

# Epilepsia

The Journal of the International League Against Epilepsy

## INSTRUCTIONS *for* AUTHORS

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*Epilepsia* is the official journal of the **International League Against Epilepsy (ILAE)**. The Journal publishes original articles on all aspects of epilepsy, clinical and experimental.

### EDITORIAL POLICIES

(1) The Editors-in-Chief of *Epilepsia* invite manuscripts in all areas of epilepsy-related research. As a general guide, manuscripts will be considered for publication if they contribute significant new findings to the field. The primary aim of *Epilepsia* is to publish innovative and high quality papers that provide clinical and/or basic science insights.

The Editors will make an initial evaluation of all manuscripts for their impact on the epilepsy field, and will then determine whether a report is appropriate for the Journal. Reports are unlikely to be accepted for publication if they are not based in sound science and/or they provide only incremental knowledge of little general usefulness. To assist authors in deciding whether to submit a manuscript to *Epilepsia*, we provide the following commonly-encountered examples of reports which we are unlikely to publish:

- (a) Regionally specific surveys (e.g., papers that describe clinical features or epidemiology in a given region of the world) that do not provide new insights into epilepsy;
- (b) Correlative studies where the statistical power is too low to provide new statistically-sound findings;
- (c) Genetic association studies in which the association has not been replicated;
- (d) Investigatory articles (e.g., imaging studies) describing the application of a new technical variation which is not likely to have clinical utility;
- (e) Correlative clinical studies which are conceived without clear hypotheses and the results of which are of little clinical utility;
- (f) Basic research studies that are not grounded in epilepsy-relevant hypotheses;
- (g) Simple one group, before-after evaluations of therapeutic interventions and programs that do not include a control group;
- (h) Small case series (e.g., surgical findings) which largely replicate what is already known;

- (i) Case reports (highly unlikely to be accepted unless they provide novel findings of theoretical or clinical importance).

*Epilepsia* will accept, review, and publish studies with negative results, provided that appropriate controls have been used, the study is adequately powered, and the results are important and/or useful to others in the research community.

(2) Manuscripts describing original research, and passing the initial editorial screen, will be subject to external peer review. Acceptance of these manuscripts is never guaranteed. At least two reviews are generally obtained for these submissions; additional reviews may be sought at the discretion of the Editors. Appeals of rejection decisions will be considered by the Editors-in-Chief; decisions of the Editors-in-Chief are final.

(3) Papers submitted to *Epilepsia* are accepted with the understanding that the material described in the manuscript has not been previously published, except in abstract form, and that it is not simultaneously under consideration by any other journal.

(4) As a condition of publication, *Epilepsia* requires authors to transfer copyright to the ILAE. A Copyright Assignment Form (CAF) must be provided at the time of manuscript submission (see below).

(5) *Epilepsia* complies with recommendations of the International Committee of Medical Journal Editors (<http://www.ICMJE.org>). Authors are required to include a statement at the end of their manuscript, affirming that the work described is consistent with the Journal's guidelines for ethical publication (see below). *Epilepsia* is a member of the Committee on Publication Ethics (COPE), and we adhere to its principles (<http://www.publicationethics.org.uk>).

(6) Authors are also required to provide full disclosure of any conflict of interest as a part of the submitted manuscript (see Disclosure of Conflicts of Interest in the Manuscript Format section under MANUSCRIPT PREPARATION). Manuscripts that do not conform to these guidelines will not be considered for publication. Discovery of failure to comply will result in rejection of

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the manuscript, retraction of the published article, and/or a ban on future submissions by the author(s).

(7) In submitting a manuscript, the corresponding author must acknowledge that: a) all co-authors have been substantively involved in the study and/or the preparation of the manuscript; b) no undisclosed groups or persons have had a primary role in the study and/or in manuscript preparation (i.e., there are no “ghost-writers”); and c) all co-authors have seen and approved the submitted version of the paper and accept responsibility for its content. The Editors reserve the right to require authors to submit their original data for comparison with the manuscript’s illustrations, tables, and results.

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### TYPES OF MANUSCRIPTS

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The following types of material may be considered for publication:

(1) **Peer-reviewed papers** (to be submitted by uploading online via Manuscript Central – <http://mc.manuscriptcentral.com/epilepsia>)

*a. Critical reviews and commentary.* The Editors-in-Chief encourage submission of reviews and commentary on topical and controversial issues. Authors planning/proposing such papers should consult with the Editors-in-Chief before submitting the manuscripts. While there are no strict length limits on this type of paper, manuscripts generally should be no longer than 7000 words, with no more than 6 figures/tables (combined). Longer manuscripts will be considered at the discretion of the Editors-in-Chief.

