

Epilepsia

The Journal of the International League Against Epilepsy

INSTRUCTIONS *for* AUTHORS

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, especially of an International importance. Manuscripts should be the work of the author(s), must not have been previously published elsewhere, and must not be under consideration by another journal.

If you have a question not addressed in these pages then contact the journal at epilepsia@epilepsia.com.

EDITORIAL POLICIES

(1) The Editors-in-Chief of *Epilepsia* invite manuscripts in all areas of epilepsy-related research, especially if useful for an international audience. Manuscript submission is free. 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 to determine whether they provide new important information and in the field, are in the proper format, and are appropriate for the Journal (editorial review). Reports are unlikely to be accepted for publication if they are not based in sound science and/or they provide only incremental knowledge of limited 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) Papers that describe clinical features or epidemiology in a given region of the world that do not provide new insights into epilepsy not already published;
- (b) Correlative studies where the sample size is too low to provide statistically sound findings;
- (c) Genetic association studies in which the association has already been confirmed;
- (d) Investigatory articles describing the application of a new technical variation which is not likely to have clinical utility or impact;
- (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) Single group, before-after evaluations of therapeutic interventions and programs that do not include a control group;
- (h) Small case series 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 their search 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) In the cover letter, authors should indicate that the material described in the manuscript is the work of the author(s), 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. Authors will be asked to login into Author Services and complete the appropriate license agreement via Wiley Author Licensing Service.

(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://publicationethics.org/>).

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(6) Data reporting should follow appropriate checklists and guidelines (e.g., STROBE for observational trials; CONSORT for clinical trials), and other checklists should be consulted for other reports including diagnostic accuracy (STARD) or meta-analyses (PRISMA). Checklists can be downloaded from the following:

STROBE – <http://strobe-statement.org>

CONSORT – <http://www.consort-statement.org/consort-statement/>

STARD – <http://www.stard-statement.org/>

PRISMA – <http://www.prisma-statement.org/>

(7) For animal experiments, the authors need to state that the experiments have been performed in accordance with all applicable national and/or international guidelines/laws. The authors should also provide their allowance number for performing animal experiments when available and should add a statement indicating that the principles outlined in the ARRIVE guidelines and the Basel declaration (<http://www.basel.declaration.org>) including the 3R concept have been considered when planning the experiments.

(8) 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 or failure to comply will result in rejection of the manuscript, retraction of the published article, and/or a ban on future submissions by the author(s).

(9) In submitting a manuscript, the submitting/corresponding author must acknowledge that: a) all co-authors have been substantially 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.

(10) Sometimes editors make mistakes. If an author believes an editor has made a decision in error we welcome an appeal. Please contact the editor and in your appeal letter, clearly state why you think the decision is a mistake and set out specific responses to any comments related to the rejection. An appeal does not guarantee a re-review.

TYPES OF MANUSCRIPTS

The following types of material may be considered for publication:

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

a. Critical Reviews and Commentaries. The Editors-in-Chief encourage submission of reviews and commentaries on topical and controversial issues. Authors planning/proposing such papers should contact the Editors-in-Chief at epilepsia@epilepsia.com before submitting their manuscripts. Authors can also approach one of *Epilepsia*’s Associate Editors about possible reviews. While there are no strict length limits on this type of paper, manuscripts generally should be around 4-5000 words. Ample figures and tables are encouraged. Longer manuscripts will be considered at the discretion of the Editors-in-Chief, but justification should be provided by the authors.

b. Full-length Original Research Articles. These articles should be limited in length to 4000 words and no more than 6 figures and tables (combined). Additional figures and tables will be permitted at the discretion of the Editors or 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 (typically less than 600 words), and the Discussion should be restricted to issues directly relevant to the Results (typically less than 1200 words).

c. 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 1800 words (excluding the summary), 15 references, and no 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, and may provide for a larger number of figures and tables if justified.

