

***Progress in Transplantation***  
**Submission Guidelines**  
**Revised December 2024**

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Progress in Transplantation (The Journal), the official publication of NATCO, The Organization for Donation and Transplant Professionals publishes a broad range of peer-reviewed clinical and procurement articles for transplant professionals. *Progress in Transplantation* has moved to online with limited print availability. There are no fees payable to submit or publish with this journal.

***The author guidelines are designed to facilitate time to publication. Read and follow.***

This journal follows the ethical guidelines from the Committee on Publication Ethics.

### **General publication information**

#### ***Aim and Scope***

Progress in Transplantation publishes articles that reflect the multi-disciplinary team approach to procurement and clinical aspects of organ transplantation. The journal publishes quantitative and qualitative research, procurement and clinical practice issues, evidence-based practice, performance improvement projects, case studies, systematic reviews, program evaluations, and clinical practice guidelines. The journal does not accept basic science research, skin, tissue, or eye related transplant procedures. Vascularized composite grafts will be considered on a case-by-case basis. Contact the Editor-in-Chief before submission.

#### ***Peer Review Policy***

To provide authors with a blinded peer review, **do not put personal, institutional, or organizational information within the manuscript text or headers.** Author names, institutions, or organizations will be entered separately in SAGE Track and placed in a separate title page. Each manuscript will have a minimum of two reviewers. Authors and reviewers are blinded.

When members of the Editorial Advisory Board submit their own work for possible publication, peer review will be managed by the Editor and Associate Editors so that there will be no conflict of interest or involvement in the decision-making process.

**Please note that the Journal does not accept submissions of papers that have been posted on pre-print servers.**

Your article must **NOT** be under consideration for publication elsewhere; you will be asked to verify this claim in the submission process.

#### ***Publication Ethics***

NATCO and The Journal are committed to uphold academic integrity. We encourage authors to refer to the Committee on Publication Ethics' [International Standards for Authors](#) and view the Ethics & Responsibility page on the [Sage Author Gateway](#). This journal also recommends that authors follow the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.

#### ***Plagiarism***

Plagiarism or other breaches of publication ethics are serious issues. We seek to protect the rights of our authors and will investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of The Journal against malpractice and will check articles with

duplication-checking software. Where an article is found to have plagiarized other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action that includes, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; and/or taking appropriate legal action.

### ***Self-plagiarism***

When an author reuses or recycles work and passes it off as new work it is considered self-plagiarism. This can happen when an author publishes several manuscripts from one study or as his/her program of research begins to develop with a series of publications on the topic. It is considered research misconduct, with applicable appropriate legal action. When self-plagiarism is detected with duplication-checking software, the author will be given an opportunity to correct. Information of self-plagiarism is available at <https://ori.hhs.gov/self-plagiarism>

### ***Research ethics***

Medical research involving human subjects must be conducted according to the [World Medical Association Declaration of Helsinki](#)

Submitted manuscripts should conform to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and all papers reporting human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided approval **or waived further oversight**.

### ***Protection of patients' rights to privacy***

For *Progress in Transplantation*, include the following statements within the **design** subheading: The study was approved by the institutional review board (or ethics committee if appropriate) and if humans subjects were used, informed consent was obtained from all individuals included in the study. Do not include the name of the institution or hospital. This will keep blinding intact.

Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information, description, pedigrees, and images to be published was provided by the patient(s) or a legally authorized representative. Use of private health information of minors needs to include assent from the minor and consent from the parents.

Please do not submit the patient's actual written informed consent with your article, as this breaches the patient's confidentiality. The Journal requests that you confirm to us, in writing, that you have obtained written informed consent but the written consent itself should be held by the authors/investigators themselves, for example in a patient's hospital record. The confirmatory letter may be uploaded with your submission as a separate file. The Editor reserves the right to request a copy of informed consent document, if applicable.

**Identifying details should be avoided unless the information is essential to scientific understanding** and the patient or family has given written informed consent. Identifying details

(names, dates of birth, identity numbers and other information) should be omitted if they are not essential. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. Ethical publication of identifying details includes allowing those consenting to publication of their private information be given the chance to read the manuscript before it is submitted. Authors must provide a statement in the manuscript about obtaining informed consent to publish when identifying details are included in the text.

Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#)

### ***Research Data***

At SAGE we are committed to facilitating openness, transparency and reproducibility of research. Where relevant, The Journal **encourages** authors to share their research data in a suitable public repository subject to ethical considerations and where data are included, to add a data accessibility statement in their manuscript file. Authors should also follow data citation principles. For more information please visit the [SAGE Author Gateway](#), which includes information about SAGE's partnership with the data repository Figshare.

