JAMA Network®

2024 Publications and Products

INFORMATION FOR INSTITUTIONS

Building on a tradition of editorial excellence, the JAMA Network® brings *JAMA*® together with *JAMA Network Open*™ and 11 specialty medical journals to offer enhanced access to the research, reviews, and opinions shaping the future of medicine. Through a variety of innovative tools, the JAMA Network provides the insights that matter most to medical research and practice.

ONLINE

The JAMA Network website, jamanetwork.com, connects information on the topics that interest you, revealing related articles from across the network on every page. Features include video, audio, CME activities, and more. An innovative search engine that targets concepts as opposed to key words makes finding and filtering information faster and more efficient. The JAMA Network's open access journals, *JAMA Network Open* and *JAMA Health Forum*, are published entirely online.

MOBILE AND MULTIMEDIA

JAMA Network content is available anytime, on any device, in a variety of formats, including audio and video.

PRINT

From *JAMA Dermatology* to *JAMA Surgery,* JAMA Network journals are the authoritative source for cutting-edge research and thought-provoking opinions across medical specialties.

Contents

JAMA Network

Pricing

JAMA®

Since 1883, physicians and health care professionals around the world have turned to *JAMA* for groundbreaking research and insightful commentary from leaders in medicine and health care.

As one of the most widely circulated peer-reviewed general medical journals in the world, *JAMA* provides readers with essential medical information and a unique forum for discussions shaping the future of medical practice and public health.

FEATURES INCLUDE

Original Research
Reports of authoritative, cutting-edge, and practice-changing research.

Viewpoints
Timely opinions of leading scholars on a broad range of contemporary medical issues.

New: JAMA Express
Expedited publication for late-breaking research from major scientific meetings or time-sensitive findings of major clinical or public health importance.

JAMA Clinical Challenge
Assess a patient case, study the image(s), and take a quiz to see if you've chosen the best course of action.

Author Audio Interviews
Listen to the author discuss the study to gain a deeper understanding of its objectives, findings, and implications.

US Preventive Services Task Force
Clinical recommendations and evidence reports from the USPSTF are now published regularly in *JAMA*.

JAMA Clinical Guidelines Synopsis
Concise summaries of guidelines recommendations in a format designed for busy physicians.

Clinical Review & Education
Timely, evidence-based Reviews providing clinically useful therapeutic and diagnostic insight.

JAMA Patient Page
Key facts on a wide variety of health topics, presented in patient-friendly terms with links to resources.

Visual Abstracts
Visual summaries of the information found in article abstracts.

JAMA Medical News
The latest news in clinical medicine, biomedical research, public health, and health policy.

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- Weekly CME activities that offer *AMA PRA Category 1 Credit*™
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- Relevant links to PubMed and other resources
- Regular podcasts including JAMA Medical News, JAMA Clinical Reviews, and JAMA Editors' Summary
- PowerPoint image downloads

jama.com

Editor in Chief: Kirsten Bibbins-Domingo, PhD, MD, MAS
2022 Journal Impact Factor: 120.7, one of the highest in medicine and science
Frequency: (Weekly) 48 issues per year
Print ISSN: 0098-7484
Online ISSN: 1538-3598
Published Since: 1883
2024 Volume Number: 331-332
COUNTER-compliant Usage Statistics: Yes
Athens/Shibboleth Authentication: Available

"Prompt communication of novel scientific insights is critical to the efficient delivery of modern health care, to advancing knowledge, and to the translation of evidence to policy and practice. We commit to pursuing this important goal for *JAMA* authors and readers."

Kirsten Bibbins-Domingo, PhD, MD, MAS


Research

JAMA | Original Investigation

Donanemab in Early Symptomatic Alzheimer Disease
The TRAILBLAZER-ALZ 2 Randomized Clinical Trial

IMPORTANCE There are limited efficacious treatments for Alzheimer disease.

fied and well-powered stratified analyses in drug treatment in the placebo group and were seen in 40.6% of *APOE* ε4

JAMA Health Forum™

An open access health policy journal

Debut Journal Impact Factor of 11.5, one of the highest rankings among health care sciences and services journals

Editor: John Z. Ayanian, MD, MPP, University of Michigan
Deputy Editor: Melinda B. Buntin, PhD, Vanderbilt University School of Medicine
Online ISSN: 2689-0186
Published Since: 2020
2024 Volume Number: 5
Now indexed in PubMed/MEDLINE and other major bibliographic databases.

JAMA Health Forum is a peer-reviewed, open access journal that addresses health policy and strategies affecting medicine, health, and health care. The journal publishes original research and opinion about national and global health policy; innovative approaches to health care delivery; and health care economics, access, quality, safety, equity, and reform. Health policy leaders contribute timely and insightful commentary via the JAMA Forum, and news briefs cover major reports released by government agencies, foundations, health policy think tanks, and other policy-focused organizations.

As an open access journal, *JAMA Health Forum* is fully available for your patrons to read, regardless of your site license status.

