

## Instructions to Authors

**Middle East Annals of Medical Sciences (MEAMS)**  
**Faculty of Medicine, Saint Joseph University of Beirut**  
**Beirut, Lebanon**

### 1. About the Journal

*Middle East Annals of Medical Sciences (MEAMS)* is a peer-reviewed, open-access scientific journal published by the Faculty of Medicine at Saint Joseph University of Beirut. The journal publishes high-quality work in medical, health and life sciences, including clinical medicine, biomedical sciences, public health, health policy, medical education, and related interdisciplinary fields.

MEAMS accepts manuscripts in English. Authors should ensure that the language, terminology, grammar, and scientific style are suitable for international scholarly publication.

### 2. Editorial Process

A manuscript is considered for review with the understanding that it is submitted exclusively to MEAMS, has not been published previously, is not under consideration elsewhere, and has not been accepted for publication by another journal.

All submitted manuscripts are acknowledged upon receipt. The editorial office first checks submissions for completeness, compliance with the journal's instructions, relevance to the scope of MEAMS, and basic scientific and ethical standards. Manuscripts that are incomplete, insufficiently original, outside the scope of the journal, or affected by major scientific, ethical, or technical concerns may be returned or rejected before external peer review.

Manuscripts suitable for review are assigned to an editor and sent to at least two qualified reviewers whenever appropriate. MEAMS follows a double-blind peer-review process: authors and reviewers should not know each other's identities. Authors must therefore submit a separate title page and a blinded manuscript file.

The editorial decision may be: accept, minor revision, major revision, reject with invitation to resubmit, or reject. When revisions are requested, authors must submit a revised manuscript together with a point-by-point response to reviewers' and editors' comments. The final decision rests with one of the Editor-in-Chiefs.

Manuscripts authored by editors or editorial board members will be handled in a way that avoids conflicts of interest. Such authors will not participate in the editorial decision-making process for their own manuscript.

### 3. Appeals

Authors may appeal an editorial decision if they believe that a major factual, procedural, or scientific misunderstanding occurred during the review process. Appeals should be addressed to the editorial office and should clearly explain the reason for the appeal. Appeals will be examined impartially by the Editor-in-Chief or a delegated editor who was not directly involved in the disputed decision. The decision after appeal is final.

#### **4. Anti-Plagiarism and Redundant Publication Policy**

MEAMS does not accept plagiarism, duplicate publication, redundant publication, data fabrication, data falsification, inappropriate image manipulation, or any other form of scientific misconduct.

Plagiarism includes the use of another person's words, ideas, data, images, or creative expression without appropriate attribution. Duplicate or redundant publication includes publishing substantially the same work more than once without proper disclosure, citation, and editorial approval.

Submitted manuscripts may be checked using plagiarism-detection software or other similarity-screening tools. If overlap is detected before publication, authors may be asked to revise, explain, or withdraw the manuscript. If misconduct is detected after publication, MEAMS may publish a correction, expression of concern, or retraction, and may notify the authors' institution or funder when appropriate.

#### **5. Clinical Trial Registration**

Clinical trials must be registered in a publicly accessible clinical trial registry before or at the time of participant enrolment. The registry name, registration number, and URL must be included in the title page and in the manuscript.

Acceptable registries include, but are not limited to, ClinicalTrials.gov, ISRCTN, the EU Clinical Trials Register, ANZCTR, UMIN Clinical Trials Registry, and other registries recognized by the World Health Organization International Clinical Trials Registry Platform.

#### **6. Authorship Criteria**

Authorship should be limited to individuals who have made substantial contributions to the work. MEAMS follows the authorship principles of the International Committee of Medical Journal Editors (ICMJE). Each author should meet all of the following criteria:

1. Substantial contribution to the conception or design of the work; or acquisition, analysis, or interpretation of data.
2. Drafting the manuscript or revising it critically for important intellectual content.
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work.