*b. Full-length original research articles.* These articles should be limited in length to 4500 words (including title, author information, and summary), and the figures and tables together should comprise no more than 3 journal pages. Figures and tables can be “traded” with text, according to the formula: 500 words = ½ page. Additional figures and tables can be submitted as online only Supporting Information (which will be linked to the online version of the published article). Authors should aim for presenting material clearly and completely, in the most concise and direct form possible; the Introduction should be brief and to the point, and the Discussion should be restricted to issues directly relevant to the Results.

*c. Special reports.* In some cases, special reports from ILAE Commissions or other broadly constituted working groups will be published after peer review. The corresponding author of such papers should confer with the Editors-in-Chief to determine if the full manuscript will be peer-reviewed, or whether only a short version will be considered for publication in *Epilepsia*’s **Gray Matters** (see below). **In the latter**

**case, a full version of such reports can be published on the ILAE website.**

*d. Brief communications.* These articles – including short studies, small series, case reports, etc. – should describe previously unpublished material, including original research and/or clinical observations. The papers are limited generally to 1500 words (including the summary), 12 references, and not more than 2 figures and tables (combined). Please note that the Editors may use their discretion to request that brief communications be shortened to a length that they feel is appropriate.

(2) **Editorially-reviewed material** (to be submitted by email to the Editors-in-Chief at [epilepsia@epilepsia.com](mailto:epilepsia@epilepsia.com) except letters and commentaries, which should be submitted online at <http://mc.manuscriptcentral.com/epilepsia>)

Other contributions that do not report original research will be published at the discretion of the Editors-in-Chief, with only editorial review. Such material includes: obituaries, workshop reports and conference summaries, letters/commentary to the Editors (500 word limit and only exceptionally figures or tables), special (brief) reports from ILAE Commissions or other working groups, announcements, and calendar entries. Such material will usually be published in **Gray Matters**.

(3) **Supplements** (to be submitted as directed by the Editors-in-Chief)

Supplements, including meeting abstracts, will be published only after advance arrangements are made with the Editors-in-Chief. Guidelines for preparing supplements are given below. Proposal for, and questions about supplements should be directed to one of the Editors-in-Chief ([epilepsia@epilepsia.com](mailto:epilepsia@epilepsia.com)). Such proposals must be explicitly approved by the Editors-in-Chief, who will also confirm the page rate charge for the proposed supplement.

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### MANUSCRIPT PREPARATION

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(1) **General Style Guidelines**

Manuscripts are to be submitted (and will be published) in English. Writers not fluent in English should seek assistance to ensure proper grammar and syntax, and to help generate a manuscript organization that facilitates reader understanding. Authors for whom English is a second language may choose to have their manuscript professionally edited before submission, to improve the English. A list of independent suppliers of editing services can be found at [http://www.blackwellpublishing.com/bauthor/english\\_language.asp](http://www.blackwellpublishing.com/bauthor/english_language.asp). All services are paid for and arranged by the author, and use of one of these

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services does not guarantee acceptance or preference for publication. The Editors will not re-write papers submitted in unacceptable English, and will return such manuscripts for revision before sending them out for review.

Use international non-proprietary (generic) names when referring to drugs; avoid proprietary (brand) names. All acronyms should be spelled out at first mention. Spell out numbers below 10 and all numbers that are used to begin a sentence; use Arabic numerals for numbers above 10 and for units of measure.

Word limits for each type of submission will generally be enforced unless there are good reasons not to do so. If manuscripts exceed these guidelines, authors should submit a covering letter explaining why the additional length is necessary.

## (2) Manuscript Format

### a. *Critical Reviews and Invited Commentaries*

□ **Title Page** (see Full-Length Original Research below)

□ **Summary and Key Words**

Reviews and commentaries should generally begin with a brief (less than 200 words) summary of the content. The summary (unstructured) should provide the reader with an abstract of the main points of the paper. The Summary should be followed by a list of 3–6 Key Words; please provide Key Words that will assist in the indexing of your article (i.e., make it easy for individuals who are searching PubMed to find your paper). Do not use words already incorporated into your title (those words are picked up automatically by the indexing service). For helpful advice about optimizing your Key Words for search engines, please visit <http://www.blackwellpublishing.com/bauthor/seo/asp>.

□ **Body of review**

There is no designated structure for the body of Reviews or Commentaries. Authors are encouraged, however, to use sub-headings to separate major sections and to facilitate clarity.

Tables, figures, figure legends, references, acknowledgements, statement of compliance with the Journal's guidelines for ethical standards in publishing, disclosure of conflicts of interest, and Supplementary material – as for *Full-Length Original Research* (see below)

### b. *Full-Length Original Research and Brief Communications*

□ **Title Page**

Include the following information: Full title of the manuscript; authors' names (first and last names, middle initial when commonly used by that author); institutional affiliation for each author (use superscripted numbers after each author's name, and a corresponding superscripted number before each institutional affiliation); contact information for the

corresponding author (name, address, telephone number, fax number, e-mail address); running title (no more than 40 characters and spaces in length); key words for use by abstracting services (same as following Summary); number of text pages; number of words (including title, author information, and Summary); number and proposed size of figures; number and proposed size of tables.