***JAMA Health Forum* includes:**

- Timely perspectives on national and global health policy
- Discussions on issues in health care strategy and delivery
- Insights on health care economics, quality, safety, equity, and reform
- News briefs on major reports released by government agencies, foundations, and think tanks
- The JAMA Forum, an ongoing blog by leaders in health policy

Learn more at
jamahealthforum.com

JAMA Cardiology

Editor: Robert O. Bonow, MD, MS
Print Frequency: 12 issues per year
Print ISSN: 2380-6583
Online ISSN: 2380-6591
Published Since: 2016
2024 Volume Number: 9

Description

JAMA Cardiology is a peer-reviewed journal dedicated to publishing exceptional original research, state-of-the-art reviews, and informative opinion that will advance the science and practice of cardiology, enhance cardiovascular health, and inform health care policy.

Features Include

- Leading clinical Research
- Clinically relevant Reviews
- Lively Opinion pieces
- Enhanced reader access through related commentary, author audio interviews, email alerts, Facebook, Twitter, other social media, and Topic Collections
- Patient Page
- Cardiovascular Images—Unusual or striking examples of clinical images

Indexed in: PubMed and MEDLINE

2022 Journal Impact Factor

24, one of the highest ranking among cardiology journals

jamacardiology.com

JAMA Dermatology

Editor: Kanade Shinkai, MD, PhD
Print Frequency: 12 issues per year
Print ISSN: 2168-6068
Online ISSN: 2168-6084
Published By AMA Since: 1920
2024 Volume Number: 160

Description

JAMA Dermatology publishes peer-reviewed information concerning a broad range of issues relating to the skin and its conditions—clinical studies, surgical therapeutics, techniques, and breakthrough treatments.

Features Include

- Clinical Evidence Synopsis
- Clinicopathological Challenge
- Patient Page
- Clinical Guideline Synopsis
- Images in Dermatology
- Consensus Statement

2022 Journal Impact Factor

10.9, one of the highest ranking among dermatology journals

jamadermatology.com

JAMA Internal Medicine

Editor: Sharon K. Inouye, MD, MPH
Print Frequency: 12 issues per year
Print ISSN: 2168-6106
Online ISSN: 2168-6114
Published Since: 1908
2024 Volume Number: 184

Description

JAMA Internal Medicine delivers high-impact, peer-reviewed advances in internal medicine focusing on original research, reviews, and controversies in the field. Covering a broad range of topics, the journal publishes essential information for informed decision-making.

Features Include

- Original Investigations—Randomized trials, studies of screening and diagnostic tests, intervention studies, cohort studies, and cost-effectiveness studies covering diagnostic and therapeutic advances
- Less Is More®—Cases in which less health care results in better health
- Clinical Guidelines Synopsis
- Inside Story
- Challenges in Clinical Electrocardiography
- Teachable Moment—Trainees comment on the harms that can result from medical overuse or from underuse of needed medical interventions
- Clinical Insights

2022 Journal Impact Factor

39, ranking high among internal medicine journals

jamainternalmedicine.com

Announcing the new Editor in Chief of *JAMA Internal Medicine*

Sharon K. Inouye, MD, MPH

JAMA Neurology

Editor: S. Andrew Josephson, MD
Print Frequency: 12 issues per year
Print ISSN: 2168-6149
Online ISSN: 2168-6157
Published Since: 1959
2024 Volume Number: 81

Description

JAMA Neurology provides an international perspective on a wide range of topics from leading centers of neurological research through peer-reviewed information, forums, and features.

Features Include

- Clinical Trials—High-impact, peer-reviewed articles with direct clinical relevance
- Clinical Challenges
- Reviews
- Images in Neurology
- Author Interviews
- Patient Page
- On the Brain—Personal stories from neurologists

2022 Journal Impact Factor

29, one of the highest ranking among neurology journals

jamaneurology.com

JAMA Oncology

Editor: Mary L. (Nora) Disis, MD
Print Frequency: 12 issues per year
Print ISSN: 2374-2437
Online ISSN: 2374-2445
Published Since: 2015
2024 Volume Number: 10

Description

JAMA Oncology features pivotal new findings and fosters productive debate among academicians, clinicians, and trainees in the fields of medical, surgical, and radiation oncology.

Features Include

- Leading clinical Research
- Timely Viewpoints and clinically relevant Reviews
- Online First articles published weekly
- Clinical Challenges
- Useful article types such as the Patient Page
- Podcasts and author interviews that summarize key research findings

Indexed in: PubMed, MEDLINE, and Web of Science

2022 Journal Impact Factor

28.4, one of the highest ranking among oncology journals

jamaoncology.com

JAMA Ophthalmology

Editor: Neil Bressler, MD
Print Frequency: 12 issues per year
Print ISSN: 2168-6165
Online ISSN: 2168-6173
Published By AMA Since: 1929
2024 Volume Number: 142

Description

JAMA Ophthalmology draws on academic, scientific, and clinical experts for a broad range of clinical and laboratory science articles, Clinical Trials, Reviews, Commentaries, and a wide range of special features.