### ***ORCID***

SAGE is a supporting member of [ORCID, the Open Researcher and Contributor ID](#). ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCIDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID you will be asked to associate that to your submission during the online submission process. We also strongly encourage all co-authors to link their ORCID ID to their accounts in the online peer review platforms.

Click the link when prompted, sign into your ORCID account and the systems are automatically updated. Your ORCID ID will become part of your accepted publication's metadata, making your work attributable to you and only you. Your ORCID is published with your article so that fellow researchers reading your work can link to your ORCID profile and from there link to your other publications.

If you do not already have an ORCID, use this [link](#) to create one or visit [ORCID homepage](#).

### ***Acknowledgements***

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section on the title page. Criteria for authorship is based on the 4 recommendations of the International Committee of Medical Journal Editors. See <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html> for the list of the criteria, Examples of those who might be acknowledged include persons who provided purely technical help or a department chair who provided general support. Acknowledgements that thank subjects or a group of non-study related persons or groups will be omitted. Acknowledgements are limited to 3 lines.

### ***Funding***

A funding statement is included on the Title page. See the Funding Acknowledgments page on the [SAGE Author Gateway](#) to acquire the acknowledgment format.

For funded statements, use: The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article:

If the project was not funded use the statement: The authors received no financial support for the research, authorship, and/or publication of this article.

### ***Declaration of Conflicting Interests***

Authors must disclose all relationships or interests that could influence or bias the work. These may include but are not limited to personal relationships or competing interests directly or indirectly tied to this research, or professional interests or personal beliefs that may influence your research. The appropriate wording for no conflicts is:

The authors declared no potential conflicts of interest with the research, authorship, and/or publication of this article.

### ***Copyright and transfer disclosure***

Authors submitting manuscripts do so on the understanding that the work has not been published before, is not being considered for publication elsewhere, and has been read and approved by all authors. The submission of the manuscript means that authors automatically agree to assign *Exclusive License to Publish to NATCO* when the manuscript is accepted for publication. It is sufficient for the corresponding author to sign the form on behalf of all authors.

Authors will be expected to disclose any affiliation with or financial involvement with any organization or entity with a financial interest in the subject matter or material discussed in the manuscript.

SAGE provides authors a link to their final article. Online First is a service to authors to have articles published online prior to their inclusion in a print issue. This reduces the lead time between submission and publication. For more information, please visit our Online First Fact Sheet in the [SAGE Author Gateway](#).

### ***Report standards***

The Journal endorses the Consolidated Standards of Reporting Trials (CONSORT) that provides researchers with a standardized method for reporting clinical trials. A 25-item checklist for preparing research reports is available at [www.consort-statement.com](http://www.consort-statement.com). Authors are encouraged to follow guidelines. For additional standardized methods for reporting, refer to [www.equator-network.org](http://www.equator-network.org)

### ***Authorship requirements***

All persons listed as authors must have 1) participated sufficiently in the work to take public responsibility for the content; or 2) made substantial contributions to the conception and design or analysis and interpretation of data; or 3) participated in drafting of the article or revising it

critically for important intellectual content; **and** 4) given final approval of the version of the manuscript to be published.

Authors must certify that the manuscript consists of original work and does not copy or otherwise infringe on the copyright or other proprietary rights of others; that all necessary permissions for borrowed material have been obtained, copies of which will be submitted; and authorization has been obtained and will be submitted to disclose any identifiable or potentially identifiable private health information of patients.

### ***Writing assistance***

Individuals who are provided with writing assistance, e.g., from a specialist communication company, do not qualify as authors and so should be included in the *Acknowledgements* section. Authors must disclose any writing assistance, including the individuals' name, company and level of input, and identify the entity that paid for this assistance.

### ***English language editing services***

Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit The Journal's specifications should consider using [SAGE Language Services](#) found on the [SAGE Author Gateway](#).

### ***Open access and author archiving***

Optional open access publishing via the SAGE Choice program is available. For more information, please visit the [SAGE Choice](#) website. For information on funding body compliance and depositing your article in repositories, please visit SAGE Publishing Policies on our [SAGE Author Gateway](#).

### ***Information required for completing your submission***

You will be asked to provide contact details and academic affiliations for all co-co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on title page. The affiliation listed in the manuscript should be the institution where the research was conducted. If an author has moved to a new institution after completing the research, the new affiliation can be included in a manuscript note at the end of the paper. At this stage, please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

### ***On acceptance and publication***

Your SAGE production editor will keep you informed as to your article's progress throughout the production process. Proofs will be made available to the corresponding author via our editing portal SAGE Edit or by email, and corrections should be made directly in the document or notify the Production Editor promptly. Authors are reminded to check their proofs carefully to confirm that all author information, including names, affiliations, sequence and contact details are correct, and the Funding and Conflict of Interest statements, if any, are accurate. Please note that if there are any changes to the author list at this stage all authors will be required to complete and sign a form authorizing the change.