□ **Summary and Key Words**

Provide an abstract of no more than 250 words (150 words for Brief Communications). The summary of Full-Length Original Research reports should consist of four sections, labeled: Purpose; Methods; Results; Discussion. This structured summary should concisely and specifically describe why and how the study was performed, the essential results, and what the authors conclude from the results. To promote brevity, authors may use phrases rather than complete sentences. The summary for Brief Communications is not structured, but should cover the same topics as the structured summary. The Summary (structured or unstructured) should be followed by 3–6 Key Words (see above).

□ **Introduction**

State the objectives of the study clearly and *concisely*, and provide a context for the study by referring judiciously to previous work in the area. *Do not attempt to present a comprehensive review of the field.* Provide a statement about the significance of this research for understanding and/or treating epilepsy.

□ **Methods**

Describe the research methods in sufficient detail that the work can be duplicated; alternatively, give references (if they are readily accessible) to previous comprehensive descriptions. Identify the statistical procedures that were used and the rationale for choosing a particular method, especially if it is not standard.

Reports of experimental studies on humans must explicitly certify that the research received prior approval by the appropriate institutional review body and that informed consent was obtained from each volunteer or patient. Studies involving animals must include an explicit statement that animal care and use conformed to institutional policies and guidelines. When animals are subjected to invasive procedures, details must be provided regarding the steps taken to eliminate/minimize pain and suffering, including the specific anesthetics, analgesics, or other drugs used for that purpose (amounts, mode of delivery, frequency of administration).

If extensive descriptions of methods are needed, provide basic information within the text and submit supplementary information for online Supporting Information.

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### □ Results

Results should be reported fully and concisely, in a logical order. Do not repeat methodological details from the Methods section. Where possible, use figures and/or tables to present the data in a clear and concise format. Do not repeat data in the text that are given in a table, but refer to the table. Provide textual explanations for all figures, with clear reference to the figure(s) under discussion. Descriptive information provided in figure legends need not be repeated in the text; use the text, however, to describe key features of the figures. When appropriate, give sample numbers, the range and standard deviation (or mean error) of measurements, and significance values for compared populations.

### □ Discussion

Provide an interpretation of the results and assess their significance in relation to previous work in the field. Do not repeat the results. Do not engage in general discussion beyond the scope of the experimental results. Conclusions should be supported by the data obtained in the reported study; avoid speculation not warranted by experimental results, and label speculation clearly. Discuss the significance of the data for understanding and/or treating epilepsy.

### □ Acknowledgements

Starting on a separate page, acknowledge sources of support (grants from government agencies, private foundations, etc.), including funds obtained from private industry. Also acknowledge (consistent with requirements of courtesy and disclosure) participation of contributors to the study who are not included in the author list.

### □ Disclosure of Conflicts of Interest

In addition, each author should provide full disclosure of any conflicts of interest. One of the following sentences must be included at the end of the paper: either “Author A has received support from, and/or has served as a paid consultant for .... Author B has received support from .... The remaining authors have no conflicts of interest.” Or “None of the authors has any conflict of interest to disclose.” Note: Disclosure is needed for financial income/payment from commercial sources, the interests of which are relevant to this research activity. Please identify sources from whom financial assistance/income was obtained during the period of the research activity and generation of the current report. Grants from government and/or private agencies should be identified in the Acknowledgements section. All papers must include the following statement to indicate that the authors have read the Journal’s position on issues involved in ethical publication (see below) and affirm that their report is consistent with those guidelines:

*“We confirm that we have read the Journal’s position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.”*

### □ References

Authors are responsible for the accuracy of their references. References should follow a Harvard-like format. Citation of references in the text of an article should be given by author last name (no initials) followed by the year. When two or more citations are given, list them in chronological order. When there are two authors, include both names, separated by “&”; when there are three or more names, give only the first author followed by “et al.” If there are two or more papers by the same author(s) in the same year, identify them by “a”, “b”, etc. (and be sure to include the identifying letters in the Reference List). All references cited in the text (including those included in figure legends and tables) should be listed in References.

Start the References on a separate page, and arrange citations in alphabetical order by the first author’s last name; do not number the citations. List *all* the authors (do not use “et al.” in the reference list). When there are two or more references to the same author(s), list them in chronological order.

