



Writing Guidelines for Authors



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DISCLOSURE

The authors of this report has no competing interest in this subject and the preparation of this report is entirely funded by the Ministry of Health Malaysia.

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1.0 PURPOSE

This guideline has been developed to provide guidance for authors in Malaysian Health Technology Assessment Section (MaHTAS) in writing technical reports including Health Technology Assessment (HTA), Technology Review (Mini-HTA), Information Brief (Rapid Review) or any other type of technical report produced by MaHTAS. This guidance aims to standardise the style of writing by authors in MaHTAS so as all the technical reports are uniformly written in standardised MaHTAS style consistently, generating more credible and higher quality reports.

The purpose of this document is not to develop a set of guidelines or manuals for the undertaking of Health Technology Assessment (HTA) or Clinical Practice Guideline (CPG), or provide methodological guidance relevant to them. Such information is provided separately in the Health Technology Assessment Manual and Manual on Development and Implementation of Evidence-based Clinical Practice Guideline. Neither this document addresses reporting guideline to aid in reporting of a study or research project.

2.0 TARGET USER

The primary intended users of this guideline are the reviewers or authors in MaHTAS. However, others may benefit directly or indirectly from the use of this writing guideline including researchers, guideline developers, students, journal editors and publishers, individuals involved in academic writing as well as those in the scientific community at large.

3.0 MaHTAS WRITING GUIDE

3.1 GENERAL INFORMATION

- a. Language
 - All documents should be written in English (UK).
- b. Perspective
 - Authors should write from the perspective of Ministry of Health and all documents are published as MaHTAS reports.
- c. Audience
 - Keep MaHTAS target audience (decision makers at all level of care) in mind while writing reports. The executive summary and conclusion of the report deserve extra care as they will be of particular interest to most readers.

3.2 FORMATING GUIDE

3.2.1 TEXT

a. FONT

Use Arial 12 font size throughout the report, including headings. Use Arial 12 font size for tables and figures heading. Content in the tables may be written in Arial font size from 8 to 12, to be adjusted accordingly to accommodate required information in the table. The final report will be formatted to reflect MaHTAS publishing standards and style.

b. JUSTIFICATION

Align text to both left and right margin and single-space.

c. PARAGRAPHS

Use double-spaces between paragraphs in the report. Single spacing to be used in between lines or sentences.

d. HEADINGS

All headings should be written in bold, using Arial font size 12, capital for the first two headings, and small letter for subsequent headings. The following numbering system and sub-heading style is used, allowing six levels of report headings. The first three heading use number (e.g. 1, 1.1 and 1.1.2), heading number four use alphabets (small capital), heading number five to use bullets (●), heading number six to use white circle bullets (○), then hyphen (-), and beyond that to use consistent bullet as available in the Microsoft bullets library.

Example:

1.0 RESULT

1.1 EFFECTIVENESS

1.1.1 Mortality

a) Drug A

- Disease related mortality
 - Lung cancer
 - Small cell lung cancer
 - Non-small cell lung cancer
 - Colon cancer
 - Breast cancer
- All-cause mortality
- Other mortality

- b) **Drug B**
- **Disease related mortality**
 - **All-cause mortality**
 - **Other mortality**

e. TABLES

Tables should be numbered consecutively. All tables must be cited in the text and have a self-explanatory title/caption/legend above. All abbreviations used in each table should be defined underneath, even if the abbreviations have been defined previously in the text or other Tables.² Refer example in Table 1 below.

Title of tables should be in Arial font size 12, bold placed above the table. Table heading and content should be in Arial font size from 8 to 12 and bold (heading). The table heading should be aligned in the centre. The first column of the table content as well as text content for the rest of the columns should be aligned left. Content with numbers should be aligned to the center. Caption underneath the table should be written in smaller font than the content's font, and the symbol used should be in superscript.

