

Call for Papers: Clinical Research

Robin S. Gotler, MA, Editorial Coordinator

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BACKGROUND

Since its inception, the *Annals of Family Medicine* has sought research on clinical topics: new knowledge that fills a gap in our understanding of how health and illness are gained and lost, how patients present and progress in primary care, and how diagnosis and treatment of patients in primary care can be improved.

CALL FOR PAPERS

To help stimulate new knowledge relevant to primary care practice, the *Annals* is issuing a call for manuscripts on clinical topics. Findings should directly help primary care clinicians better care for the patients they see. Articles with the potential to change how clinicians practice medicine are particularly welcome. Accepted manuscripts will be included in a clinical research theme in the July/August 2010 issue of the *Annals*.

Topics should relate to care of patients in the primary care setting. Specific topics may include (but are not limited to) natural history, pathophysiology, and advances in treatment and prevention of illnesses/medi-

cal conditions; ways in which health can be promoted or regained, or illness problems effectively addressed; and clinical trials conducted in primary care settings. Manuscripts should specifically state how the findings might apply to or change practice.

Submission Instructions

Please follow the standard submission process (see "Instructions for Authors" and "Instructions for Submitting a Manuscript" on the Author Information page at <http://www.AnnFamMed.org>). The cover letter should state that the manuscript is for consideration in the clinical research theme. All submissions will be subject to peer review, and we cannot guarantee acceptance.

Manuscripts received before October 15, 2009, will have the best chance of being included in the theme, but since clinical research is an ongoing interest of the *Annals*, we encourage authors to submit manuscripts at any time to be considered for publication in other issues.

For additional information, contact the *Annals* at AnnFamMed@case.edu.