For journal references, the names of authors (last name and initials) should be followed by the date (in parentheses), title of the article, journal name (in italics – use PubMed abbreviations), volume number (followed by a colon) and pages (first – last page numbers). Reference to electronic material should include author name(s), date, article title, and journal (as above); where volume and/or page numbers are not available, substitute Digital Object Identifier (DOI) number.

#### *Sample Journal References*

##### Journal article in a print issue

Salmenpera TM, Symms MR, Boulby PA, Barker GJ, Duncan JS (2006) Postictal diffusion weighted imaging. *Epilepsy Res.* 70:133-143.

##### Electronic reference

Baxendale S, Thompson P, Harkness W, Duncan J (2007) The role of the intracarotid amobarbital procedure in predicting verbal memory decline after temporal lobe resection. *Epilepsia* Published online: 25-Jan-2007; doi: 10.1111/j.1528-1167.2006.00940.x

For book references, the names of authors should be followed by the date, the full title of the book (in italics), the publisher and the location of the publisher’s office. For a chapter in a book, provide chapter authors, date, chapter title, book editors’ names, book title (italics), publisher, location of publisher’s office, and inclusive page numbers.

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## Sample Book References

### Book

Shorvon S (2005) *Handbook of the treatment of epilepsy*. Blackwell Publishing, Oxford

### Chapter in a book

Wenzel HJ, Schwartzkroin PA (2006) Morphologic approaches to the characterization of epilepsy models. In Pitkanen A, Schwartzkroin PA, Moshe SL (eds) *Models of seizures and epilepsy*, Elsevier Academic Press, San Diego, pp. 629-652.

### □ Figure legends

Start figure legends on a separate page, and number each legend sequentially to conform to the figure number (e.g., Figure 1, Figure 2...). The legend should provide a brief description of the figure, with explanation of all symbols and abbreviations. Written permission to use non-original material must be obtained (from the original authors and publishers) by the authors and included when the manuscript is submitted. Credit for previously-published material (author(s), date, journal/book title, publisher) must be included in the legend.

### □ Tables

Tables should be formatted as the authors wish the table to appear in print. Present all tables together at the end of the manuscript, with each table on a separate manuscript page. Each table should be given a number and a descriptive title. Provide notes and explanations of abbreviations below the table. Do not duplicate data given in the text and/or in figures. Written permission must be submitted with the manuscript if non-original material is to be reproduced; credit to the original source must be explicitly included in the table notes.

### □ Figures

All figures should be prepared with care and professionalism. Save line drawings (including line graphs, bar graphs, and simple diagrams), EEGs and other recorded traces, and diagrams as TIF files with a resolution of at least 300dpi. Provide clear labels on the ordinate and abscissa. For multi-part figures, label the parts with A, B, C, etc. When relevant, include calibration information. Lettering should be in Gill Sans MT font; *be sure that all labels are large enough to be clearly legible when the figure is reduced for publication*. The maximum size of any figure in the Journal is 17 × 22.5 cm and 40 megapixels. There is no charge for color figures. We strongly encourage authors to generate figures in color (to enhance clarity of presentation and aesthetic appeal), using the following color palette:

- Yellow (CMYK definition: 0/11/65/0)
- Orange (CMYK definition: 0/58/100/8)
- Red (CMYK definition: 0/100/60/37)

- Green (CMYK definition: 27/0/95/55)
- Green-blue (CMYK definition: 100/0/28/65)
- Blue (CMYK definition: 100/46/0/0)

These colors may be viewed online at:

<http://www.logorange.com/color/color-codes-chart.php>.

*In order to assure consistency through the Journal, the Editors-in-Chief reserve the right to re-draw figures with appropriate font type and size, and with colors from the sample palette; authors will have an opportunity to correct inappropriate changes at the page-proofing stage.*

Complex figures (including photographs, micrographs, and MR-related images), either in color, in half-tones, or in black and white, should also be submitted in TIF format with a resolution of at least 300 dpi. Such figures must also be labeled appropriately, using Gill Sans MT font. Color figures are particularly encouraged to facilitate clarity. Photographs or videos of patients should not reveal patient identity; masking eyes and/or other identifiers is compulsory unless the eyes are essential to the meaning of the photograph or video. In addition, such photographs and videos must be accompanied by a letter saying that signed consent forms authorizing publication have been obtained for all identifiable patients, and that the consents will be maintained by the author for seven years or until the patient reaches 21 years of age, whichever is longer. Do not send *Epilepsia* the consent forms; U.S. Federal privacy rules prohibit sending signed consent forms to *Epilepsia* or Wiley-Blackwell Publishing without written permission from the patient to do so.

