest), available from <http://www.icmje.org/conflicts-of-interest/>. These will be collected by the Corresponding Author and uploaded to the AMPs' website as a Supplementary Document to submission. According to the ICMJE guidelines, the definitions and terms of disclosure include:

- Any potential conflicts of interest "involving the work under consideration for publication" (during the time involving the work, from initial conception and planning to submission),

- Any "relevant financial activities outside the submitted work" (during the three years prior to submission), and

- Any "other relationships or activities that readers may perceive as having influenced, or giving the appearance of potentially influencing" what is written in the submitted manuscript (based on all relationships that were present during the three years prior to submission).

This information will be kept confidential during the review of the manuscript by the reviewers and will not influence the editorial decision, but will be published if the paper is accepted for publication. If there are no conflicts, authors should mention this fact.

Examples of statements:

- The authors declare that there are no conflicts of interest;

- The work of XXX was funded by XXX. The author XXX has received remuneration as a member of the scientific advisory board of XXX. The author XXX has also provided consultancy for XXX. YYY and YYYY declare that they have no conflicts of interest in writing this manuscript.

13. CONFIDENTIALITY POLICY

All submitted manuscripts are considered CONFIDENTIAL and EMBARGOED from the moment of submission. In

compliance with the embargo policy, no information other than that contained in the abstract may be made public prior to the publication of the manuscript. Manuscripts that contain a substantial amount of overlapping information that has been previously published or made available to readers through other venues are not eligible, unless they have taken the form of an abstract or as part of a published lecture or academic thesis.

Confidentiality and embargo policies require that, before the embargo is lifted, the authors of the research are not permitted to publish the information or provide it to third parties who may publish or disclose it through other means.

14. ORIGINALITY

The manuscripts should contain original material that is not available elsewhere. However, authors are allowed to submit and present abstracts (i.e., oral or poster presentations) at open scientific meetings.

The title page and cover letter should include a statement certifying the originality of the work and disclosing any previous abstracts, presentations, reports or publications containing any material that may appear to overlap with the current submission.

The AMP will not accept for review any manuscript that is currently under review in another journal.

The authors may post their results to clinical trial registries or submit them to government regulatory agencies (e.g., FDA or EMA) without the manuscript being considered as previously published or as an overlapping publication.

The AMP follows the International Committee of Medical Journal Editors guidelines on duplicate publications - Overlapping Publications (<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html>).

Whenever appropriate, the AMP may consider the co-publication of guidelines/consensus manuscripts with a limited number of other journals, assuming that the following conditions are met:

The written request must be approved by the Editor-in-Chief prior to the submission of guidelines/consensus manuscript, explaining the need for co-publication as well as indicating the specific journals being considered.

The AMP's Editor-in-Chief is responsible for evaluating the guideline/consensus manuscript and will decide on its suitability for the journal.

The online co-publication of guidelines/consensus manuscripts must occur simultaneously in all journals involved. The corresponding author of the guidelines/consensus manuscript takes responsibility for ensuring that this occurs.

15. PATIENT CONSENT

The AMP recommends that authors browse the Committee on Publication Ethics International Standards for Authors guidelines in this regard (<https://publicationethics.org/resources/resources-and-further-reading/international-standards-editors-and-authors>).

Medical research involving human subjects should be conducted in accordance with the Declaration of Helsinki, which has been updated in 2013.

Submitted manuscripts must conform to the ICMJE Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and all articles reporting on human studies must include the Ethics Committee approval in the Methods section (or waiver - and in this case why it was waived). The full name and institution of the ethics committee are required, in addition to the approval number.

In line with the ICMJE recommendations on protecting research participants, authors should avoid providing identifying information unless it is strictly necessary for the submission and the identifiable attributes of the participants are made anonymous in the manuscript. If identifying information is required, authors should confirm that written consent has been provided for the use of that information in the publication.

Any information regarding the informed consent to report on case series or case reports should be included in the text of the manuscript. A statement from the patient(s) or a legally authorised representative is required for patient information and images to be published.