Brief Communications may be published online only (not in the print version of the journal) depending on their impact. They will appear in a specific issue in the electronic (online) version, and will be identified and described (Short Summary) in the Table of Contents of the printed version of that issue. The online versions will be dealt with by PubMed/Medline and other indexing/citation systems, exactly the same way as print articles; they will be referenced by their DOI number and date of online publication (which will continue to be approximately 35 working days following acceptance).

d. Controversy in Epilepsy: For emerging areas related to epilepsy care and research for which there is more opinion than high quality data, *Epilepsia* uses the Controversy series as a venue. Authors can propose a pro- and con- position each limited to 2000 words. Contact the editors at

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epilepsia@epilepsia.com before submitting in this series.

(2) Editorially-reviewed material (to be submitted by email to the Editors-in-Chief at 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: workshop reports and conference summaries, obituaries, letters/commentary to the Editors (500 word limit, and only exceptionally figures or tables), special (brief) reports from ILAE Commissions or other working groups, and announcements. 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). Such proposals must be explicitly approved by the Editors-in-Chief, who will also confirm the page rate charge for the proposed supplement.

(4) 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).

MANUSCRIPT PREPARATION

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://wileyeditingservices.com/en/>. All services are paid for and arranged by the author, and use of one of these 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. Manuscript text should be double spaced with at least 1 inch margin on all sides using size 12 font. 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 cover letter explaining why the additional length is necessary.

Authors are encouraged to use the most recent terminology of seizures and epilepsy (Fisher et al., 2014) and epilepsy classification of the ILAE (Berg et al., 2010). Studies involving treatments should adhere to ILAE's classification of medically refractory epilepsy (Kwan et al., 2011).

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 summary (less than 300 words) of the content. The summary (structured) should provide the reader with the main points of the paper, and be divided into Objective, Methods, Results, and Significance. 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).

□ **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 and to use figures and tables to illustrate the key issues of the document.

Tables, figures, figure legends, references, acknowledgments, 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, Special Reports, and Brief Communications

□ **Title Page**

Include the following information: Full title of the manuscript which generally should be as concise and precise as possible; authors' names (first and last names,

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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; number of references; number of figures; number of tables.

□ Summary and Key Words

Provide a summary of no more than 300 words (200 words for Brief Communications). The summary for Full Length Original Research reports should consist of four sections, labeled: Objective; Methods; Results; Significance. 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 Special Reports, Invited Commentaries, and 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). A second short summary (less than 100 words) is required for Brief Communications that can be used in the print issue Table of Contents. Submit the second short summary as a Supporting Document.

□ Key Point Box

Include 3 to 5 key bullet points that summarize your article after the main body of text. Please ensure each bullet point is no longer than 140 characters. (A key point box is not needed for Brief Communications). An example of a key point box can be found on the Epilepsia Scholar One Manuscripts website (<http://mc.manuscriptcentral.com/Epilepsia>); please click 'Instructions and Forms' at the top right-hand corner of the homepage.

□ 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 view 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.

□ 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.

□ Statistical Methods

The following guidelines assume familiarity with common statistical terminology and methods. We recommend that authors consult a biostatistician during the planning stages of their study, with further consultations during the analytical and interpretational stages.

1. Analysis guidelines:

- Use robust analytic methods when data are skewed.
- Use Kaplan Meier methods, Cox Proportional Hazards, and mixed models analyses for longitudinal data.

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- Account properly for statistical outliers.
- Use exact methods as much as possible in analyses of categorical data.
- Use appropriate correction procedures to account for multiple comparisons, and conduct post-hoc comparisons with statistically appropriate methods.

2. Presentation guidelines:

- Report means accompanied by standard deviations; standard errors should not be used.
- Present results with only as much precision as is appropriate.
- Present confidence intervals, whenever possible, including in figures.
- Describe quantity of missingness and methods used for handling such missingness.
- In general, present two-sided p-values. P-values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places, and those smaller than 0.001 should be reported as $p < 0.001$.
- In reporting clinical trials, include a flow diagram, a completed trial checklist, and trial registration information. The CONSORT flow diagram and checklist are recommended (<http://www.consort-statement.org/>).