### □ Supporting Information

Supporting information can be submitted for review. Such material may include: additional figures, large tables, videos, etc. that cannot be accommodated within the normal printed space allocation for an article – but provide important complementary information for the reader. As determined by the reviewers and Editors, supporting information will be posted on the Wiley InterScience *Epilepsia* server and directly integrated into the full-text HTML article. Explicit reference to the supporting information in the main body of the text of the article is recommended, and the material must be captioned at the foot of the text, below the reference list. Supporting information will be published as submitted and will not be corrected or checked for scientific content, typographical errors or functionality. Although hosted on Wiley InterScience, the responsibility for scientific accuracy and file functionality remains entirely with the authors. A disclaimer will be displayed to this effect with any supporting information published.

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## *c. Gray Matters material, special reports*

### □ **Title**

Letters, reports, etc. should be given a brief title. Letters should start with the opening *To the Editors*:

### □ **Authors and affiliations**

Provide authors' names (first and last names, middle initial when commonly used by that author); institutional affiliation for each author (use superscripted numbers after each author's name, and a corresponding superscripted number before each institutional affiliation); e-mail contact address for the corresponding author.

### □ **Body of submission**

Special Reports should begin with a brief (less than 200 words) summary of the content. The summary (unstructured) should provide the reader with an abstract of the main points of the paper. The Summary should be followed by a list of 3–6 Key Words. Otherwise no specific format is required, but these submissions should generally be brief. Letters and commentary should be no longer than 500 words, unless otherwise explicitly indicated by the Editors.

Tables, figures, figure legends, references, acknowledgements, disclosure of conflicts of interest, and Supporting Information – as for *Full Length Original Research* (see above)

## **(3) Details of Preparation**

Detailed instructions for all aspects of electronic manuscript submission (including useful information on image files) is available on the *Epilepsia* Manuscript Central website (<http://mc.manuscriptcentral.com/epilepsia>); please click 'Get Help Now' at the top right-hand corner of the homepage; then look under the Authors' 'Education and Support Resources' on the left-hand side of the screen.

### *a. Text*

Manuscripts should be prepared using a word processing program. Save text and tables as a Microsoft Word document. Place the lead author's name and the page number in the upper right hand corner of each page. Begin numbering with the Title Page as #1, and number pages consecutively including references, figure legends, and tables. Text (including acknowledgements, disclosure statement, and figure legends) and references should be double-spaced, and be composed in 11–12 point font (preferably Times New Roman). When generating a revised manuscript, identify the altered portions of the manuscript with yellow highlight.

### *b. Tables*

Number each table (Word document) and provide a brief descriptive heading. Provide clear headings for each column and row. Notes, explanations of abbreviations, credits, etc. should be given below the table. Prepare table entries in Gill Sans font MT type.

### *c. Figures*

Color figures are encouraged wherever possible. There is no charge for color usage. Prepare figures in color using the suggested *Epilepsia* palette (see above). Label figures using Gill Sans MT font, as described above. Save each figure as a separate TIF file, with a name that includes the first author's last name and the figure number as referenced in the text (e.g., Bloggs-fig1.tif). Each figure must have a minimum resolution of 300dpi, and the total number of pixels for each figure (i.e., height × width) must be less than 40 megapixels (otherwise the image will not convert to PDF for review). Submissions that do not comply with these requirements will be returned for correction and re-submission. Do not incorporate figures within a PDF file; figure files will be merged into a composite PDF by Manuscript Central. The Manuscript Central website for *Epilepsia* is now capable of handling large image files (maximum total submission size limited to 100 MB). In the rare case that image files exceed this Manuscript Central limitation, please contact the Editorial Office ([epilepsia@epilepsia.com](mailto:epilepsia@epilepsia.com)) for further instructions.

### *d. Supporting information*

Files should be accompanied by detailed information (if relevant) about what they are and how they were created (e.g., a native dataset from a specific piece of apparatus). Acceptable formats for supporting information include:

- **General** – Standard MS office format (Word, Excel, Powerpoint, Project, Access, etc.); PDF
- **Graphics** – GIF; TIF (or TIFF); EPS; PNG; JPG (or JPEG); BMP; PS (postscript); embedded graphics (i.e. a GIF pasted into a Word file) are also acceptable.
- **Video** – Quicktime; MPEG; AVI. All video clips must be created with commonly-used codecs, and the codec used should be noted in the supplementary material legend. Video files should be tested for playback before submission, preferably on computers not used for its creation, to check for any compatibility issues. Video clips are likely to be large; try to limit their size to less than 10 MB.

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## MANUSCRIPT SUBMISSION

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### **(1) Online submission via Manuscript Central**

Manuscripts should be submitted via the Journal's website on Manuscript Central at <http://mc.manuscriptcentral.com/epilepsia>. Instructions at the site will guide the author through the submission process. Separate files should be submitted for: Cover letter to editors, manuscript text (tables can be

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incorporated with the body of the text), each figure, supplemental material, Copyright Assignment Form (CAF), permissions to use previously-published material, patient consent declaration.