Features Include

- Clinical Challenges
- New Instrument
- Ophthalmic Images
- Surgical Technique

2022 Journal Impact Factor

8.1, one of the highest ranking among ophthalmology journals

jamaophthalmology.com

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- Topic collections that span the JAMA Network
- COUNTER-compliant usage statistics
- Athens and Shibboleth Authentication

JAMA Otolaryngology–Head & Neck Surgery

Editor: Jay F. Piccirillo, MD
Print Frequency: 12 issues per year
Print ISSN: 2168-6181
Online ISSN: 2168-619X
Published Since: 1925
2024 Volume Number: 150

Description

JAMA Otolaryngology–Head & Neck Surgery publishes clinical and basic research from around the world on diseases of the head and neck. It is the official publication for the American Head and Neck Society and the American Academy of Facial Plastic and Reconstructive Surgery, Inc.

Features Include

- Original Investigations
- Clinical Challenges
- Viewpoints
- Advances in Diagnosis and Treatment Review

2022 Journal Impact Factor

7.8, the highest ranking otolaryngology journal in the world

jamaotolaryngology.com

JAMA Pediatrics

Editor: Dimitri A. Christakis, MD, MPH
Print Frequency: 12 issues per year
Print ISSN: 2168-6203
Online ISSN: 2168-6211
Published Since: 1911
2024 Volume Number: 178

Description

JAMA Pediatrics offers original studies, Editorials, systematic Reviews, Commentaries, case studies, and updates on clinical science and practice management, in addition to a variety of special features.

Features Include

- Clinical Challenges
- Online-Only Content
- Journal Club
- Patient Page
- Caring for the Critically Ill Patient

2022 Journal Impact Factor

26.1, one of the highest ranking among pediatrics journals

jamapediatrics.com

JAMA Psychiatry

Editor: Dost Öngür, MD, PhD
Print Frequency: 12 issues per year
Print ISSN: 2168-622X
Online ISSN: 2168-6238
Published Since: 1959
2024 Volume Number: 81

Description

Each month *JAMA Psychiatry* delivers state-of-the-art original studies and diverse commentary on the interplay between psychiatric disorders and physical health, human behavior, and emerging therapies.

Features Include

- Original Investigations
- Neuroscience and Psychiatry
- Reviews
- Editorials
- Clinical Challenges

2022 Journal Impact Factor

25.8, one of the highest ranking among psychiatry journals

jamapsychiatry.com

Content published every weekday online.

JAMA Surgery

Editor: Melina R. Kibbe, MD
Print Frequency: 12 issues per year
Print ISSN: 2168-6254
Online ISSN: 2168-6262
Published Since: 1920
2024 Volume Number: 159

Description

JAMA Surgery publishes peer-reviewed research, commentaries, illustrations, and special articles that keep readers up to date on important advances in the field, from surgical techniques to optimizing patient care. It is the official publication for the Association of VA Surgeons, Pacific Coast Surgical Association, and the Surgical Outcomes Club.

Features Include

- Original Investigations
- Invited Commentaries
- Surgical Innovations
- Reviews
- Clinical Challenges
- Guide to Statistics and Methods

2022 Journal Impact Factor

16.9, the highest ranking surgery journal in the world

jamasurgery.com

JAMA Network Open

Editor: Frederick P. Rivara, MD, MPH
Online Publication Frequency: Every weekday
Online ISSN: 2574-3805
Published Since: 2018
2024 Volume Number: 7

Description

Guided by the highest standards of peer review and integrity, *JAMA Network Open* publishes research on all aspects of clinical care, health policy, and global health across all health disciplines. As an open access journal, *JAMA Network Open* is free for your patrons to read and does not require a site license to access.

The journal publishes research on a broad range of topics such as critical care medicine, infectious diseases, health informatics, substance use and addiction, emergency medicine, global health, and many more. A full list of topics is available in the For Authors section at jamanetworkopen.com.

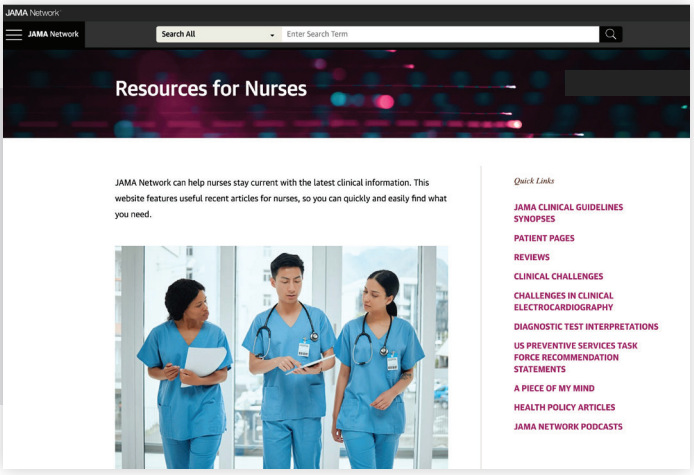
Features Include

- Indexed in: PubMed/MEDLINE, Emerging Sources Citation Index, and the Directory of Open Access Journals
- Immediate access upon publication
- Customized email alerts that suggest new articles based on a reader's interests
- Open access Invited Commentaries that accompany 25% of Research articles

2022 Journal Impact Factor

13.8, one of the highest among general medicine open access journals

jamanetworkopen.com



New: Resources for Nurses

Explore the all-new Resources for Nurses website featuring the latest content for nurses, nursing students, and allied health professionals.