Authors are responsible for obtaining informed consent for each individual included in photographs, videos, detailed descriptions or imaging tests, even after attempting to conceal their identity (http://www.actamedicaportuguesa.com/info/consentimento_informado_do_doente.doc). Names, initials or other forms of identification should be removed from photographs or other images unless they have been issued directly by the equipment on which they were collected - information on this can be found in the chapter on Tables and Figures. Personal data including occupation or residence should be removed, except when epidemiologically relevant. Authors should ensure that no data enabling unambiguous identification are presented or, whenever this is not possible, an informed consent of those involved should be obtained.

Blackout bars or similar devices do not anonymize patients in clinical imaging; therefore, an appropriate consent is always required.

The AMP does not publish studies performed in animals.

16. CLINICAL TRIALS

The AMP supports initiatives that contribute to an improved disclosure of the results of clinical trials.

The ICMJE has adopted the World Health Organization definition of clinical trials as “any research study that prospectively assigns human participants, individually or in groups, one or more health-related interventions with the aim of evaluating their health-related outcomes”. This definition includes phase I to IV trials. Health-related interventions have been defined by the ICMJE as “any intervention used to modify a biomedical or health-related outcome” and health-related outcomes as “any biomedical or health-related

measures obtained in patients or participants.”

The registration of clinical trials in a public database, approved by the World Health Organization, prior to enrolment of the first patient is a required condition for the publication of clinical trial data in the AMP, according to the recommendations of the International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org>). Trials should be registered before patient recruitment (prospective trial registration). Purely observational studies (those where assignment of a medical intervention is not at the discretion of researchers) do not require registration.

The clinical trial registration number (TRN) and the date of registration must be mentioned at the end of the abstract.

17. DATA SHARING POLICY

The AMP suggests that research-generated data supporting the article should be made available as soon as possible, whenever legally and ethically possible.

Authors are therefore recommended to ensure that their data are available in public repositories (where these are available and appropriate), that they are presented in the main manuscript or in additional files, in an editable format wherever possible (e.g., in spreadsheet rather than pdf).

The AMP requires a statement of data availability, included at the end of each manuscript, stating, at least, that the relevant data of each patient, duly anonymised, are available upon request to the authors, in clinical trials of drugs of medical devices.

A suggested format for this statement is:

- *“Data availability: individual patient data [and/or] the complete data set [and/or] the technical appendix [and/or] the specifications of the statistical analysis are available at [DOI] [with free access/with restrictions] [from the corresponding author on]. Participants have given informed consent for data availability [or... consent has not been obtained from participants, but anonymised data have been submitted, with a low risk of identification... or consent has not been obtained from participants, but the potential benefits of making these data available justify the potential harms, as...]”*

If data are not available, the following should be declared: *“Data availability: no additional data are available.”*

The raw data on which the article were based may be requested from the authors during the review process and up to 10 years following publication.

18. PREPRINT POLICY

The AMP can consider the publication of manuscripts containing information previously posted to preprint servers (e.g., medRxiv.org). Authors may not submit their articles to preprint servers after they have been submitted to AMP.

If a report was published by a preprint server prior to manuscript submission, this must be acknowledged during the submission process. In addition, a link to that document should be provided so that reviewers and editors can evaluate the preprint information and compare it to the submitted manuscript. If the manuscript is accepted for publication,

the AMP will include this link with the published manuscript. Failure to acknowledge the prior disclosure of research posted on a preprint server or similar databases will jeopardize the submission status. When the manuscript is submitted to the AMP, no reviews should be sent to any preprint server during the peer review process of the manuscript. In case of acceptance for publication, no revisions should be posted on any preprint server up to the online publication of the final manuscript by the AMP. Finally, when the manuscript is published, any future changes, including corrections, for instance, must be submitted, approved and published by the AMP prior to any changes to the preprint document. Violation of this preprint policy will be considered as grounds for withdrawal of the article.

19. PLAGIARISM POLICY

Plagiarism, whether intentional or not, is a serious violation. It has been defined as any reproduction of another work with at least 25% similarity and without citation. If evidence of plagiarism is found before / after acceptance or after publication of the article, the author will be given an opportunity to provide a rebuttal. If the arguments are not considered satisfactory, the manuscript may be rejected or retracted and the author sanctioned with non-publication of work for a period to be determined by the Editor.

20. FAST-TRACK PUBLICATION

A fast-track publication system is available for urgent and important manuscripts that meet AMP' requirements for expedited review and publication.