Individuals who contributed to the study but do not meet authorship criteria should be acknowledged with their permission.

The order of authors should reflect the relative contribution of each author and should be agreed upon by all authors before submission. Any change in authorship after submission, including addition, removal, or reordering of authors, requires written approval from all authors and a justification to the editorial office.

## **7. Contributor Roles**

Authors must provide a statement describing the contribution of each author. Contributions may include conception, study design, literature search, clinical work, experimental work, data acquisition, data analysis, statistical analysis, manuscript drafting, manuscript revision, supervision, project administration, and funding acquisition.

At least one author, normally the corresponding author, should be identified as the guarantor of the work and should take responsibility for the integrity of the manuscript.

## **8. Conflicts of Interest / Competing Interests**

All authors must disclose any financial, professional, institutional, personal, or academic conflicts of interest that could be perceived to influence the submitted work. If there are no conflicts of interest, authors should state: “The authors declare no conflicts of interest.”

For manuscripts authored by editors or editorial board members, the conflict of interest must be explicitly declared, and the manuscript must be handled independently from the author-editor.

## **9. Funding Disclosure**

Authors must disclose all sources of financial or material support, including grants, institutional support, sponsorship, or other funding. The role of the funder in study design, data collection, data analysis, interpretation, writing, and publication decisions must be stated. If the study received no funding, authors should state: “This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.”

## **10. Data Availability Statement**

All research manuscripts should include a data availability statement indicating whether and where the data supporting the findings are available. Examples include:

- “The data supporting the findings of this study are available from the corresponding author upon reasonable request.”
- “The data are available in [repository name] at [DOI or URL].”
- “Data sharing is not applicable to this article because no datasets were generated or analyzed.”

- “The data cannot be shared publicly because of ethical, legal, or privacy restrictions.”

## **11. Ethical Approval and Informed Consent**

Research involving human participants must comply with the Declaration of Helsinki and must have received approval from an appropriate institutional review board or ethics committee. The manuscript must include the name of the ethics committee, approval number when available, and date of approval.

For research involving human participants, authors must state whether written informed consent was obtained. For minors or individuals unable to consent, consent must be obtained from a parent, guardian, or legally authorized representative, with assent from the participant when appropriate.

Research involving animals must comply with institutional, national, and international standards for animal care and use. The manuscript must include approval by the relevant animal ethics committee when applicable.

## **12. Protection of Patients’ Rights to Privacy**

Identifying information should not be published unless it is essential for scientific purposes and the patient or legally authorized representative has provided written informed consent for publication. Authors should remove names, initials, hospital numbers, and any unnecessary identifying details from text, tables, images, and supplementary files.

If a patient image or case description could lead to identification, the manuscript must include a statement confirming that informed consent for publication was obtained. Recognizable facial features not essential to the scientific content should be obscured.

## **13. Submission of Manuscripts**

Authors should submit their manuscripts by email to the following address: [meams.editions@usj.edu.lb](mailto:meams.editions@usj.edu.lb) Eventually, manuscripts must be submitted through the MEAMS online submission platform on USJ Open Commons. First-time users may need to create an account before submitting. Authors should follow the platform instructions and upload all required files.

Submissions that do not comply with the Instructions to Authors may be returned for technical correction before editorial evaluation or peer review.

The submission should generally include the following files:

### **13.1. Title Page / First Page File / Cover Letter**

This file must contain information that identifies the authors and institutions. It should not be included in the blinded manuscript file.