To learn more, visit:
bit.ly/JAMAforNurses

JAMA Network Content Types

3 categories of essential articles for practicing physicians, researchers, students, and more.

1. Original Research

Reports of authoritative, practice-changing research, including:

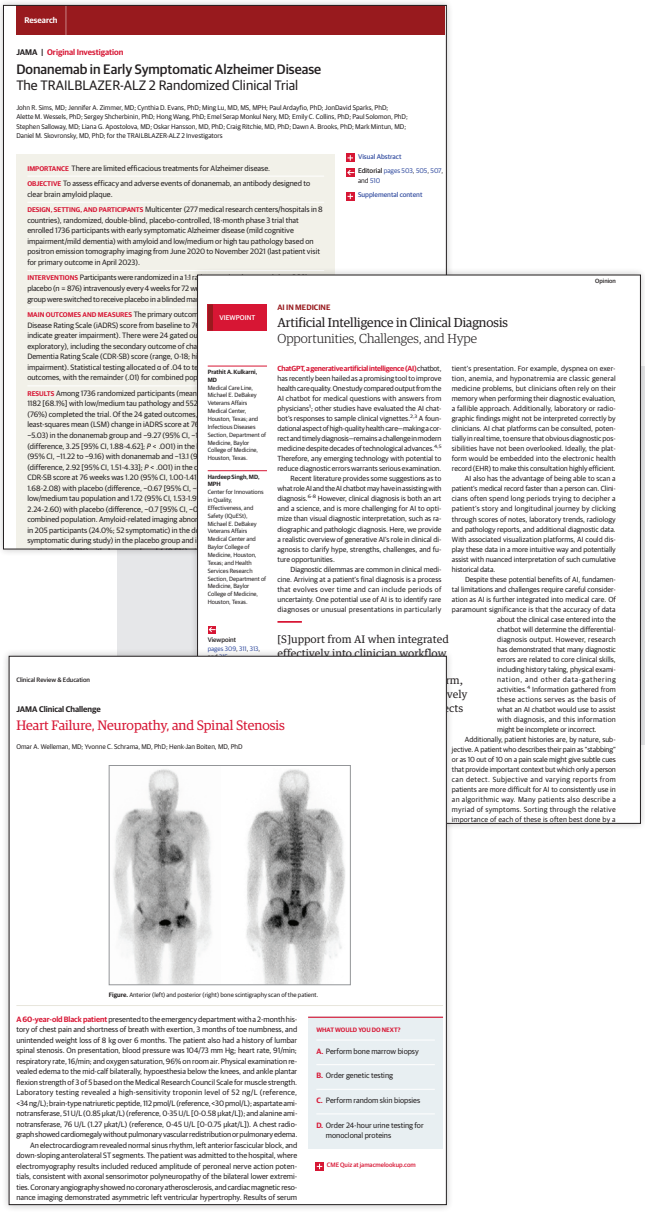
- **Clinical Trials** with broad implications for researchers, practicing physicians, and patient care.
- **Caring for the Critically Ill Patient** – reports that address any aspect of critical illness, from prevention and triage through resuscitation and acute treatment, to rehabilitation and palliative care.
- **Meta-analysis** – Systematic, critical assessments of literature and data sources on clinical topics.
- **Brief Reports and Research Letters** – short reports of original studies.

2. Viewpoints

Timely opinions of leading experts on a broad range of contemporary medical topics, such as public health, research, discovery, prevention, ethics, or health policy. Recent JAMA Network Viewpoints have addressed AI, Medicare, abortion, obesity, maternal mortality, opioids, and more.