### (2) **Cover letter**

All manuscripts should be submitted with a cover letter, addressed to the Editors-in-Chief, which explains why the manuscript should be published in *Epilepsia*. In particular, authors should identify novel findings, innovative approaches, and important insights that would make the manuscript of particular value to the readers of *Epilepsia*.

### (3) **Text, table and figure files**

All files should be given a label that includes the first author's last name and the nature of the file (e.g., Smith-manuscripttext.doc; Smith-Fig1.tif).

### (4) **Copyright Assignment Form**

Authors must submit a signed Copyright Assignment Form (CAF) at the time of submission. Print out the form ([http://www.blackwellpublishing.com/pdf/EPI\\_CAF.pdf](http://www.blackwellpublishing.com/pdf/EPI_CAF.pdf)) ([http://www3.interscience.wiley.com/homepages/117957420/EPILEPSIA\\_Copyright\\_Form.pdf](http://www3.interscience.wiley.com/homepages/117957420/EPILEPSIA_Copyright_Form.pdf)) and sign it. Scan the signed form, save it as a PDF file, and upload it along with your manuscript files. Alternatively, fax the signed CAF to the editorial office at the time of submitting your paper on Manuscript Central (fax: +44 20 7691 7989). Digital signatures on PDF copyright forms are acceptable as long as the signature is clear and recognizable as the author's signature. Your manuscript will not be considered until this form is received.

### (5) **Other materials/forms**

At the time of submission, all other materials (e.g., permission forms, supplemental material) must be uploaded onto Manuscript Central or faxed to the editorial office (fax: +44 20 7691 7989).

### (6) **Questions/Contacts**

Questions and request for assistance should be addressed to the Journal at [epilepsia@epilepsia.com](mailto:epilepsia@epilepsia.com). The Managing Editor, Ms. Alison Alsmeyer, will in most cases be able to provide direction, or will contact the Editors-in-Chief for further assistance.

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## MANUSCRIPT PUBLICATION

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### (1) **Online tracking of your article**

Online production tracking of your article is now available through Blackwell's Author Services. Author Services enables authors to track their article – once it has been accepted – through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated e-mails at key stages of production. The

corresponding author will receive an e-mail with a unique link that enables him/her to register and have the article automatically added to the system. To facilitate this service, please ensure that you provide a complete e-mail address when submitting the manuscript. Visit <http://www.blackwellpublishing.com/bauthor> for more details on online production tracking and for other publication resources (including FAQs and tips on article preparation, submission and more).

### (2) **Proofs**

Proofs are mailed electronically in a PDF format, and must be returned within three days of receipt. ***Late returns of proofs will cause substantial delay in article publication. It is the corresponding author's responsibility to see that the proof is accurately checked and corrected, and to return the proofs promptly to avoid publication delays.*** Please check the spelling of coauthors' names, text, tables, legends, and references carefully. It is the authors' responsibility to make sure that the information is accurate. Indicate corrections either using the PDF editor function (so as to return proofs electronically to [eeeproofs@aol.com](mailto:eeeproofs@aol.com)), or with clear hard-copy indications which should be faxed to +1 508 586-4024. The proof corrections stage is not the time for fine-tuning language or making any other substantive changes. Confine corrections to errors in printing; authors may be charged for major author-initiated changes.

### (3) **Early View**

The publication-ready PDF of an article will be published initially online. Early View publication will precede print publication by a variable time period. The online publication date will be considered the official publication date. Early View published material will be indexed by PubMed, and can be cited by DOI number. In general, manuscripts will be published on Early View within 35 working days of the publisher's receipt of the complete accepted manuscript (including CAF and permission forms).

### (4) **Print issue publication**

Publication of an article in a print issue will typically occur after Early View publication. Hard copy (print) issues are composed for thematic coherence, and some papers may be delayed in order to be included in a relevant issue context. Print issue articles carry their electronic publication date.

### (5) **Public access of accepted/published articles**

Prior to acceptance, articles may be shared (print or electronic copies) with colleagues; at this time the article may be posted on the author's personal website, on his/her employer's website, and/or on free public servers in the author's subject area – with the acknowledgement that the article has been submitted to *Epilepsia*. After an article has been accepted, authors may share print or electronic copies of the article (accepted and revised to