### ***Complaints and Appeals***

Editors have a broad discretion in determining whether an article is an appropriate fit for their journal. Many manuscripts are declined with a very general statement of the rejection decision. These decisions are not eligible for formal appeal unless the author believes the decision to reject the manuscript was based on an error in the review of the article, in which case the author may appeal the decision by providing the Editor with a detailed written description of the error they believe occurred. All decisions are final.

If an author believes the decision regarding their manuscript was affected by a publication ethics breach, the author may contact the publisher with a detailed written description of their concern, and information supporting the concern, at [publication\\_ethics@sagepub.com](mailto:publication_ethics@sagepub.com)

### ***Manuscript Types and Formatting Guidelines***

***Progress in Transplantation* is a specialty society journal. The Editor advises authors to follow the instructions. This will prevent multiple returns for revisions and extensive editing prior to acceptance.**

### ***Manuscript formatting***

This information applies to all submissions to The Journal. Manuscripts that do not conform to the guidelines will be returned.

Submit text in Word.doc or Word.docx, (please do not submit any files in pdf format)

Double space

1-inch margins

Left alignment

Do not use first person

Ariel or Times New Roman type face; 12 font (Editor prefers Times New Roman)

Set before and after paragraph spacing at 0 pt

Required subheadings will be listed under each manuscript type. Use additional subheadings as needed.

Submit tables in Word.doc or Word.docx format (please do not submit images or .pdf of tables as they must be editable)

Figures may be submitted in Word.doc, Word.docx, or jpg, formats

### **Do not insert tables or figures in the manuscript text**

### ***AMA Manual of Style, 11<sup>th</sup> edition***

Follow AMA Manual of Style, 11th edition for manuscript style and reference formatting.

Citations in the text are superscript outside commas or periods.<sup>1</sup>

The reference list is numbered in the order in which they appear in text, tables, or figures. Material not yet accepted for publication are listed as forthcoming rather than submitted or in press. Personal communication is cited in the text with name and date, but not listed in the reference list.

Abbreviate journal names as used in PubMed.

List all authors and/or editors up to 6; if more than 6, list the first 3 followed by “et al.” If known, include DOI.

See below for a reference list format example. The reference list with this document follows the AMA Manual of Style.

1. Youngster I, Russell GH, Pindar C, Ziv-Baran T, Sauk J, Hohmann EL. Oral, capsulized, frozen fecal microbiota transplantation for relapsing *Clostridium difficile* infection. *JAMA*. 2014;312 (17):1772-1778.

The following manuscript types are accepted for review with The Journal. The Journal does not accept basic science research. All topics should be of interest or applicable to transplant professionals.

***Manuscript type grid***

Type	Word Limit	Abstract Word limit	Reference Maximum	Table Maximum	Figure Maximum
Short Communication	500	No abstract	1-3	1	1
Case Report	500	No abstract	1-5	1	1
Clinical Procurement Practice Issue	1500	150 (unstructured)	5-10	1	1
Clinical Transplant Practice Issue	1500	150 (unstructured)	5-10	1	1
Evidence-Based Practice	1500	250	5-10	1	2
Performance Improvement	1500	250	5-10	1	2
Program Evaluation	2500	250	5-10	2	2
Qualitative Research	3500	250	≤30	3	3
Quantitative Research	3500	250	≤30	3	3
Systematic Review	4000	250	50 Work with Editor if > 50	4	3
Clinical Practice Guidelines	4000	250	30 Work with Editor if > 30	3	3
Bibliometric Analysis	4000	250	30 (outside of papers used as part of the bibliometric analyses)	5	4

***Submission documents-for [SAGE Track](#)***

The following documents are required and uploaded as separate documents into SAGE Track:

***Cover letter*** -letter to the editor with title of paper and any comments you want to share about your project. This is a formal letter, single-spaced, no more than 1 page. Include statement similar to the following about author contribution and publication:

All authors participated in the intellectual content, conception and design of the paper, took public responsibility for it and have agreed to have their name listed as contributors. Neither this manuscript nor parts of it have been previously submitted for publication. None of the authors received any financial interest, direct or indirect, related to the achievement of this work.

***Title page*** includes- (**Do not** include this information in the manuscript text document)

Title needs to be concise, descriptive, and informative and without a colon.

Author full names, credentials (earned academic degrees only), department, and institutional affiliation with physical addresses.

Identify the corresponding author with complete contact information.