Titles in tables should be short but self-explanatory, containing information that allows readers to understand the table's content without having to go back to the text. Be sure that each table is cited in the text. Give each column a short or an abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use symbols to explain information if needed.³

Permission should be obtained from the author and written with this phrase; - reproduced with permission from author', or 'adapted from.....', or 'source :' for tables adapted from specific journal or source.

Example;

Table 1: All-cause mortality following nintedanib compared with placebo over 120 weeks

Study (year)	No. of participants, n for intervention/placebo	Intervention	HR (95%CI)
Smith et al (2015)	105/100	Nintedanib 100 mg bd	0.52 (0.31 to 0.87)

bd=two times daily

f. FIGURES AND ILLUSTRATION

Figures should be numbered consecutively according to the order in which they have been cited in the text and have a Title after the number. ³ All figures must be cited in the text and must have a self-explanatory title/caption/legend. All abbreviations used in each figure must be defined in the caption, even if the abbreviations have been defined previously in the text.² Refer example in Figure 1 below.

Smaller tables and figures can be included within the body of the main report. Large tables and figures may be placed into the appendices.¹ Ideally, authors may create list of tables and figures in the main document, after the list of abbreviation section or in an appendix.

Figures should be made as self-explanatory as possible, since many will be used directly in slide presentations. Legend should be provided where appropriate. Further explanation may also be given below the chart.

If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce it. Permission is required irrespective of authorship or publisher except for documents in the public domain.³ Source of each figure has to be documented.

Permission should be obtained from the author and written with this phrase; - reproduced with permission from author', or 'adapted from.....', or 'source :' for figures adapted from specific journal or source. Refer Figure 2 for example.



Figure 1: Pirfenidone chemical formula (left) and physical form (right)

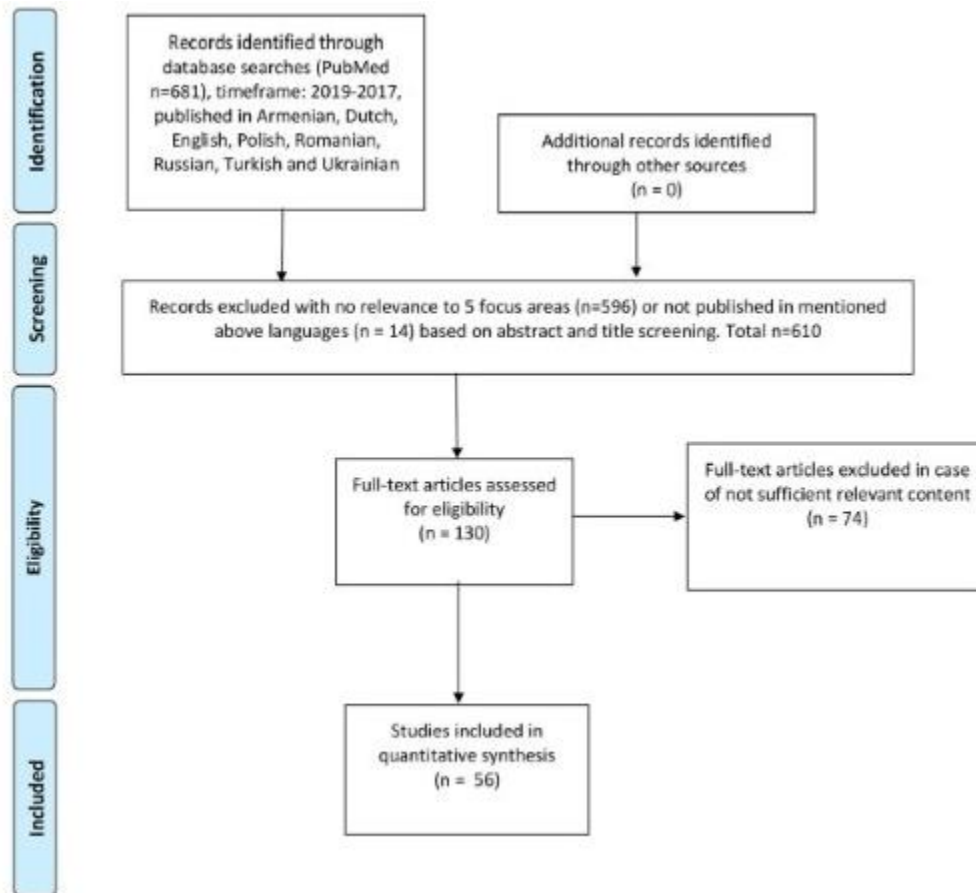


Figure 2: Selection of studies. Reproduced with permission from PRISMA 2009 flow diagram