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address peer review) with colleagues, and may use the material in personal compilations, other publications of his/her own work, and for educational/research purposes. Articles published in *Epilepsia* are freely accessible to the public – via the Wiley InterScience website – one year after publication. *Epilepsia* will automatically upload NIH-supported studies to PubMedCentral after a 12 month moratorium. Similarly, at this time authors may post an electronic version of the article on their own personal websites, on their employer's website/repository, and on free public servers in the relevant subject area. Electronic versions of the accepted (or published) article must include a link to the published version of the article, together with the following text: “*The definitive version is available at <http://www3.interscience.wiley.com/journal/117957420/home>.*” Authors can also choose to make their articles open access and available free for all readers through the payment of an author fee. This facility allows authors to fulfill the requirements for studies supported by agencies requiring open access before 12 months. For full details visit <http://www3.interscience.wiley.com/authorresources/onlineopen.html>

### (6) Reprints

An order form for reprints will be included with the electronic transmission of initial proofs. For pricing of quantities in excess of 500 copies, please contact Brooke Maynard at Wiley-Blackwell Publishing ([bmaynard@wiley.com](mailto:bmaynard@wiley.com)).

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## SUPPLEMENT PUBLICATION

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### (1) Policy

A decision to publish a supplement is based on the topic, Guest Editor, proposed table of contents and contributing authors, and availability of necessary funding. Supplement topics must be of importance to *Epilepsia* subscribers/readers, and supplements will be published only if there is scientific or educational rationale for combining papers on a given theme within one publication. The number and quality of the articles must be sufficient to constitute a body of important information. Each supplement will have a Guest Editor who is an expert on the theme of the supplement. The Guest Editor is responsible for compiling articles and assisting with the editorial process, and is responsible for the overall quality and integrity of the supplement. The publication of a supplement usually incurs charges, payable to Blackwell Publishing.

### (2) Publishing guidelines

Articles in a supplement are subject to the same copyright regulations and ethical publishing guidelines that apply to articles published in regular issues of *Epilepsia*. All supplement articles are peer-reviewed;

the first level of review is carried out by the Guest Editor and his/her designates, and the second level of review is overseen by the Editors-in-Chief.

### (3) Online-only and print supplements

Abstract supplements, from meetings or congresses sponsored by the ILAE or its chapters, will generally be published Online Only. Longer articles will be published in print supplements (these articles will also appear online). Print supplements may be generated from proceedings of symposia organized by an independent body of professionals in which the funding organization does not have a controlling voice on scientific content. The Guest Editor and/or organizers of such symposia should be members of ILAE chapters. Supplements from other sources – including invited supplements initiated by the Editors-in-Chief – will also be considered.

### (4) Supplement content

The content of supplements must not be biased in the interest of any sponsor. *Epilepsia* does not permit presentations that extol a commercial product, and supplements should not be perceived as endorsing a particular product. Publication of supplements does not constitute product or sponsor endorsement by *Epilepsia* or ILAE. In most cases, supplements should not focus on a single product; however, when a new product is introduced, a single product focus will be considered by the Editors-in-Chief. In all cases, the content of a supplement must be determined by a body of professionals working independently of the sponsor. The Guest Editor is charged with assuring that the material presented in the supplement is not biased toward the interests of the product manufacturer.

### (5) Supplement sponsorship

Most supplements require external sponsorship. When a supplement proposal is presented to the Editors-in-Chief, they will fix appropriate fees. Supplement costs may be negotiated with the Editors-in-Chief and the publisher's supplement representative. The Editors-in-Chief may choose to publish a supplement of particular academic and/or clinical value without external sponsorship.

### (6) Instructions for submitting a supplement

Agreement to publish a supplement must be obtained from the Editors-in-Chief prior to preparation and submission. Proposals for supplements should be submitted to the Editors-in-Chief ([epilepsia@epilepsia.com](mailto:epilepsia@epilepsia.com)) well in advance of desired publication date, so that the proposal can be evaluated and discussed. Timing is especially critical if the supplement is linked to a symposium or congress, since rapid publication is often important to assure that the information is not out-of-date. The proposals should identify the Guest Editor and include a

## INSTRUCTIONS FOR AUTHORS

list of topics and potential authors. The proposal should include an estimate of supplement length so that the Editors-in-Chief can provide reasonable information about the cost of publication. The cost of any supplement, and related financial issues, should be discussed with Chris Breslin at Wiley-Blackwell Publishing (cbreslin@wiley.com). Collection of manuscripts, as well as initial editing and reviewing, should be carried out by the Guest Editor on a schedule predetermined in discussion with the Editors-in-Chief. The Guest Editor is

responsible for timely submission of articles, and should expect to assist the Editors-in-Chief in collecting final revised manuscripts (including Copyright Assignment Forms and any required permissions). Delays in submission will inevitably cause delays in publication.

### **(7) Format of supplement articles**

In general, articles should follow the format described above for Critical Reviews (in regular issues of the Journal). Contact the Editors-in-Chief for additional information and special instructions.