### ***Acknowledgements***

All contributors who do not meet the criteria for authorship can be listed in an acknowledgement. Acknowledgements that thank subjects or non-study related persons or groups will be omitted. Keep acknowledgements to 3 lines.

### ***Funding***

Funding statements are succinct and concise and include specific details of agency and grant numbers if applicable. For example:

For funded statements, use: The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Name of agency and grant number (if appropriate).

If the project was not funded use the statement: The authors received no financial support for the research, authorship, and/or publication of this article.

### ***Declaration of conflicting interests.***

If the authors meet the criteria for no conflicting interest, include the statement: The authors declared no potential conflicts of interest with the research, authorship, and/or publication of this article.

***Keywords*** In SAGE Track you will be asked to choose keywords from a structured keyword index file.

***Permissions-*** Upload any permission granted for copyrighted materials, permission to publish private health information, assents, or consents for photos as permission files.

***Abstract-*** The abstract is placed within a SAGE Track field. **Do not** include the abstract in the manuscript text document. Word limit is based on manuscript type. Do not use abbreviations or acronyms in the abstract. The only abbreviations accepted are very long descriptors that are cumbersome to repeat, making the understanding clearer. Note that abbreviations need to be internationally known (not just within your field). Do not abbreviate transplant recipients by organ type (KT, LT, OTL, PKT).

***Manuscript text-***Each manuscript type requirements are described below. The text with references (no title page or abstract) is uploaded as a separate document.

***Table-*** Upload each table as a separate document. Provide a table number, title, and legend (if applicable) with each document.

***Figure-*** Upload each figure as a separate document. Include a separate word document that provides the Figure number, title, and legend (if applicable). Be sure to crop any identifiable characteristics if a photo or X-ray is used.

*Additional resources for structuring manuscripts.*

Reporting guidelines for health research can be found at <https://www.equator-network.org/>

The guidelines provide you with in depth detail in reporting research and are valuable as you begin to structure your manuscripts.

## ***Manuscript Types and Requirements***

### ***Short Communication***

Use headings as appropriate. Topics for short communications include new or upcoming policy or issues in transplantation, short report of new or cutting-edge technology, short description of novel research methodologies, or a comment on article published in journal. A report written similar to an abstract for submission to a research conference will not be accepted. Connect your communication to practice or future research needs.

Required documents:

- Cover letter
- Title page
- Short Communication text including references
- Table (if applicable)
- Figure (if applicable)

### ***Case Report***

A case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence. Be wary of disclosing non-relevant personal information. Include consent (and assent if minor). Use the following headings to organize your manuscript.

INTRODUCTION	Summarize the background and context of the case. Include statement of patient consent.
PRESENTING CONCERN	Describe the relevant patient characteristics and details of symptoms/concerns/issues addressing the case.
CLINICAL FINDINGS	Describe pertinent and relevant clinical findings, interventions or therapies.
OUTCOME	Based on the therapies or patient condition, describe patient outcomes and follow-up.
DISCUSSION	Summarize case. Include any similar published cases.

Required documents:

- Cover letter
- Title page
- Case Report text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Consent (and assent if case involves a minor)

### ***Clinical Procurement Practice Issue***

Use this manuscript type to describe a clinical procurement practice issue or disease process that will inform readers in more detail about the issue. Use headings and subheadings to structure your clinical issue.

**INTRODUCTION** Describe the scope of the problem or disease process.  
Include background literature.

**CLINICAL RELEVANCY TO PRACTICE**

Describe current practice issues, i.e. barriers and facilitators, organizational challenges

**PRACTICE ISSUES**

Focus on issues or topics as you describe how the problem/issue is addressed. The heading may require subheadings to fully organize description.

**SUMMARY (or Implications for Practice)**

Summarize outcomes and describe lessons learned or future suggestions for change.

Required documents:

- Cover letter
- Title page
- Abstract (unstructured)
- Clinical practice issue text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

***Clinical Transplant Practice Issue***

Use this manuscript type to describe a clinical transplant practice issue or disease process that will inform readers in more detail about the issue. This manuscript type is ideal to use for contact hours and may be selected by The Journal to offer credit. Use headings and subheadings to structure your clinical issue.

**INTRODUCTION**

Describe the scope of the problem or disease process. Include background literature.

**CLINICAL RELEVANCY TO PRACTICE**

Describe current practice issues, i.e. barriers and facilitators, organizational challenges

**PRACTICE ISSUES**

Focus on issues or topics as you describe how the problem/issue is addressed. The heading may require subheadings to fully organize description.

**SUMMARY (or IMPLICATIONS FOR PRACTICE)**

Summarize outcomes and describe lessons learned or future suggestions for change.