Fast-track publication can be requested through the manuscript submission process, clearly indicating the reason why the manuscript should be considered for expedited review and publication. The Editorial Board will decide whether the manuscript is suitable for expedited publication and will communicate its decision within 48 hours. If the Editor-in-Chief finds the manuscript unsuitable for expedited publication, the manuscript may be proposed for the normal review process or the authors may withdraw their submission. The editorial decision on manuscripts accepted for expedited review will be made within five working days.

If the manuscript is accepted for publication, the AMP will aim to publish it ahead of print within 15 days.

21. PEER-REVIEW

All research articles and virtually all other types of articles that are published in AMP undergo a peer review process. Reviewers are bound to comply with the confidentiality of the peer review process and not reveal any details of a manuscript or its review during or after the peer review process. If reviewers wish to involve a colleague in the review process, a permission from the Editor is required.

Manuscripts should be written in a clear, concise and direct style. These must not have been published, in whole or in part, or submitted for publication elsewhere.

Manuscripts are initially evaluated by the Editor-in-Chief and may be rejected at this stage, without being sent to re-

viewers. Final acceptance or rejection rests with the Editor-in-Chief or, in the event of a conflict of interest on his part, with one of the Deputy Editors, who reserves the right to refuse any material for publication.

The AMP follows an accurate single-blind peer-review process, with experts from outside the journal donating their time on a pro bono basis.

The manuscripts received will be sent to experts in the different areas, who will make their comments, including the suggestion of acceptance, acceptance subject to minor or major revisions, or rejection.

During the evaluation, the articles may be

- a) accepted for publication without any changes;
- b) accepted with modifications proposed by the scientific consultants;
- c) rejected.

The timeline for this process has been defined as follows:

- Upon receipt of the article, the Editor-in-Chief or one of the Deputy Editors-, will send the manuscript to at least two reviewers provided that it complies with the publication standards and fits the editorial policy. It may be rejected at this stage, without being sent to reviewers.

- When receiving the communication confirming that the article proceeded to peer review, the Declaration of Copyright and Copyright Sharing (available at http://www.actamedicaportuguesa.com/info/AMP_template-Declaracao-Responsabilidade-Autoral.doc) and the ICMJE Declarations of Conflict of Interest (available at <http://www.icmje.org/conflicts-of-interest/>) should be immediately uploaded as supplementary files, duly filled in and signed by all the Authors.

- The reviewers should respond to the Editor within no more than four weeks with their comments on the manuscript, in addition to any suggestions regarding the acceptance or rejection of the work.

Upon receiving the reviewer's comments, a first decision will be taken by the Editorial Board within no more than 15 days, either (i) accepting the article for publication with no modifications, (ii) sending the reviewers' and editor's comments to the Authors in order to proceed as indicated, or (iii) rejecting the article.

The Authors have 30 days to submit the revised version of the manuscript, complying with the modifications recommended by the experts and the Editorial Board. This version should be uploaded to the AMP's website, under the same editorial process (i.e., keeping the same ID# as used in the submission), with the changes highlighted in a different colour, in addition to a new Supplementary Document answering all the questions raised.

- The Editor-in-Chief has 15 days to make a decision on the new version, either (i) rejecting, (ii) accepting the new version of the article or (iii) submitting it to one or more external reviewers whose opinion may or may not coincide with those resulting from the first revision.

- In the case that the manuscript is sent back for external review, the experts have two weeks to send their comments

and their suggestions regarding the acceptance or rejection for publication.

- After analysis of the reviewers' suggestions, the Editor-in-Chief (i) may accept the article with this new version, (ii) reject it or (iii) request further revisions. In this event, the Authors have one month to submit a revised version, which may undergo a further review process by external experts, if the Editor-in-Chief so determines.

The editor's final decision for acceptance-rejection of a submitted paper is based on the following criteria:

I. **Originality:** original subject and/or method, with valuable information and presentation of new results or confirmation of previously verified results.

II. **Timeliness and/or novelty:** topic that is on the agenda of scientific meetings or communications or is a new subject.