The title page should include:

1. Manuscript type: original article, review article, systematic review, case report, letter to the editor, editorial, commentary, opinion, image, or other category.
2. Full title of the manuscript.
3. Short running title of no more than 50 characters.
4. Full names of all authors.
5. Highest academic degrees of all authors, where appropriate.
6. Institutional affiliations of all authors.
7. Department and institution to which the work should be attributed.
8. Name, postal address, email address, and telephone number of the corresponding author.
9. Total number of pages.
10. Word count for the abstract.
11. Word count for the main text, excluding abstract, references, tables, and figure legends.
12. Number of tables and figures.
13. Number of references.
14. Details of any prior presentation of the work at a meeting, including organization, place, and date.
15. Clinical trial registration number and registry URL, when applicable.
16. Ethics approval details, when applicable.
17. Funding statement.
18. Conflict of interest statement.
19. Author contribution statement.
20. Data availability statement.
21. A statement confirming that all authors have read and approved the manuscript, meet authorship criteria, and agree to submission to MEAMS.

### **13.2. Blinded Manuscript File**

The blinded manuscript file should include the manuscript text from abstract to references, followed by tables and figure legends when appropriate. It must not contain author names, initials, affiliations, institutional identifiers, acknowledgements, ethics committee names that reveal the institution, or any other information that could identify the authors.

The pages should be numbered consecutively. The manuscript should be submitted as a Word file (.doc or .docx). Do not submit compressed files.

### **13.3. Tables**

Tables should be included at the end of the blinded manuscript file after the references, unless the submission platform requests separate files. Each table must have a clear title and should be cited in the text in numerical order.

### **13.4. Figures and Images**

Figures should be uploaded as separate high-quality files when possible. Acceptable formats include JPEG, PNG, or TIFF, depending on platform requirements. Figure legends should be included at the end of the manuscript file. Each figure must be cited in the text in numerical order.

Authors are responsible for obtaining permission to reproduce any previously published figure, table, image, or copyrighted material.

### **13.5. Supplementary Material**

Supplementary material may include additional tables, figures, datasets, checklists, protocols, multimedia files, or appendices. Supplementary files should be clearly labeled and cited in the manuscript when applicable.

### **13.6. Required Forms**

Authors may be asked to upload signed or completed forms, including conflict-of-interest forms, copyright or publishing agreement forms, ethics statements, patient consent statements, and reporting guideline checklists.

## **14. Preparation of Manuscripts**

Manuscripts should be prepared in accordance with international standards for biomedical journals, including ICMJE recommendations and relevant EQUATOR Network reporting guidelines.

General formatting requirements:

- Manuscripts may be written in English or French.
- Use Microsoft Word format (.doc or .docx).
- Use double spacing throughout the manuscript.
- Use margins of at least 2.5 cm on all sides.
- Number all pages consecutively.
- Use clear section headings.

- Avoid identifying information in the blinded manuscript.
- Define abbreviations at first use in the title, abstract, and main text separately.
- Use generic drug names when possible.
- Use SI units when applicable.
- Ensure spelling, grammar, punctuation, and scientific terminology are carefully checked before submission.

## 15. Types of Manuscripts

### 15.1. Original Articles

Original articles report original research, including randomized controlled trials, observational studies, diagnostic studies, epidemiological studies, health services research, public health research, biomedical studies, translational research, and medical education research.

**Word count:** 3,000–5,000 words, excluding abstract, references, tables, and figure legends.

**Abstract:** Structured abstract, up to 250 words.

**Keywords:** 3–6 keywords.

**References:** Usually up to 50 references.

**Authors:** Usually no more than 6 authors, unless justified by the scope, design, or multicenter nature of the work.

Recommended structure:

1. Abstract
2. Keywords
3. Introduction
4. Materials and Methods / Methods
5. Results
6. Discussion
7. References
8. Tables
9. Figure legends

The abstract should generally include Background, Objectives, Methods, Results, and Conclusion.

The Methods section should include study design, setting, participants, eligibility criteria, variables, data sources, sample size when applicable, statistical methods, ethics approval, and consent procedures.

The Results section should present findings in a logical order. Numerical results should include absolute numbers as well as percentages when relevant. Estimates should be accompanied by appropriate measures of precision, such as confidence intervals.