Required documents:

- Cover letter
- Title page
- Abstract (unstructured)
- Clinical practice issue text including references (no title page)
- Table (if applicable)

- Figure (if applicable)
- Permission to use copyright material (if applicable)

### ***Evidence-Based Practice (EBP)***

An EBP manuscript describes the exploration of a clinical question where a formal process for searching and evaluating the literature to determine sufficient evidence to change practice or require further research. Use the following headings to organize your manuscript.

#### **BACKGROUND/**

Provide adequate summary of the importance of this clinical problem

#### **CLINICAL QUESTION**

State clinical question in a complete sentence in an acceptable format (i.e. PICO, PICOT)

#### **SEARCH OF THE LITERATURE**

Include databases, keywords, inclusion criteria, and yield.

#### **CLINICAL APPRAISAL**

Summarize the findings based on the literature reviewed. This is not a line-by-line critique of each reviewed article, but a summary of what the research found on your outcome of interest. Include level of evidence.

#### **INTEGRATION INTO PRACTICE**

Description of practice change, and measures used to evaluate nursing &/or patient outcomes.

#### **EVALUATION OF EVIDENCE-BASED PRACTICE**

Provide results of practice change (based on your outcome measures)

#### **FUTURE AREAS FOR INVESTIGATION**

Describe any next steps or how others can use your findings.

Required documents:

- Cover letter
- Title page
- Abstract (structured: Background, Clinical Question, Literature Search, Clinical Appraisal, Integration into Practice, Evaluation)
- Clinical practice issue text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

### ***Performance Improvement (PI)***

Performance improvement, Quality Assurance, or Quality Improvement are common names used in organizations to evaluate progress on meeting local and/or national benchmarks. A PI manuscript describes the systematic evaluation of unit or organizational processes that improved patient, transplant, or organizational outcomes. Please use guidelines for reporting performance improvement<sup>2</sup> and use the following headings to organize the manuscript.



## INTRODUCTION

Describes the problem, what is known or not known about the problem

## STATEMENT OF THE PROBLEM

This can be a simple statement of the problem and identifies the process that your organization (or group) chose to improve.

## METHODS

State the methodology used in the project (i.e. FOCUS PCDA, Lean, Swiss Cheese, Cause & Effect, Root Cause Analysis. Describe the setting, what was planned and implemented, and what measures and analyses were used to evaluate success.

## PROCESSES ADDRESSED

Give specific details on the planned changes

## OUTCOMES

Describe results of the process improvement efforts

## IMPLICATIONS

Describe any next steps or how others can use the findings

### Required documents:

- Cover letter
- Title page
- Abstract (structured: Background, Problem Statement, Methods, Processes addressed, Outcomes, Implications for practice)
- Performance improvement text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

### ***Program Evaluation***

As stated by Weiss,<sup>3</sup> program evaluations are a way to systematically address a program's operations or processes to achieve an outcome. The goal would be to determine if what you are doing meets an acceptable outcome or identifies a gap in the preferred outcome. This differs from classical research in that sampling is specific to single center and has many sampling biases so that data are not generalizable to the population at large. Retrospective chart reviews are important, but due to the nature of extracting data from records, control of appropriate documentation and missing data diminish reliability and validity. Program evaluations can be used to guide further research efforts.

Be sure that the project aim is clear and measurable. This manuscript type has many features similar to quantitative research, including an institutional review. Should authors have questions about which manuscript type to select, contact the Editor. Use the following headings to organize your manuscript.

## INTRODUCTION

Relevance of the area of interest. Include literature review.

## SPECIFIC AIM

This subheading is optional. It is acceptable to end the introduction with the evaluation purpose. The purpose needs to be clear and

measurable.

## DESIGN/METHODS

Design	State the design used. Include institutional or ethic review approval and informed consent statements.
Setting	Describe the setting where evaluation occurred. This is not the name of the institution but the surroundings where the evaluation took place.
Population	<b>Describe the population from which you drew your sample. This section is not to describe your sample; it is key for the reader to be able to see whether the sample in the project was representative of the center's population.</b>
Sampling	Describe the technique for sampling. Describe inclusion and exclusion criteria.
Data collection	Describe variables collected. Describe instruments used to measure outcome variables (and psychometric properties), score types, range, interpretation of scores (where applicable). Describe how/where data were obtained. Additional subheadings may be used to help organize your data collection. Organize your variables in the order of your evaluation questions.
Data analysis	Describe the statistical procedures used to evaluate outcome variables. Organize this in the same order in which you presented your evaluation questions and variables collected. Include strategy for missing data. Include statistical analysis software used. Statistical software does not need to be cited.
Procedure	For retrospective chart reviews, describe how data were extracted, cleaned, and manipulated before uploading to statistical software.