g. UNITS OF MEASUREMENT

Measurements of length, height, weight, and volume should be reported in metric units (kilogram, metre, or litre) or their decimal multiples.³

Temperatures should be in degrees Celsius ($^{\circ}\text{C}$). Blood pressures should be in mmHg, unless other units are specifically required by the journal.³

Journals vary in the units they use for reporting haematologic, clinical chemistry, and other measurements. Authors should report laboratory information in both local and International System of Units (SI). Authors may add alternative or non-SI units, since SI units are not universally used. Drug concentrations may be reported in either SI or mass units, but the alternative should be provided in parentheses where appropriate.³

h. ABBREVIATIONS

Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the report.³

If a term for which there is an acronym or abbreviation is to be used more than once in a document, acronym or abbreviation is to be used.¹ Acronyms should be clearly spelled out on the first use.² Abbreviation should be written in full at the beginning of a sentence, and in the Executive Summary. Rewrite each acronym or abbreviation in the body of the report even if it has been used in the Executive Summary. Also, rewrite each acronym or abbreviation in the footnotes of tables or figures, as and when necessary, with appropriate font size.

i. GLOSSARY

If there are a number of special terms useful to readers, author may include a glossary.¹ List the terms alphabetically with their definitions. A glossary, also known as a vocabulary, is an alphabetical list of terms in a particular domain of knowledge with the definitions for those terms. The glossary may be placed after the list of abbreviation section.

j. NUMERALS AND SYMBOL

Numerals should be spelled out for numbers up to nine. Use numerals from 10 onwards. Numbers have to be spelled out in the beginning of a sentence. However, with units of measure, numerals are always used (15 sec, 2 weeks, 15 ml, 99 years).² Use the % symbol for percent in text, tables and figures.

k. CURRENCY

Authors to write actual currency reported in the evidence before converting to the local currency (MYR). Conversion should be based on Bank Negara Malaysia exchange rate. Conversion of currency has to be written according to year of study. Authors to use local currency (MYR) but should also include a conversion to either USD in brackets.²

I. ARRANGEMENT OF EVIDENCE

Evidence should preferably be arranged according to its level in the body of evidence, the highest level of evidence in the beginning followed by the subsequent level of evidence accordingly. Evidence should be placed according to year of publication, with the latest publication to be placed earlier in the paragraph.

m. REPORTING SUMMARY STATISTIC

The summary statistic or effect measure provides information on the size of differences between groups or strength of relationship, such as odds ratio (OR), risk ratio or relative risk (RR), or mean difference (MD). This estimate should be written with confidence interval, which provide information on the precision of the estimates. In the text, the effect measure used such as RR should be written as RR 0.64 (95% CI 0.51 to 0.81).

n. OTHERS

The use of product trade names should be avoided; instead generic names should be used except where discussion of proprietary brands is essential to the report. ²

3.2.2 REFERENCES STYLE & FORMAT

References to papers accepted but not yet published should be designated as “in press” or “forthcoming.” Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source.³

Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, obtain written permission and confirmation of accuracy from the source of a personal communication.³

The references must be arranged according to International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts (URM) numbered consecutively in order of appearance in the text, identified by Arabic numerals.^{2,3}

Bibliographic citation is a reference to a book, article, web page, or other published item. Bibliographic citations in the text should be indicated by Arabic numerals in parentheses.² When authors are mentioned in the text, the citation number should immediately follow the name(s) as follows:

"Jones and Smith (7) maintained that..."