### ***Epilepsia's* POSITION ON ISSUES INVOLVED IN ETHICAL PUBLICATION**

#### **(1) Authorship/Credit**

*Epilepsia* follows the guidelines of the International Committee of Medical Journal Editors regarding criteria for authorship (<http://www.ICMJE.org>). The author list should include those who have made substantial intellectual/conceptual contributions to the work. Such contributions should include participation in: (a) experimental design, data acquisition, and analysis and interpretation of data; (b) drafting and/or critically revising the article with respect to intellectual content; and (c) final approval of the manuscript version to be published. We strongly discourage the inclusion of "honorary" authors (individuals who are listed as authors but have not contributed to the work/manuscript – e.g., heads of departments) and "ghost" authorship (individuals who have substantively contributed to the work and/or manuscript but are not listed as authors or contributors). In cases where writing support is necessary, the writer(s) should be acknowledged in the Acknowledgements section, and the source of funding for writing support should be provided under Disclosure of Conflicts of Interest. In the cover letter, the corresponding author should give assurance that all authors have read and approved the manuscript. All individuals who have contributed to the work but do not meet criteria for authorship should be cited in the Acknowledgement section of the manuscript.

#### **(2) Funding**

Sources of funding (for the research, data analysis, and manuscript generation) should always be disclosed in the Acknowledgements section. Sources may include government funding agencies, institutions and/or departments, private industry, and

charitable organizations and foundations. Funding for all authors should be acknowledged.

#### **(3) Procedures Involving Human or Animal Subjects**

The authors should include within the manuscript an explicit statement indicating that the submitted study was approved by the relevant research ethics committee or institutional review board (IRB). When the study involves human participants (including material from human subjects), authors should also provide assurance that appropriate consent was obtained. When studies involve animal subjects, authors should provide methodological details about steps taken to minimize pain/discomfort. Such papers must contain a statement that affirms that the experimental protocols were approved by the institutional animal care and use committee (IACUC).

#### **(4) Confidentiality**

In all cases, information and images derived from individual patients must be presented with assurance of appropriate consent and with details removed that might reveal identity of the individual.

#### **(5) Disclosure**

All authors are required to disclose associations which might affect their ability to present and/or interpret data objectively, particularly financial ties to funding sources for the work under review (e.g., membership on corporate scientific boards, stock owners, consultant arrangements, patent ownership or application, etc.). Disclosure of such associations for the Editorial personnel of *Epilepsia* (Editors-in-Chief, Associate Editors, Editorial Board members) will be published each year. Reviewers will also be asked to affirm that they have no conflict of interest when critiquing a manuscript.

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## INSTRUCTIONS FOR AUTHORS

### ***Epilepsia's* POSITION ON ISSUES INVOLVED IN ETHICAL PUBLICATION (CONT.)**

**(6) Research Misconduct (Data Fabrication/  
Falsification)**

*Epilepsia* will attempt to ensure that any allegations of misconduct are properly investigated. In the case of any allegations, authors will be given a right to respond. While the Journal is limited in its ability to investigate misconduct, we will seek COPE's advice and alert appropriate bodies and encourage them to investigate.

**(7) Plagiarism, Duplication, and Redundant  
Publication**

*Epilepsia* requires that work submitted for publication is the authors' own work and has not been misappropriated. When previously published material is used, appropriate credit must be given and written permission obtained (for use of copyrighted material). Authors must provide a signed Copyright Assignment Form (CAF) at the time of manuscript submission that warrants that the material is original with the authors. *Epilepsia* also explicitly discourages duplication of published material and redundant publication. The CAF indicates that the submitted article has not been previously published and is not being considered for publication elsewhere.

**(8) Corrections of Erroneous Information**

Authors are expected to proof-read their articles carefully before returning page proofs for publication. They should make needed corrections at this time. We recognize that it is only human to

err occasionally, and the Journal is committed to correcting mistakes when those errors affect the interpretation of data or information presented in an article. Such corrections will be published in the form of an Erratum, and linked to the original article electronically. Errors that result from author oversight in the proofing process, and that do not affect data interpretation, will not be corrected.

**(9) Peer Review**

*Epilepsia* is committed to a peer-review system that is fair to the author and enhances the value of the articles published in the Journal. In order to encourage qualified reviewers to offer their time and efforts to the Journal, reviewer identity is kept confidential. Reviewers are chosen for their expertise in the field; conflicts of interest are avoided whenever the Editors are aware of such issues, and reviewers are asked to affirm that they have no conflicts of interest in reviewing a given *Epilepsia* manuscript. Authors are encouraged to identify specific individuals who, they believe, cannot provide unbiased review. While the Editors-in-Chief reserve the right to make the final decision to accept or reject an article, appeals will be seriously considered. Address appeals to the Editors-in-Chief, who will examine the reviews and the author responses, consult the relevant Associate Editor, and seek additional reviewer input if deemed necessary.