**RESULTS** Provide results (in the order that you gave in your data collection section). Use additional subheadings to organize outcomes.

**DISCUSSION** Summarize the meaning of your findings (in relation to practice or previous research). Include study strengths and limitations. Future investigative needs (if applicable). Do not restate findings.

## CONCLUSIONS

Final summary of findings.

### Required documents:

- Cover letter
- Title page
- Abstract (structured: Introduction, Project Aims or Questions, Design, Results, Conclusion)
- Quantitative research text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

### ***Qualitative Research***

A manuscript meets this criterion if the methodology used to answer, discover, or describe a concept using formal qualitative methodology. Use the following headings to organize the manuscript.<sup>4,5</sup> You may adapt your headings to fit with the type of methodology used.

#### **INTRODUCTION**

Relevance of the area of interest. Include literature review.

#### **METHODS/APPROACH**

Describe qualitative methods, theoretical framework. Include institutional or ethic review approval.

Setting Describe the environment, the subjects, and the role of the researcher.

Sampling Describe the technique for sampling and how recruitment was carried out. Place the sample in the context of the population (to identify representativeness).

Information collection Describe how data were collected, and the method that was use and analysis to evaluate data. Include reliability, credibility, transferability and adequacy of rigor.

#### **FINDINGS**

Provide results (in the order that you gave in your data collection section). Use additional subheadings to organize outcomes.

#### **DISCUSSION**

Summarize the meaning of your findings (in relation to practice or previous research). Include study strengths and limitations. Future investigative needs (if applicable).

#### **CONCLUSIONS**

Final summary of findings.

#### **Required documents:**

- Cover letter
- Title page
- Abstract (structured: Introduction, Methods/Approach, Findings, Conclusion)
- Qualitative research text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

### ***Quantitative Research***

This is a report of a formal descriptive, comparative, correlational, or interventional research study. Use the following headings to organize your manuscript.

#### **INTRODUCTION**

Relevance of the area of interest. Include literature review.

#### **SPECIFIC AIM (or RESEARCH QUESTION(S))**

	This subheading is optional. It is acceptable to end the introduction with the study purpose. The study purpose needs to be clear and measurable.
DESIGN/METHODS	
Design	State the design used. Include institutional or ethical review approval and informed consent statements.
Setting	Describe the setting where participants were asked to be involved in study. This is not the name of the institution.
Population	<b>Describe the population from which you drew your sample. This section is not to describe your sample; it is key for the reader to be able to see whether the sample in the study was representative of the population.</b>
Sampling	Describe the technique for sampling. Describe inclusion and exclusion criteria. If appropriate describe the recruitment schema.
Data collection	Describe variables collected. Describe instruments used to measure outcome variables (and psychometric properties), score types, range, interpretation of scores (where applicable). Describe how/where data were obtained. Additional subheadings may be used to help organize your data collection.
Data analysis	Describe the statistical procedures used to evaluate outcome variables. Organize this in the same order in which you presented your variables collected.
Procedure	Describe what the research subject was asked to do.
RESULTS	Provide results (in the order that you gave in your data collection section). Use additional subheadings to organize outcomes.
DISCUSSION	Summarize the meaning of your findings (in relation to practice or previous research). Include study strengths and limitations. Future investigative needs (if applicable). Do not restate your findings.
CONCLUSIONS	Final summary of findings.

#### Required documents:

- Cover letter
- Title page
- Abstract (structured: Introduction, Research Questions, Design, Results, Conclusion)
- Quantitative research text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

#### *Systematic Review*

A systematic review is a summary of published literature on a specific question. This is not a report of each article found, but a way to report findings of outcomes across multiple research

studies. A meta-analysis is a way to analyze results over multiple studies although there may be instances in which the data across studies are not feasible to perform the analysis. Use the following headings to organize your manuscript.<sup>6,7</sup>

## INTRODUCTION

Describe what is currently known and support why the review was undertaken.

## OBJECTIVE

State the objectives and questions the review is to answer.

## METHODS

### Design

Provide a statement of the design. PRISMA is not a design but a reporting guideline. Describe inclusion/exclusion of research included in the review, describe method of identifying articles and how articles were found. Provide a flow chart of yield that leads to the articles included in the review. Use subheadings as necessary.

### Data collection

Describe

### Bias assessment

Describe method for assessing.

### Outcome measures

Describe summary measures used.

### Synthesis method

If the data are amenable to meta-analysis, refer to the [PRISMA](#) statement for direction for reporting.

## RESULTS

Describe number of studies screened, characteristics, bias identified, results of studies based on outcome objectives, and synthesis of studies

## DISCUSSION

Summarize, identify strengths and limitations.