The Discussion should summarize the main findings, compare them with existing literature, discuss strengths and limitations, explain clinical or public health implications, and identify future research directions.

## **15.2. Review Articles**

Review articles should provide a balanced and critical synthesis of the literature on a topic relevant to medical or health sciences. Authors should have appropriate expertise in the subject area.

**Word count:** 3,000–5,000 words, excluding abstract, references, tables, and figure legends.

**Abstract:** Unstructured abstract, up to 250 words.

**Keywords:** 3–6 keywords.

**References:** Usually up to 100 references.

Authors should describe the method used to identify, select, and synthesize the literature, even for narrative reviews.

## **15.3. Systematic Reviews and Meta-Analyses**

Systematic reviews and meta-analyses should follow PRISMA guidelines. Registration in PROSPERO or another appropriate registry is recommended when applicable. The registration number should be included in the manuscript.

**Word count:** 3,000–5,000 words, excluding abstract, references, tables, and figure legends.

**Abstract:** Structured abstract, up to 250 words.

**Keywords:** 3–6 keywords.

**References:** According to scope and need.

Recommended structure:

1. Abstract
2. Keywords
3. Introduction
4. Methods
5. Results

6. Discussion
7. References
8. Tables and figures
9. PRISMA flow diagram

#### **15.4. Case Reports**

Case reports should describe rare, novel, educational, or clinically important cases that provide a clear learning point. Cases should be presented only when they add meaningful information to the literature.

**Word count:** Up to 1,000 words, excluding abstract and references.

**Abstract:** Unstructured abstract, up to 150 words.

**Keywords:** 3–6 keywords.

**References:** Usually up to 30 references.

**Authors:** Usually no more than 4 authors.

Recommended structure:

1. Abstract
2. Keywords
3. Introduction
4. Case Report
5. Discussion
6. References
7. Tables and figure legends, if applicable

Written informed consent for publication must be obtained when the patient could be identified.

#### **15.5. Letters to the Editor**

Letters to the Editor may comment on articles published in MEAMS or present brief, focused observations of scientific interest. They should not report preliminary findings that require validation in a full article.

**Word count:** Up to 800 words.

**Abstract:** Not required.

**References:** Up to 10 references.

**Authors:** Usually no more than 4 authors.

#### **15.6. Editorials, Guest Editorials, Commentaries, and Opinion Articles**

Editorials, guest editorials, commentaries, and opinion articles are generally invited by the editorial board. Unsolicited submissions may be considered at the discretion of the editors.

**Word count:** Usually 1,000–2,000 words, unless otherwise agreed with the editorial office.

**Abstract:** Not required unless requested.

**References:** Usually up to 20 references.

### 15.7. Images in Medicine / Clinical Images

Images in Medicine should present a high-quality image with educational value in clinical medicine, biomedical sciences, public health, or related fields.

**Word count:** Up to 300 words.

**Abstract:** Not required.

**References:** Up to 3 references.

**Authors:** Usually no more than 4 authors.

Patient consent is required when the image could identify the patient.

### 16. Reporting Guidelines

Authors should follow the reporting guideline appropriate to the study design and should upload the relevant checklist when requested.

Recommended guidelines include:

Study design	Reporting guideline
Randomized controlled trial	CONSORT
Observational study: cohort, case-control, cross-sectional	STROBE
Systematic review or meta-analysis	PRISMA
Diagnostic accuracy study	STARD
Case report	CARE
Quality improvement study	SQUIRE
Clinical practice guideline	AGREE
Animal preclinical study	ARRIVE
Qualitative research	COREQ or SRQR

For other study designs, authors should consult the EQUATOR Network.

## 17. Statistical Reporting

Authors should describe statistical methods with enough detail to allow readers to understand and verify the analysis. The statistical software and version should be stated.

Whenever possible, results should be presented with appropriate measures of uncertainty, such as confidence intervals. Exact P values should be reported when appropriate rather than only “P < 0.05” or “P < 0.001.” Percentages should be accompanied by the numerator and denominator when relevant.