III. **Relevance:** applicability of the results to solve real issues in clinical practice.

IV. **Innovation and relevance:** advances in scientific and technical knowledge and/or in clinical practice.

V. **Reliability and scientific validity:** high methodological quality.

VI. **Presentation:** good writing and text organisation (good logical coherence and presentation of the material).

Even though the Editors and Reviewers make every effort to ensure the technical and scientific quality of the manuscripts, the final responsibility for the content (namely the accuracy of the observations as well as the opinions expressed) is the sole responsibility of the Authors.

22. PROOFING

The proofs, edited by AMP's technical and language polishing services, will be sent to the Authors, with an indication of the revision deadline according to AMP's publication requirements. The revision must be approved by the corresponding author. Authors will have 5 days to review the text, to approve the changes and to communicate any suggestions.

Proofs will be sent to the Authors before the article is published for approval of the layout and identification of any typographical errors. At this stage, no changes can be made to the article by the Authors, other than corrections of minor typographical and/or spelling errors or corrections to the layout.

Failure to comply with the proposed deadline exonerates the AMP from accepting the revision by the Authors in any of these stages and the revision can be carried out exclusively by the AMP's services.

23. ERRATA

Any changes, amendments or retractions to a previously published article will be published by the AMP whenever any errors or omissions with a significant influence on the interpretation of data or information are identified following its publication. Any post-publication changes will take the

form of an erratum.

24. RETRACTIONS

It is assumed by the Reviewers and Editors that the Authors report work based on honest observations. However, if there is substantial doubt regarding the honesty or integrity of the work, submitted or published, the Editor will inform the Authors of any concern and may ask for clarification by the author's sponsoring institution and/or employing institution. Therefore, in case that the published paper is considered misleading, it will be retracted by the AMP. Whenever this method of investigation fails to reach a satisfactory conclusion, the Editor may choose to conduct his own investigation and to publish a note of concern about the conduct or integrity of the paper. The Editor-in-Chief may decide to report the situation to the authors' institution in accordance with the procedures recommended by the COPE - Committee on Publication Ethics (<https://publicationethics.org/>).

25. SUBMISSION GUIDELINES

Language

The title, abstract and keywords should be presented in English and Portuguese.

Manuscripts submitted to the AMP should be clearly written in Portuguese (from Portugal) and/or in English of reasonable level. In the latter case, AMP reserves the right to require a revision of any article by a native English-speaking professional. This revision is the Authors' responsibility.

Paper Submission

The submission of a manuscript implies (i) that the work described has not been previously published (except in the form of an abstract or as part of a published lecture or academic thesis) and that it is not under consideration for publication in another journal, (ii) that the manuscript has been approved by all authors and, tacitly or explicitly, (iii) by the competent authorities where the work was carried out, as well as, if accepted for publication, (iv) it will not be published elsewhere in the same format, either in English or in any other language, including electronically.

All the manuscripts must be accompanied by a cover letter. This should include an assurance that the manuscript is not under simultaneous consideration by any other journal. The Authors' potential conflicts of interest should be declared in the cover letter, as well as in a statement regarding their authorship.

To verify the originality, the article can be checked by a similarity check service.

Submissions that do not conform to these instructions may be returned for reformulation and resubmission.

Manuscripts should be submitted to the AMP website at: <https://www.actamedicaportuguesa.com/revista/index.php/amp/about/submissions#onlineSubmissions>

Contact

In case of questions during submission, please contact: depeditorial@actamedicaportuguesa.com.

Use of word processing software

The text should be submitted in single column format.

To avoid unnecessary errors, the use of “spell check” and “grammar check” functions of your word processor is recommended.

Manuscripts should be submitted as a text file in Word (.DOC or .DOCX), as a continuous text, with the same font style format. Texts should be formatted in “Arial” font, size 10 with single spacing. Titles and subtitles should be in bold and in font size 12.

General Guidance for Study Submission

Texts should be prepared according to the guidelines of the International Committee of Medical Journal Editors: Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations) available at <http://www.icmje.org>.

The AMP recommends that the EQUATOR network reporting guidelines (<http://www.equator-network.org>) should be followed, depending on the type of study:

- Randomised controlled trials (CONSORT);
- Systematic reviews and meta-analyses* (PRISMA) and protocols (PRISMA-P);
- Observational studies (STROBE);
- Case reports (CARE);
- Qualitative research (COREQ);
- Diagnostic / prognostic studies (STARD);
- Economic evaluations (CHEERS);
- Pre-clinical animal studies (ARRIVE).