## CONCLUSION

Provide short summary of the valuable insights gleaned from review.

### Required documents:

- Cover letter
- Title page
- Abstract (Introduction, Objective, Methods, Results, Discussion, Conclusion)
- Systematic review text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)
- Systematic reviews and meta-analyses will still require permission to publish from the institution.
- In the reference list, place an asterisk by each article used in the review.

### ***Clinical Practice Guidelines***

Practice guidelines are practice recommendations for patient care based on the latest evidence or in the case of weak or nonexistent evidence, recommendations by experts in the field. The aim is to improve the quality of care by creating a standard for practice. Use the following headings to organize your guideline.

## INTRODUCTION

Define the problem and summary of the need for this practice guideline. This does not need to be extensive; consider limiting this section to 250-300 words.

## AIM

Clearly and concisely state the aim of the guideline.

## DEFINITION OF TERMS

Define any terms that would not be understood outside your specific field. If all terms are well-known (including internationally), then this subheading can be omitted.

## ASSESSMENT

Identify the population where this guideline applies and what tests, procedures, history, or education needs to be assessed are used.

## MANAGEMENT (TREATMENT OPTIONS)

Describe the recommended practices. This section may have several subheadings. For example, acute management, interventions, maintenance, and/or follow-up.

## SPECIAL CONSIDERATIONS

Describe alternatives to specific conditions. For example, restrictions due to acute or chronic disease processes or social determinants.

## COMPANION DOCUMENTS

If there are education materials, assessment forms, or training packages, these can be stated. These materials can be published as supplementary files, if author chooses.

## EVIDENCE TABLE

Include a table of research literature used with the level of evidence. Template examples that can be used: [Literature synthesis table](#) or [Literature Review Table](#). The key is to show your readers the key outcome gleaned. The table must be clear and concise.

## REFERENCES

Cite references using AMA, 11<sup>th</sup> edition.

### Required documents:

- Cover letter
- Title page
- Abstract (Introduction, Aim, Management, Discussion)
- Clinical Practice Guideline text including references (no title page)
- Table (if applicable)
- Figure (if applicable)
- Permission to use copyright material (if applicable)

### ***Bibliometric Analysis***

A manuscript meets this criterion when quantitative data are used to analyze the structural relationships between authors, countries, institutions, or topics. Several types of bibliometric analyses are available, and this must be clearly stated in the design. Use the following headings to organize the manuscript. You may add subheadings to fit with the methodology used.

INTRODUCTION	Describe what is known and the importance of bibliometric analysis in studying the topic. Provide background information about the field of study and any relevant previous work.
SPECIFIC AIM (or RESEARCH QUESTION(S))	This subheading is optional. It is acceptable to end the introduction with the study purpose. The study purpose/aim/questions need to be clear and measurable. A reminder that the investigator may have had multiple questions for the data abstracted but not every question asked can be reported in a single manuscript. Be sure that the questions asked are focused and connect to the results. The purpose should be clear and relevant to creating a greater understanding of the topic.
DESIGN	State the bibliometric analysis used. Include institutional or ethical review approval. Many institutions do not require a formal institutional review of studies that did not directly involve human subjects. Please provide evidence that the review board exempted the study from further institutional review board oversight or provide a letter from the department head stating that the manuscript/study was reviewed and permission to publish was granted.
DATA COLLECTION	Explain the data collection process, including the databases or sources used to obtain the relevant manuscripts or publications. Describe the criteria for selecting the manuscripts for analysis (eg, publication date range, subject area, etc.). Clearly outline the bibliometric indicators or metrics used (eg, citations, co-authorship, h-index, etc.). The number of manuscripts used in the analysis may be extensive, so that the description of the search strategy and articles used in the analyses must be thorough. Describe any data cleaning or preprocessing steps performed on the dataset.
RESULTS	Present findings in a clear and organized manner, using tables, graphs, or charts to illustrate the data effectively. Present findings in the order of the questions posed in the introduction. The flow diagram of included articles is a required table; beyond the flow diagram, tables are limited to 4, and figures limited to the number of research questions asked. Work with the editor if more than 5 figures are required.
DISCUSSION	Interpret the results as related to the research questions. Discuss the implications of the findings and their significance in the field. Address any limitations and potential biases in the data.
CONCLUSION	Summarize the main findings. Emphasize the contributions and how this advances knowledge in the field. Provide suggestions for future research based on the insights gained.

**REFERENCES** List the references cited throughout the paper following AMA Manual of Style, 11<sup>th</sup> edition. References are limited to 30 (beyond those used in the analysis).

**APPENDICES** (if needed):

Include any additional information or detailed data that may be relevant but too extensive for the main text. Appendices are limited to 3.