3. Clinical Review & Education

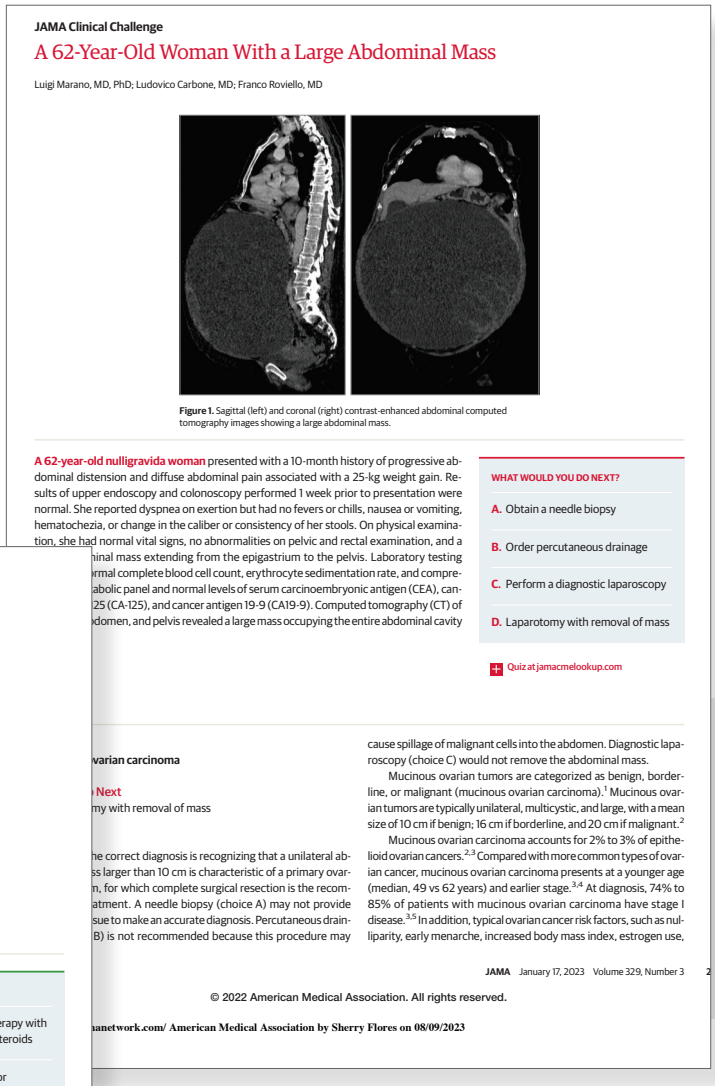
Clinical Reviews, guidelines, and articles with useful therapeutic and diagnostic insight. For more information about clinical content, please see pages 10-11.



Clinical Content from the JAMA Network

The JAMA Network journals help clinicians keep their practice on the cutting edge with articles designed to meet the needs of their busy lives.

Clinical features distill current research into practice-shaping guidelines with immediate clinical application, and clinical reviews summarize the latest thinking about prevention, diagnosis, and treatment of common conditions. Specialists can turn to key resources in their own disciplines, and Patient Pages offer resources for patient education.



JAMA Clinical Challenge

A 62-Year-Old Woman With a Large Abdominal Mass

Luigi Marano, MD, PhD; Ludovico Carbone, MD; Franco Roviello, MD

Figure 1. Sagittal (left) and coronal (right) contrast-enhanced abdominal computed tomography images showing a large abdominal mass.

A 62-year-old nulligravida woman presented with a 10-month history of progressive abdominal distension and diffuse abdominal pain associated with a 25-kg weight gain. Results of upper endoscopy and colonoscopy performed 1 week prior to presentation were normal. She reported dyspnea on exertion but had no fevers or chills, nausea or vomiting, hematochezia, or change in the caliber or consistency of her stools. On physical examination, she had normal vital signs, no abnormalities on pelvic and rectal examination, and a ...inal mass extending from the epigastrium to the pelvis. Laboratory testing ...rmal complete blood cell count, erythrocyte sedimentation rate, and compre... ...abolic panel and normal levels of serum carcinoembryonic antigen (CEA), can... ...25 (CA-125), and cancer antigen 19-9 (CA19-9). Computed tomography (CT) of ...domen, and pelvis revealed a large mass occupying the entire abdominal cavity

WHAT WOULD YOU DO NEXT?