* The authors of systematic reviews should also provide a link to an additional file from the ‘Methods’ section, with detailed search strategy.

Manuscripts are submitted to blind peer review by at least two anonymous reviewers, except where otherwise stated. Final acceptance or rejection rests with the Editor-in-Chief and/or the Deputy Editors, who reserve the right to reject any material for publication.

Manuscripts should be written in a clear, concise, direct style so that they are intelligible to the reader, including physicians from other specialties and the general public. When contributions are considered suitable for publication based on scientific content, the Editor-in-Chief reserves the right to modify the texts to remove ambiguity and repetition and to improve communication between authors and the readers. In the case that significant changes are required, the manuscript will be returned to the author for revision.

Manuscripts that do not comply with the instructions for authors may be returned for modification before being reviewed.

Article Types

Articles of the following types are accepted by the AMP

for publication:

- a) Original Articles reporting clinical or basic research (protocols of systematic reviews or clinical trials, clinical trials, cohort studies, case-control studies, other observational studies);
- b) Review Articles;
- c) Systematic Reviews with or without meta-analysis;
- d) Perspectives;
- e) Case reports;
- f) Medical Images;
- g) Editorials;
- h) Letters to the Editor;
- i) Guidelines.

Authors should indicate in the cover letter which type of manuscript is being submitted for publication.

3. Article organisation

First page/title page:

I. Title page

- Concise, specific and informative title written in Portuguese and in English, with no abbreviations and no more than 120 characters. A title complement with no more than 40 characters (including spaces) can be included.
- Short title for heading in the following pages.

II. Authors and Affiliations

In the authorship line, list the name of all Authors (first and last name) and their affiliations (service, institution, city, country), with no more than three per author.

Authors’ names must be accompanied by their ORCID registration numbers.

III. Corresponding Author

Clearly indicate who will ensure the correspondence at all stages of refereeing and publication, as well as after publication. The postal and e-mail address of the corresponding author responsible for correspondence concerning the manuscript should be indicated.

IV. Funding

Identify all public or private sources of funding, including grants, which contributed to the completion of the work. Indicate whether there are conflicts of interest.

V. Under the heading “Ethical Considerations”, the declaration of Human and Animal Protection, Confidentiality of data, Informed consent and Conflicts of interest, should be included in this title page.

VI. Previous Awards and Presentations

Any awards and presentations of the study that took place prior to the submission of the manuscript should be mentioned.

VII. Abstract and Keywords

A concise and factual abstract is required, representing the content of the article alone, written in Portuguese and

English. Any information that is not contained in the manuscript cannot be included in the abstract. The abstract cannot refer to the text, cannot contain citations, abbreviations or reference to figures.

At the end of the abstract, no more than 5 keywords in English must be included using the terminology found in the Medical Subject Headings (MeSH), <https://meshb.nlm.nih.gov/search>

VIII. Sections and Components

- Cover letter
- Title page (excluding acknowledgements)
- Abstract
- Introduction
- Methods
- Results
- Discussion
- Conclusion
- Authors' contribution statement
- Acknowledgements
- Conflicts of interest
- Financial support
- References
- Figure legends
- Tables
- Figures

Text

Original Articles

These include manuscripts not previously published describing clinical, pre-clinical, epidemiological research, clinical trials, clinical observations and other relevant research that are based on solid case series of patients, validated analytical methods and appropriate statistical evaluation.

Original articles should follow the following structure: Introduction, Methods, Results, Discussion, Conclusion, Acknowledgements (when applicable), References, Tables and Figures. A structured abstract is required.

Words: maximum 4,000 words (excluding abstract, figures and tables).

Abstract: maximum 350 words.

Figures/Tables: maximum 6. Figures should not be composed of more than six images each.

References: maximum 50.

Narrative Review Articles

Reviews should cover topics considered relevant to the journal's audience and encompass the current state of clinical knowledge or practice, integrating recent advances with accepted principles and practices or summarising and analysing the consensus view of controversial issues in the knowledge of practice. An unstructured abstract is required.

Words: maximum 3,500 words (excluding abstract, figures and tables).

Abstract: maximum 350 words.

Figures/Tables: maximum 4. Figures should be composed of no more than six images each.

References: maximum 75.