□ Acknowledgements

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 which 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.

□ Ethical Publication Statement

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 modified Vancouver style format. Citation of references in the text should be in superscript numbers (including those in figure legends and tables). Cite the end references in numerical order. The first three authors should be listed and followed by et al. Use journals’ PubMed abbreviations in the reference list at the end of the paper (as opposed to journals’ names being written out in full). Reference program patches are available on the Epilepsia Scholar One Manuscripts website (<http://mc.manuscriptcentral.com/Epilepsia>); please click ‘Instructions and Forms’ at the top right-hand corner of the homepage.

Number of references is limited to the following:

Full Length Original Research Paper – 40

Brief Communications – 15

Reviews – 80

Special Reports – 80

SampleReferences:

Journal Article

Berg AT, Berkovic SF, Brodie MJ, et al. Revised terminology and concepts for organization of seizures and epilepsies: report of the ILAE Commission on Classification and Terminology, 2005-2009. *Epilepsia* 2010; 51: 676-685.

Journal article published electronically ahead of print version

Reilly C, Atkinson P, Das KB et al. Academic achievement in school-aged children with active epilepsy: A population-based study. *Epilepsia* Epub 2014 Oct 20.

Journal article In Press

Battino D, Tomson T, Bonizzoni E, et al. Seizure control and treatment changes in pregnancy: Observations from the EURAP epilepsy pregnancy registry. *Epilepsia* (in press 2013)

Letter

Marucci G. Commentary on the new ILAE classification system for focal cortical dysplasias. *Epilepsia* 2012; 1:219-220. Letter

Published Abstract

Noe K, Drazkowski J. Safety of Long-Term Video EEG Monitoring. *Epilepsia* 2008; 59(suppl 7):1.125. Abstract

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Book

Shorvon S. Handbook of the treatment of epilepsy. Oxford: Blackwell Publishing; 2005

Chapter in a Book

Fraser RT, Gumnit RJ, Thorbecke R, et al. Psychosocial rehabilitation: A pre- and postoperative perspective. In Engel J (Ed) Surgical treatment of the epilepsies. 2nd Ed. New York: Raven, 1993:669-667

Online

Russo CA, Elixhauser A. Hospitalizations for Epilepsy and Convulsions, 2005: Statistical Brief #46. Available at: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb46.jsp>. Accessed February 12, 2011.

□ **Figure legends**

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 (where possible) and publishers) by the authors. Credit for previously published material (author(s), date, journal/book title, and 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, and provide clear headings for each column and row. Do not duplicate data given in the text and/or in figures. Written permission to use non-original material must be obtained (from the original authors (where possible) and publishers) by the authors. Credit for previously published material (author(s), date, journal/book title, and publisher) must be included in the table notes.

□ **Figures**

All figures should be prepared with care and professionalism. Submissions that do not comply with the following formatting requirements will be returned for correction and re-submission. Figures should be submitted as TIFF files in the size expected for final publication—approximately 3 inches (7-8 cm) for half column and 6 to 7 inches (15-17 cm) for double columns. Submit black and white figures with a minimum of 300 dpi (MRI scans) and for line drawings or figures that included imbedded text (bar graphs with numbers) at least 600 dpi. 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 600 dpi. We recommend saving the TIF files with LZW compression (an option when you ‘save as’ in packages like Photoshop), which will make the files smaller and quicker to upload without reducing the resolution/quality. Save each TIF file with a name that includes the first author’s last name and the figure number as referenced in the text (e.g., Smith-figure1.tif). Provide clear labels on the ordinate and abscissa. Figures with more than one part should be combined by the authors in the correct orientation and labeled with A, B, C etc. When relevant, include calibration information. Label figures using Calibri font and be sure that all labels are large enough to be clearly legible when the figure is reduced to fit onto a journal page. The maximum size of any figure is 7x9 in (17.225 cm) and 40 mega pixels; 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. 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:

	Color #	RGB Definition	CMYK Definition
	#e4b8b4	228/184/180	0/25/15/9
	#ce8080	206/128/128	0/50/30/18
	#a30234	163/2/52	0/100/60/37
	#511d24	81/29/36	42/85/67/60
	#f1b682	241/182/130	0/29/50/4
	#e37c1d	227/124/29	0/58/100/8
	#ffdf76	255/223/118	0/11/64/0
	#abb47d	171/180/125	13/0/47/27
	#67771a	103/119/26	27/0/94/55
	#a1c5cb	161/197/203	25/0/7/16
	#5698a3	86/152/163	50/0/14/32
	#00545f	0/84/95	100/0/28/64
	#002f30	0/47/48	87/34/47/77
	#bacfec	186/207/236	25/11/0/0
	#0076c0	0/118/192	100/46/0/0
	#002157	0/33/87	100/75/0/60
	#7a5072	122/80/114	50/73/30/18

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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 ending signed consent forms to Epilepsia or Wiley-Blackwell Publishing without written permission from the patient to do so. A sample signed consent form can be found on the Epilepsia Scholar One Manuscripts website (<http://mc.manuscriptcentral.com/Epilepsia>); please click 'Instructions and Forms' at the top right-hand corner of the homepage.

□ Supporting Information

Supporting information, to be published online only, 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 Online Library 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 Online Library, the responsibility for scientific accuracy and functionality remains entirely with the authors. A disclaimer will be displayed to this effect with any supporting information published.

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 (e.g. 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.

c. *GrayMatters*

□ Title

Letters, workshop 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 for each institutional affiliation); e-mail contact address for the corresponding author.

□ Body of submission

Letters and commentaries should be restricted to 500 words or less, unless otherwise allowed by the Editors. Figures and tables will be included only in exceptional cases. Gray Matters will not be used to publish case reports. Tables, figures, figure legends, references, acknowledgements, disclosure of conflicts of interest, ethical publication statement 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 Scholar One Manuscripts website (<http://mc.manuscriptcentral.com/Epilepsia>); please click 'Instructions and Forms' at the top right-hand corner of the homepage; then click on the link 'Instructions to Authors'.

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 12 point font (preferably Times New Roman). When generating a revised manuscript, identify the altered portions of the manuscript with highlighted text, underlined, colored or bold font to indicate where changes to the original version of the text have been made.

b. Tables, Figures, and Supporting Information

See above.

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MANUSCRIPT SUBMISSION

(1) Online submission via Manuscript Central

Manuscripts should be submitted via the Journal's website on Scholar One Manuscripts 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, each figure, supplemental material, 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 broad readership 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) Other materials/forms

At the time of submission, all other materials (e.g., permission forms, supplemental material, patient consent) must be uploaded onto Manuscript Central, faxed to the editorial office (Fax: +1-702-548-0706) or emailed to epilepsia@epilepsia.com.

(5) Questions/Contacts

Questions and request for assistance should be addressed to the Journal at epilepsia@epilepsia.com. The Managing Editor, Ms. Laurie Beninsig will in most cases be able to provide direction, or will contact the Editors-in-Chief for further assistance.

MANUSCRIPT PUBLICATION

(1) Once accepted for publication, authors are required to provide a portrait color photograph of the first author (1.5 inches × 1.5 inches (3 × 3 cm), 300 dpi light colored background) along with a one sentence line describing who they are (limited to 100 characters with spaces) to be included in the title page

(2) The Editors may approach authors to provide one or two of their figures as possible cover material for the printed journal. These figures will need to be large enough and with the appropriate dpi.

(3) Online tracking of your article

Online production tracking of your article is 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://authorservices.wiley.com/bauthor/> for more details on online production tracking and for other publication resources (including FAQs and tips on article preparation, submission and more).

(4) Proofs

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