If a work has more than three authors, the first three authors should be listed, followed by et al. If a work has two or fewer authors, include all author names. ²

Abbreviate journal titles according to the listing in the current Index Medicus. Capitalize the first word that follows a colon in journal article titles, book chapter titles, and book titles. Do not include month or issue numbers for journals with consecutively numbered volumes. An Endnote style for the ICMJE Uniform

Requirements is available here, however as neither Cambridge University Press nor the Journal are responsible for maintaining or updating this file, accuracy of references should always be checked by authors. ² Examples follow below:

- **Book:**

Jones AB, Smith JK. Computer diagnosis and results. New York: Penta Publishers; 2011

- **Journal:**

Baksaas-Aasen K, Gall LS, Stensballe J, et al. Viscoelastic haemostatic assay augmented protocols for major trauma haemorrhage (ITACTIC): a randomized, controlled trial. *Intensive Care Med.* 2021;47(1):49-59. doi: 10.1007/s00134-020-06266-1. PMID: 33048195; PMCID: PMC7550843.

Jones AB, Smith JK. The relationship between health needs, the hospital, and the patient. *J Chron Dis.* 2012;49:310-312.

Garattini L, De Compadri P, Clemente R, et al. Economic evaluations in Italy: A review of the literature. *Int J Technol Assess Health Care.* 2003;19:685-737.

- **Article in edited work:**

Jones AB, Smith JK. The diagnostic process. In: Brown R, Wilson T, editors. *New technology and its medical consequences*, vol. 1. New York: Apple Publishers; 2013. p 101-134.

- **Online sources:**

European Network for Health Technology Assessment (EUnetHTA). Transcatheter implantable devices for mitral valve repair in adults with chronic mitral valve regurgitation v1.4. c2015 (accessed online on 12 Aug 2021). Available from: <http://www.eunetha.eu/sites/5>

Unpublished data

In the reference list, do not include material that has been submitted for publication but has not yet been accepted. This material, with its date, should be noted in the text as "unpublished data" as follows:

- **Unpublished data:**

"Similar findings have been noted by LW Smith (unpublished data, 2013)."

Preprint

Preprint articles may be added in the reports when the evidence is scarce however it should be interpreted with caution.

In-text citation

In the in-text citation, author to provide the author's last name and the year of publication e.g. (Baker 2018).

All references used in the reports are to be listed in the reference section. Additional references (if any) such as in the appendix, may be listed separately in the appendix or listed in the main reference section.

Further referencing guide can be referred to Guidelines on Citing & Referencing: Modified Vancouver Style for MaHTAS Publications.⁵

Unique Identifiers

Along with information such as author(s), date of publication, title and page numbers, citations may also include unique identifiers depending on the type of work being referred to.⁴

- Citations of books may include an International Standard Book Number (ISBN).
- Specific volumes, articles or other identifiable parts of a periodical, may have an associated Serial Item and Contribution Identifier (SICI) or an International Standard Serial Number (ISSN).
- Electronic documents may have a digital object identifier (DOI).
- Biomedical research articles may have a PubMed Identifier (PMID).

4.0 REFERENCES

- 1 The Canadian Agency for Drugs and Technologies in Health (CADTH). Guidelines for Authors of CADTH Health Technology Assessment Reports. June 2001. Revised May 2003. ISBN 1-894620-87-9
- 2 International Journal of Technology assessment in Health Care. Instruction for authors. Available at <https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/information/instructions-contributors> (accessed online on 28 October 2020)
- 3 International Committee of Medical Journal Editors. Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. Updated December 2019. Available at: <http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html> (accessed online on 30 December 2020)
- 4 Wikipedia.Unique Identifier. Available at https://en.wikipedia.org/wiki/Unique_identifier (accessed online on 30 December 2020).
- 5 Malaysian Health Technology Assessment Section (MaHTAS). Guidelines on Citing & Referencing: Modified Vancouver Style for MaHTAS Publications.

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