Systematic Reviews and Meta-Analyses

Systematic Reviews may or may not use statistical methods (meta-analysis) to analyse and summarise the results of the included studies.

Systematic Reviews may be presented in the [Introduction, Methods, Results, Discussion, Conclusion] format. The subject should be clearly defined. The aim of a systematic review should be to produce an evidence-based conclusion. In Methods, a clear indication of the strategy for literature search, data extraction, evidence classification and analysis should be provided. PRISMA (<http://www.prisma-statement.org/>) guidelines should be followed and the protocol should be registered in PROSPERO (<https://www.crd.york.ac.uk/prospéro>).

A structured abstract that faithfully shows the body of the manuscript is required.

Words: maximum 4,000 words (excluding abstract, figures and tables).

Abstract: maximum 350 words.

Figures/Tables: maximum 6. Figures should be composed of no more than six images each.

References: maximum 100.

Case Reports

Case Reports should include the following sections: Introduction, Case Description, Discussion.

CARE guidelines should be followed (<http://www.care-statement.org/>).

Considering their nature, case reports should have a limited number of authors - ideally no more than five. If there are six or more co-authors, the letter of submission should clearly state the role of each author in the manuscript, in order to explain their inclusion in the line of authorship according to the ICMJE criteria (<http://www.icmje.org/>).

Authors must include written informed consent (patient / next of kin / legal guardian) for publication, according to the template available at http://www.actamedicaportuguesa.com/info/consentimento_informado_do_doente.doc). If the patient has died, consent for publication should be obtained from the next of kin or legal representative. In case a minor or vulnerable patient is described, consent for publication must be obtained from parents / legal guardian. The complete consent form should be uploaded to the AMP website and submitted as a Supplementary Document; it will be treated confidentially.

Impairing patient identification by omitting scientifically irrelevant data is acceptable, but altering these data is not.

Words: maximum 1,000 words (excluding abstract, figures and tables).

Abstract: maximum 150 words.

Figures/Tables: maximum 5. Figures should be composed of no more than six images each.

References: maximum 15.

Authors: maximum 5.

Medical Images

These short articles are intended for the disclosure of new and clinically relevant images of unusual or striking examples of clinical entities, laboratory/imaging tests or therapeutic procedures, with a brief explanatory text.

Authors must include written informed consent for publication according to the model available at http://www.actamedicaportuguesa.com/info/consentimento_informado_do_doente.doc. If the patient has died, consent for publication must be obtained from the next of kin or legal representative. In case a minor or vulnerable patient is described, consent for publication must be obtained from parents / legal guardian. The complete consent form should be uploaded to the AMP website and submitted as a Supplementary Document; it will be treated confidentially.

Words: maximum 150 words (excluding abstract, figures and tables).

Abstract: None.

Figures: One figure composed of two images or two figures composed of a single image each.

References: maximum 6.

Authors: maximum 3.

Perspective

These articles may cover a wide range of subjects of interest in the field of healthcare : current or emerging problems, health management and policy, history of medicine, links with society, epidemiology, etc.

Words: maximum 1,200 words (excluding figures and tables).

Abstract: none.

Figures/Tables: maximum 2.

References: maximum 10.

Editorials

Editorials are the responsibility of the editorial group, requested by invitation of the Editor-in-Chief and will include comments on current topics or on articles published in the journal.

Words: maximum 1,200 words (excluding figures and tables).

Abstract: none.

Figures/Tables: maximum 2

References: maximum 5.

Letters to the Editor

Letters to the Editor consist of critical comments on an article published in the journal or a short note on a particular topic or clinical case.

Words: maximum 400 words (excluding figures and tables).

Abstract: none

Figures/Tables: maximum 1

References: maximum 5.

Authors: maximum 5.

Guidelines

Medical societies, specialty colleges, official entities and/or groups of physicians wishing to publish clinical practice recommendations in the AMP should previously contact the Editorial Board and submit the full text and the version to be published. The Editor-in-Chief may require the exclusive publication of the recommendations in the AMP. It may be agreed that an abridged version will be published in the printed edition, in addition to the publication of the full version as an Appendix.

Words: maximum 4,000 words (excluding figures and tables).

Abstract: maximum 350 words.

Figures/Tables: maximum 6; figures should be composed of no more than six images each.