A. Obtain a needle biopsy

B. Order percutaneous drainage

C. Perform a diagnostic laparoscopy

D. Laparotomy with removal of mass

Quiz at jamacmelookup.com

...varian carcinoma

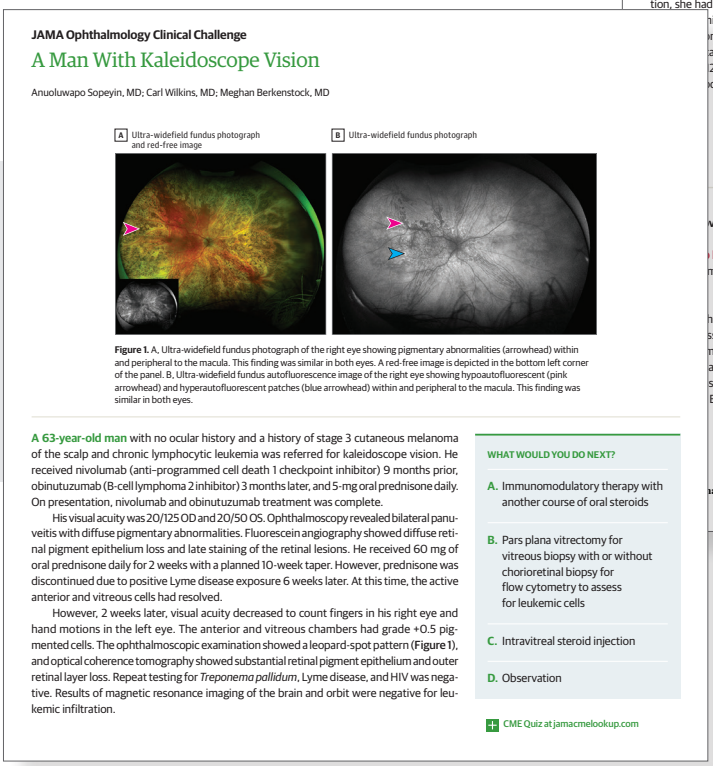
...Next

...my with removal of mass

...he correct diagnosis is recognizing that a unilateral ab... ...ss larger than 10 cm is characteristic of a primary ovar... ...n, for which complete surgical resection is the recom... ...atment. A needle biopsy (choice A) may not provide ...sue to make an accurate diagnosis. Percutaneous drain... ...B) is not recommended because this procedure may cause spillage of malignant cells into the abdomen. Diagnostic laparoscopy (choice C) would not remove the abdominal mass.

Mucinous ovarian tumors are categorized as benign, borderline, or malignant (mucinous ovarian carcinoma).[1] Mucinous ovarian tumors are typically unilateral, multicystic, and large, with a mean size of 10 cm if benign; 16 cm if borderline, and 20 cm if malignant.[2]

Mucinous ovarian carcinoma accounts for 2% to 3% of epithelioid ovarian cancers.[2,3] Compared with more common types of ovarian cancer, mucinous ovarian carcinoma presents at a younger age (median, 49 vs 62 years) and earlier stage.[3,4] At diagnosis, 74% to 85% of patients with mucinous ovarian carcinoma have stage I disease.[3,5] In addition, typical ovarian cancer risk factors, such as nulliparity, early menarche, increased body mass index, estrogen use,



JAMA Ophthalmology Clinical Challenge

A Man With Kaleidoscope Vision

Anuoluwapo Sopeyin, MD; Carl Wilkins, MD; Meghan Berkenstock, MD

A Ultra-widefield fundus photograph and red-free image

B Ultra-widefield fundus photograph

Figure 1. A, Ultra-widefield fundus photograph of the right eye showing pigmentary abnormalities (arrowhead) within and peripheral to the macula. This finding was similar in both eyes. A red-free image is depicted in the bottom left corner of the panel. B, Ultra-widefield fundus autofluorescence image of the right eye showing hypoautofluorescent (pink arrowhead) and hyperautofluorescent patches (blue arrowhead) within and peripheral to the macula. This finding was similar in both eyes.

A 63-year-old man with no ocular history and a history of stage 3 cutaneous melanoma of the scalp and chronic lymphocytic leukemia was referred for kaleidoscope vision. He received nivolumab (anti–programmed cell death 1 checkpoint inhibitor) 9 months prior, obinutuzumab (B-cell lymphoma 2 inhibitor) 3 months later, and 5-mg oral prednisone daily. On presentation, nivolumab and obinutuzumab treatment was complete.

His visual acuity was 20/125 OD and 20/50 OS. Ophthalmoscopy revealed bilateral panuveitis with diffuse pigmentary abnormalities. Fluorescein angiography showed diffuse retinal pigment epithelium loss and late staining of the retinal lesions. He received 60 mg of oral prednisone daily for 2 weeks with a planned 10-week taper. However, prednisone was discontinued due to positive Lyme disease exposure 6 weeks later. At this time, the active anterior and vitreous cells had resolved.

However, 2 weeks later, visual acuity decreased to count fingers in his right eye and hand motions in the left eye. The anterior and vitreous chambers had grade +0.5 pigmented cells. The ophthalmoscopic examination showed a leopard-spot pattern (**Figure 1**), and optical coherence tomography showed substantial retinal pigment epithelium and outer retinal layer loss. Repeat testing for *Treponema pallidum*, Lyme disease, and HIV was negative. Results of magnetic resonance imaging of the brain and orbit were negative for leukemic infiltration.

WHAT WOULD YOU DO NEXT?

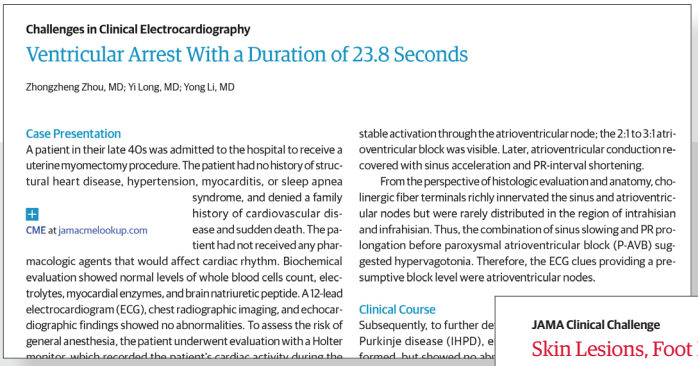
A. Immunomodulatory therapy with another course of oral steroids