Required documents:

- Cover letter
- Title page
- Abstract (Introduction, Aim, Design, Results, Conclusion)
- Tables (each table uploaded as a separate file)
- Figure (each figure uploaded as a separate file)
- Permission to use copyright material (if applicable)

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***Editor Contact Information***

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## References

1. JAMA Network Editors. *AMA Manual of Style: A Guide for Authors and Editors*. 11<sup>th</sup> ed. Oxford University Press; 2020.
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**Literature Synthesis Table Example**

This is an example of 1 way to summarize findings of a group of articles.

Level	Author	Outcome	Improved	Did not improve

**Level of evidence**

1	Systematic reviews, meta-analysis, evidence-based clinical guidelines		
2	Single randomized control trials		
3	Control trials without randomization		
4	Case control or cohort studies		
5	Systematic review of descriptive or qualitative studies		
6	Single descriptive or qualitative studies		
7	Unsystematic clinical observation		

*Literature Review Table Example*

<b>Level of evidence</b>	<b>Year</b>	<b>Author</b>	<b>Title</b>	<b>Purpose</b>	<b>Design</b>	<b>Sample</b>	<b>N</b>	<b>Main variable</b>	<b>Secondary variable</b>	<b>Outcome1</b>	<b>Outcome2</b>

## ***AMA Style Guideline for Progress in Transplantation***

“The principle of good writing and good editing are the same: clarity, organization, and style.”

Emily Flint

Atlantic Monthly 1996

The Journal uses *AMA Manual of Style: A Guide for Authors and Editors* 11<sup>th</sup> edition Oxford University Press.

Use the Journal’s *Guidelines for Authors*. Included below are additional tips for using the AMA style. There are many help sheets on the internet but below are a few common tips. This is not an exhaustive guide. The editor expects each author to adhere to AMA guidelines and use additional resources to check each section (abstract, text, reference, tables, and figures) prior to submitting the manuscript.

- No colons are used in manuscript titles.
- Use Times New Roman font for body text
- Use boldface for headers
- Use italics for non-English words; however, no italics are used for words or phrases that are part of the English language. **Italics are not used for emphasis of a word.**
- Use italics for genus and species names in singular form only
- In enumerations, use italics for lowercase letters and set them in parentheses ((a), (b), (c))
- Avoid using colons if a sentence is continuous without them
- Hyphens and dashes are used to link words and clarify the meaning of words and phrases.
- Hyphenate combination so nouns used as unit modifiers only when they precede nouns (nurse-patient relationship)
- Hyphenate all prefixes that come before proper nouns, capitalized words, numbers, or abbreviations (post-HIV study)
- Use double quotation marks when using material from another source. If quoted material is greater than 4 lines of text, offset text in a block; reduce the font size by one (11pt), add space above and below the quoted material. Blocked quotes do not have quotation marks.
- Single or double quotation marks are not used for word emphasis.
- Use commas instead of parentheses if the material that is considered parenthetical is closely related to the rest of the text.
- Do not overuse abbreviations and acronyms, as they can confuse or detract readers.
- Spell out abbreviations and acronyms upon first use in text, followed by the abbreviation in parentheses.
- Common abbreviations do not need to be spelled out (Dr, RN, prn, CI)
- Use the word *the* in front of an organization unless the acronym is a pronounced word (UNOS, OSHA)
- Confidence interval can be abbreviated without expansion.
- Do not abbreviate drug names
- Do not begin sentences with numbers.
- Decimals are the only punctuation allowed in numbers
- Use a leading zero for numbers less than 1; 0.05

- Four-digit numbers do not have a comma; 6523
- Use a space for numbers greater than four digits; 652 3000
- Transplant is a noun and a verb; He received a transplant. He transplanted the organ.
- Transplantation is a procedure; Organ transplantation is a field of medicine.
- Do not use transplantation as a verb
- Just a word about better
  - Better is an adjective that modifies a noun; i.e. better weather
  - Do not use it to modify a verb; i.e. better informed (wrong usage)
- The abbreviation for United States—US—may be used when it precedes the word it modifies; US mail, but spelled out in other contexts
- Canadian city names are followed by the province name. Province is never abbreviated.

Sheahan, K. *AMA Style Guide*. Boca Raton FL: Barcharts, Inc; 2022.

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**Final review before you hit the Submit button!**

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    - v. Include funding statement
    - vi. Declaration of conflicting interest statement
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  - c. Manuscript text. The text includes the references.
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Be sure that you have used the most recent literature and are near the ideal.
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Submit color graphs as separate documents and labelled as color.
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  - g. Figure 2, etc
  - h. Supplementary files, if applicable (each file is uploaded separately)
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