References: maximum 100.

Manuscript Preparation

References

I. In-text Citations

Make sure that all references cited in the text are also present in the reference list (and vice versa). References should be listed by using Arabic numerals in the order in which they are cited in the text.

References to personal communications and unpublished data should be made directly in the text and should not be numbered. Personal communications must be duly authorised by the sender of the communications, with the authors assuming responsibility for the authorisation. Citation of a reference as "in press" implies that the item has been accepted for publication. Journal names should be abbreviated according to Medline style.

References to journal articles should include the name of the first author followed by the names of the other authors (up to 6; *et al.* should be used thereafter), the title of the article, the name of the journal and the year of publication, volume and pages, and DOI.

Make sure that the data provided in the references are correct. Be careful when copying references, as they may already contain errors. The list of references should be added as part of the text, and never as a footnote. Specific codes of the reference management program are not allowed.

II. Format

A detailed description of the formats of different reference types can be found in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (http://www.nlm.nih.gov/bsd/uniform_requirements.html). All authors should be listed (up to 6); *et al.* should be added if there are more than six authors. [Title of the article, name of the journal, year, volume and pages].

III. Reference style

Text: Appropriate references in the text should be indicated by superscript number(s). The authors may be referred to, but the reference number should always be given.

List: Sort the references in the list in the order in which they appear in the text.

Examples:

Article reference:

1. With less than 6 authors

Miguel C, Mediavilla MJ. Abordagem actual da gota. *Acta Med Port.* 2011;24:791-8. 2.

2. With more than 6 authors

Norte A, Santos C, Gamboa F, Ferreira AJ, Marques A, Leite C, *et al.* Pneumonia Necrotizante: uma complicação rara. *Acta Med Port.* 2012;25:51-53.

3. In press

Câmara Pestana P, Ferreira C, Santos AL, Jerónimo J, Gança L. Suicide Attempt in a Patient with Sibutramine Associated Psychosis. *Acta Med Port.* 2021 (in press). doi: 10.20344/amp.14304.

Book reference:

1. With Authors: Moore, K. *Essential Clinical Anatomy.* 4th ed. Philadelphia: Wolters Kluwer Lippincott Williams & Wilkins; 2011.

2. With editor: Gilstrap LC 3rd, Cunningham FG, Van-Dorsten JP, editors. *Operative obstetrics.* 2nd ed. New York: McGraw-Hill; 2002.

Book chapter reference:

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer.* New York: McGraw-Hill; 2002. p. 93-113.

Web references

The full URL, as well as the date when the document was consulted should at least be given. Any other information, when available (name of the authors, dates, references to a source publication, etc.) should also be given.

Metagenomics: sequences from the environment [Internet]. Bethesda: National Library of Medicine, National Center for Biomedical Information; 2006 [cited 2020 Apr 20]. Available from: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=metagenomics.TOC>

Preprint

Gandhi R, Piscitello GM, Parker WF, Michelson K. Regional Variation in COVID-19 Scarce Resource Allocation Protocols. Preprint at: medRxiv 2021.01.14.21249845; doi: <https://doi.org/10.1101/2021.01.14.21249845>

Footnotes

Footnotes should be avoided. Whenever required, these should be numbered consecutively and inserted in the appropriate page.

Acknowledgments (optional)

These should come after the text and before the references, in order to reward all those who contributed to the study but who do not carry authorship weight, including all sources of support, whether financial, technological or consulting, as well as individual contributions. As mentioned above, prior written consent must be obtained from those

identified in this section.

Abbreviations

No abbreviations or acronyms should be used in the title and abstract and their use in the text should be limited. Non-standard abbreviations should be written out in full on first use and followed by the abbreviated form in brackets, unless the abbreviation is a standard unit of measurement. Whenever a term is only used 1 to 4 times throughout the text, it should be written out in full, non-abbreviated.

Units of Measurement

The units of the International System of Units must be used. Measurements of length, height, weight and volume must be expressed in metric system units (meter, kilogram or litre) or their decimal multiples. Temperatures must be given in degrees Celsius (°C), blood pressure in millimetres of mercury (mmHg) and haemoglobin in g/dL. All haematological and biochemical measurements must be referred to in the metric system according to the International System of Units (SI).