B. Pars plana vitrectomy for vitreous biopsy with or without chorioretinal biopsy for flow cytometry to assess for leukemic cells

C. Intravitreal steroid injection

D. Observation

CME Quiz at jamacmelookup.com



Challenges in Clinical Electrocardiography

Ventricular Arrest With a Duration of 23.8 Seconds

Zhongzheng Zhou, MD; Yi Long, MD; Yong Li, MD

Case Presentation

A patient in their late 40s was admitted to the hospital to receive a uterine myomectomy procedure. The patient had no history of structural heart disease, hypertension, myocarditis, or sleep apnea syndrome, and denied a family history of cardiovascular disease and sudden death. The patient had not received any pharmacologic agents that would affect cardiac rhythm. Biochemical evaluation showed normal levels of whole blood cells count, electrolytes, myocardial enzymes, and brain natriuretic peptide. A 12-lead electrocardiogram (ECG), chest radiographic imaging, and echocardiographic findings showed no abnormalities. To assess the risk of general anesthesia, the patient underwent evaluation with a Holter

CME at jamacmelookup.com

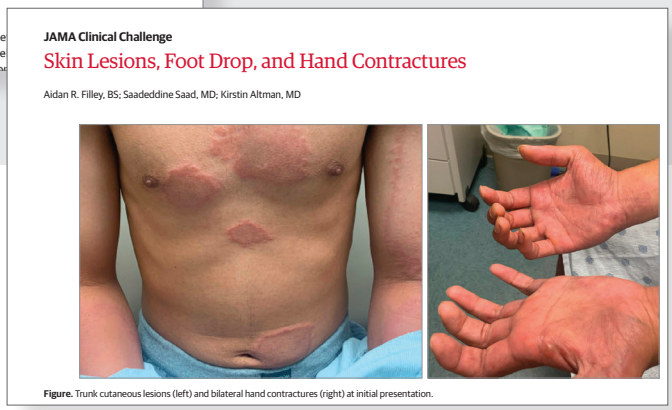
stable activation through the atrioventricular node; the 2:1 to 3:1 atrioventricular block was visible. Later, atrioventricular conduction recovered with sinus acceleration and PR-interval shortening.

From the perspective of histologic evaluation and anatomy, cholinergic fiber terminals richly innervated the sinus and atrioventricular nodes but were rarely distributed in the region of intrahisian and infrahisian. Thus, the combination of sinus slowing and PR prolongation before paroxysmal atrioventricular block (P-AVB) suggested hypervagotonia. Therefore, the ECG clues providing a presumptive block level were atrioventricular nodes.

Clinical Course

Subsequently, to further de

Purkinje disease (IHPD), e



JAMA Clinical Challenge

Skin Lesions, Foot Drop, and Hand Contractures

Aidan R. Filley, BS; Saadeddine Saad, MD; Kirstin Altman, MD

Figure. Trunk cutaneous lesions (left) and bilateral hand contractures (right) at initial presentation.

HIGHLIGHTS OF CLINICAL FEATURES ACROSS THE JAMA NETWORK:

USPSTF Recommendation Statement

Clinical recommendations and evidence reports from the USPSTF on screening for and prevention of disease.

USPSTF Editorials

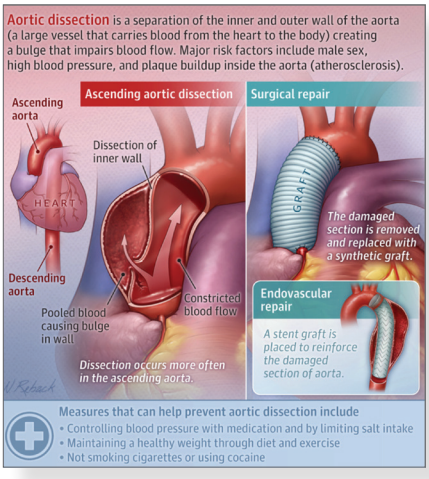
Commentary from leading experts on USPSTF Recommendations.

Patient Page

Key facts presented in patient-friendly terms with links to resources on a wide variety of health topics.

Review

Up-to-date clinical review on a topic of general common interest from the perspective of internationally recognized experts, focusing on current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment.



Clinical Challenge

Presents an actual patient case with a specific disease or condition with an accompanying clinical image.

Diagnostic Test Interpretation

Presentation of the results of a diagnostic test from a single patient with exploration of the clinical application of the test result; intended to help clinicians understand the underlying rationale in ordering tests, interpreting test results, and acting on the diagnostic test findings.

Clinical Guideline Synopsis

These brief articles concisely summarize guideline recommendations in a format designed for busy physicians.

Challenges in Clinical Electrocardiography

A report of an actual patient case demonstrating challenges and pitfalls in electrocardiographic interpretation for practitioners in the office, hospital, and prehospital setting.