Authors should avoid unsupported claims of significance and should interpret results in light of study design, sample size, limitations, and potential sources of bias.

## 18. References

References should be numbered consecutively in the order in which they first appear in the text. In-text citations should use Arabic numerals in square brackets after punctuation, for example: “...as previously reported.[1]”

MEAMS uses a biomedical reference style based on the National Library of Medicine / Vancouver style. Journal titles should be abbreviated according to Index Medicus / NLM style when available.

Examples:

### **Journal article with up to six authors**

Author AA, Author BB, Author CC. Title of article. Journal Title. Year;Volume(Issue):Page–Page.

### **Journal article with more than six authors**

Author AA, Author BB, Author CC, Author DD, Author EE, Author FF, et al. Title of article. Journal Title. Year;Volume(Issue):Page–Page.

### **Book**

Author AA. Title of Book. Edition. Place of publication: Publisher; Year.

### **Chapter in edited book**

Author AA, Author BB. Title of chapter. In: Editor AA, Editor BB, editors. Title of Book. Place of publication: Publisher; Year. p. xx–xx.

### **Online article**

Author AA, Author BB. Title of article. Journal Title. Year;Volume:Article number.  
doi:xx.xxxx/xxxxx.

Authors should avoid citing abstracts when full articles are available. Personal communications and unpublished observations should be cited only when essential and with written permission from the source.

## **19. Tables**

Tables should be self-explanatory and should not duplicate data already presented in the text or figures. Tables should be numbered consecutively using Arabic numerals according to their first citation in the text.

Each table should include:

- A short descriptive title.
- Clear column headings.
- Explanatory footnotes when needed.
- Definitions of all non-standard abbreviations.
- Appropriate statistical information.

Previously published or adapted tables require permission from the copyright holder and an appropriate credit line.

## **20. Figures and Figure Legends**

Figures should be necessary, clear, and of high quality. They should be numbered consecutively according to their first citation in the text.

Figure legends should be placed at the end of the manuscript file and should explain all symbols, arrows, abbreviations, stains, scales, or relevant technical details. Legends should generally not exceed 40 words, excluding credit lines.

Graphs should be accompanied by the numerical data on which they are based when requested by the editorial office. Previously published or adapted figures require permission from the copyright holder and an appropriate credit line.

## **21. Abbreviations**

Use abbreviations only when they improve readability. Define each abbreviation at first use in the abstract and again at first use in the main text. Avoid abbreviations in the title unless they are widely recognized.

A list of abbreviations may be included when the manuscript contains many abbreviations.

## **22. Acknowledgements**

Acknowledgements should recognize individuals or institutions that contributed to the work but do not meet authorship criteria. Examples include administrative support, technical help, language editing, or general supervision. Authors must obtain permission from all individuals named in the acknowledgements.

Acknowledgements should be included only in the title page or designated non-blinded file, not in the blinded manuscript file.

### **23. Permissions**

Authors are responsible for obtaining written permission to reproduce or adapt copyrighted material, including figures, tables, questionnaires, scales, photographs, or substantial text from previously published sources. Permission documentation should be submitted with the manuscript when applicable.

### **24. Revised Manuscripts**

When submitting a revised manuscript, authors must provide:

1. A clean revised manuscript.
2. A version showing changes, if requested.
3. A point-by-point response to all reviewer and editor comments.

Authors should indicate where changes were made in the manuscript. The revised manuscript should continue to respect the journal's blinding requirements unless otherwise instructed.

### **25. Proofs**

Page proofs will be sent to the corresponding author before publication. Proofs should be checked carefully for typographical errors, formatting issues, author information, tables, figures, and references. Substantial changes to content are generally not permitted at proof stage unless requested by the editorial office.

### **26. Publication Schedule**

MEAMS is published twice yearly in October and April of every year. Articles may be published online when ready, depending on the journal's production workflow.