Drugs and Medical Devices

All medicines and products should be accurately identified by their international nonproprietary name (INN). The use of registered trademarks of drugs is not recommended; nevertheless, whenever this is imperative, the name of the product should be inserted in lowercase after the INN name, in brackets, followed by the registered trademark symbol in superscript (®). The same principle applies to medical devices.

Gene Nomenclature

Genes and related structures should be assigned the official names and symbols provided by the National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee. Prior to submission of a manuscript reporting large genomic datasets (e.g., protein or DNA sequences), datasets should be deposited in a publicly available database, such as NCBI's GenBank and a full accession number (and version number, whenever appropriate) should be provided in the Methods section.

Tables and Figures

Tables/Figures should be numbered in the order they are cited in the text and marked with Arabic numerals and identification.

Each Figure and Table included in the work must be referred in the text: "An abnormal immune response may be at the origin of the disease symptoms (Fig. 2)"; "This is associated to two other lesions (Table 1)".

Figure: When referred in the text, this should be abbreviated as Fig., while Table should not be abbreviated. In the legends, both words should be written in full.

Each Table and Figure must be accompanied by a brief and clear legend. Legends should be self-explanatory (no need to refer to the text).

As for the Figures, these should contain explicit information regarding individual values, averages or medians, as well as the representation of standard deviation, confidence intervals and sample size (n).

The images included in figures should contain identifiers of scientifically relevant aspects (arrows and asterisks). In these cases, the original/source files will be subsequently requested by the AMP's graphics team, which will be responsible for reproducing the necessary signs or identifiers in vector file format.

Each Table must be used to show results, lists of individual data, but must not duplicate the results described in the text. They should be accompanied by a short but clear and explanatory title. The units of measurement should be indicated (in brackets below the name, at the top of each value category) and the numbers should be reduced to clinically significant decimal places.

Letters (a, b, c, d, etc.) rather than symbols should be used for any explanatory notes in Tables.

Patient photographs should go with the Informed Consent (model available at http://www.actamedicaportuguesa.com/info/consentimento_informado_do_doente.doc) of the patient or legal representative. Authors should submit the original files, which will be processed by the AMP's graphics team (see technical specifications below).

Coloured versions will be reproduced free of charge.

General principles:

- Illustrations should be numbered according to their sequence in the text.
- Legends for illustrations should be sent separately.
- Each illustration should be submitted as a separate file.

The inclusion of figures and/or tables that were already published elsewhere implies the authorisation of the copyright holder (author or editor).

Submission must be made separately from the text, according to the instructions in the AMP website.

Figure files must be provided in high resolution, 800 dpi minimum for charts and 300 dpi minimum for photographs.

The publication of coloured illustrations is free of charge; the AMP reserves the right to publish a black and white version in the printed version of the journal.

The graphic material should be delivered in one of the following formats:

- JPEG (.JPG)
- Portable Document Format (.PDF)

- Powerpoint (.PPT)
- TIFF (.TIF)
- Excel (.XLS)

Permission for publication/reproduction: In case of publication of tables and figures derived from or adapted from books or magazines, the authors are responsible for obtaining permission from the authors or the publishing house from which they are reproduced and this should be submitted as a Supplementary Document.

Multimedia files

Multimedia files should be sent separately and submitted as a Supplementary Document. The multimedia material should follow the production quality standards for publication without the need of any modification or editing. Acceptable files are MPEG, AVI or QuickTime formats.

Appendices

When required, appendices should be used to present long or detailed surveys, descriptions of extensive mathematical calculations and/or lists of items, algorithms, surveys and protocols. These should be presented in a separate document and submitted as Supplementary Document. The complete links (URLs) to the Appendices will be included by the AMP in the body of the manuscript and the complete files will be published without further editing in addition to the article.

If there is more than one appendix, these should be identified as A, B, etc. Formulas and equations in appendices should be numbered separately: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on; likewise for tables and figures: Table A.1; FIG. A.1, etc.

Style

The AMP follows the AMA Manual of Style, 10th edition (<http://www.amamanualofstyle.com>) and the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://icmje.org/recommendations>)

FINAL NOTE: for a more complete clarification on this subject we recommend the reading of the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals of the International Committee of Medical Journal Editors, available at <http://www.ICMJE.org>