### **27. Submission, Processing, and Publication Charges**

MEAMS does not charge authors for submission, peer review, processing, or publication, unless otherwise stated on the journal website or by the publisher.

### **28. Copyright and Open Access**

MEAMS is an open-access journal. Authors retain or transfer rights according to the publishing agreement used by the journal and the USJ Open Commons / Digital Commons platform. The applicable Creative Commons license, copyright terms, and author rights should be displayed on the article page and in the publication agreement.

Authors must confirm that they have the right to submit the manuscript and that the work does not infringe copyright or other rights of third parties.

## **29. Preprints**

MEAMS may consider manuscripts that have been posted as preprints, provided that authors disclose the preprint at submission and include the preprint server name, DOI, and URL. Authors should not post revised versions that conflict with journal policy during peer review unless permitted by the editorial office.

## **30. Use of Artificial Intelligence Tools**

Artificial intelligence tools, including large language models, do not qualify for authorship. Authors are fully responsible for the accuracy, originality, integrity, and scientific content of the manuscript, including any content generated or edited with the assistance of AI tools.

Any substantive use of AI tools in writing, data analysis, image generation, translation, or editing should be disclosed in the manuscript, unless the tool was used only for basic spelling or grammar correction.

AI tools must not be used to fabricate data, images, references, or patient information.

## **31. Checklist Before Submission**

### **Cover Letter / Title Page**

- Manuscript type indicated.
- Full title and running title provided.
- Full author names, degrees, and affiliations provided.
- Corresponding author information provided.
- Word counts provided.
- Number of tables, figures, and references provided.
- Previous presentation or publication disclosed.
- Funding source disclosed.
- Conflicts of interest disclosed.
- Author contributions provided.
- Ethics approval and informed consent stated, when applicable.
- Clinical trial registration provided, when applicable.
- Data availability statement provided.

## **Blinded Manuscript**

- Author names and affiliations removed.
- Institutional identifiers removed when possible.
- Acknowledgements removed from blinded file.
- Abstract included according to manuscript type.
- Keywords included.
- Main text structured according to manuscript type.
- Tables and figure legends included.
- References formatted according to journal style.
- Page numbers included.
- Double spacing used.
- Margins of at least 2.5 cm used.

## **Language and Style**

- Manuscript written in English or French.
- Grammar, spelling, and punctuation checked.
- Abbreviations defined at first use.
- Generic drug names used when appropriate.
- SI units used when appropriate.
- Species names italicized when applicable.

## **Tables and Figures**

- Tables and figures cited in numerical order.
- Tables are self-explanatory.
- Figure files are high quality.
- Figure legends provided.
- Non-standard abbreviations explained.
- Patient privacy protected.
- Permissions obtained for reproduced or adapted material.

## Reporting Guidelines

- Appropriate reporting guideline followed.
- Checklist uploaded when required.
- Flow diagram uploaded when required.

## Appendix: Suggested Manuscript Limits

Manuscript type	Abstract	Main text	References	Authors	Structure
Original Article	Structured, up to 250 words	3,000–5,000 words	Up to 50	Usually up to 6	IMRaD
Review Article	Unstructured, up to 250 words	3,000–5,000 words	Up to 100	According to scope	Flexible
Systematic Review / Meta-analysis	Structured, up to 250 words	3,000–5,000 words	According to scope	According to scope	PRISMA-based
Case Report	Unstructured, up to 150 words	Up to 1,000 words	Up to 25	Usually up to 4	Introduction, Case, Discussion
Letter to the Editor	Not required	Up to 800 words	Up to 10	Usually up to 4	Letter format
Editorial / Commentary / Opinion	Usually not required	1,000–2,000 words	Up to 20	Usually invited	Flexible
Image in Medicine	Not required	Up to 300 words	Up to 3	Usually up to 4	Image + short text