Teachable Moment

Brings attention to the harms that can result from medical overuse and from underuse of needed medical interventions to promote appropriate medical care.

Surgical Innovation

Succinct review of topics in surgery, including innovations in the delivery of clinical care, but can also include cutting-edge developments in education, quality, safety, policy, or other nonclinical areas relevant to practicing surgeons.

Guide to Statistics and Methods

Explains statistical analytic approaches and methods used in research articles, in language practicing clinicians can understand.

The Rational Clinical Examination

A series on evidence-based use of the medical history, physical examination, and testing to diagnosis disease.

Users' Guide to the Medical Literature

Provides clinicians with strategies and tools to interpret and integrate evidence from published research in their care of patients.

JAMA Clinical Insights: Women's Health

Brief educational articles that highlight clinically relevant issues in women's health.

JAMA Network Online Features

All JAMA Network sites are fully integrated to offer clinicians and researchers a state-of-the-art user experience.

CONTENT FEATURES

Remote Access
Users can link their individual account to your institution's subscription and access the same original research, opinion, and educational content while working or studying remotely.

Affinity alerts for *JAMA Network Open*
Readers can sign up for email alerts about new clinical research and commentary that match their interests.

Weekly Highlights Emails
Email alerts on key topics such as oncology, cardiology, COVID-19, and more, featuring articles from across the JAMA Network.

Online First
All journals publish new content online each week. JAMA Network also offers expedited review and publication for important clinical trials and research to be presented at major meetings.

Key Points
Key Points offers concise, 3-part summaries of original research content.

Altmetrics
View instant, article-level metrics about the digital impact and reach of JAMA Network content in traditional and social media outlets, blogs, public policy documents, postpublication peer-review forums, and online reference managers.

Email Alerts
Readers can choose among alert options, such as topic, author, or search, or sign up to receive tables of contents by email and to be alerted when new articles are released online first.

Podcasts: Listen and Learn
Take JAMA Network on the go with podcasts that explore the latest original research and current clinical topics. Shows include: JAMA Medical News, JAMA Network Editors' Summaries, JAMA Health Forum Editors' Summary, and more. Start listening now at jamanetworkaudio.com or your favorite podcast source..

Multimedia Features
Listen to podcasts, watch videos, or view figures and illustrations that enhance the learning process.

INTERFACE FEATURES

Support for Journal Access Standards
JAMA Network participates in getFTR and Seamless Access, which allow users to get streamlined access to content through their institutions. With Seamless Access, users can visit any article page and click on the “Access through your institution” button to log in with their institutional credentials. Similarly, getFTR allows one-click access for institutional users from discovery services.

Mobile-Optimized View
All JAMA Network sites are fully optimized for use on mobile devices. Mobile view is automatically rendered through smartphone and tablet browsers.

Institutional Interface
Institutional administrators can use the Administrator Dashboard to set up and manage a wide range of important institutional account functions:

- Download COUNTER reports.
- Manage access options.
- Add and edit IP addresses.
- View current subscriptions.

Search
Innovative, semantic technology recognizes concepts instead of search terms and produces more targeted, meaningful search results.

Resources for Librarians
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To learn more, visit:
bit.ly/JAMALibrary

JAMA Network CME Resources

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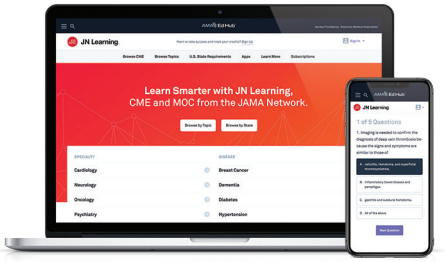

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JAMA Network Backfiles

Explore the history of medicine with JAMA Network Backfiles. This rich, full-text digital resource includes every issue of *JAMA* and the specialty journals published from 1883 through 1997.

Available as a one-time, perpetual-access purchase, JAMA Network Backfiles includes:

- *JAMA* (1883-1997)
- *Archives of Dermatology* (1920-1997)
- *Archives of General Psychiatry* (1959-1997)
- *Archives of Internal Medicine* (1908-1997)
- *Archives of Neurology* (1959-1997)
- *Archives of Neurology & Psychiatry* (1919-1958)
- *Archives of Pediatrics & Adolescent Medicine* (formerly *American Journal of Diseases of Children*) (1911-1997)
- *Archives of Ophthalmology* (1929-1997)
- *Archives of Otolaryngology–Head & Neck Surgery* (1925-1997)
- *Archives of Surgery* (1920-1997)

The AMA, in keeping with its policy regarding continued access to scholarly work, has arranged for *Archives of Family Medicine* to be freely available as "triggered content" with the CLOCKSS Archive.

Archives of Family Medicine was offered free of charge to family physicians, general practitioners, and primary care doctors of osteopathic medicine from the beginning of 1992 until October 2000, when it ceased publication. It can now be accessed at the URL below:

clockss.org/clockss/Archives_of_Family_Medicine

For pricing, see page 17.

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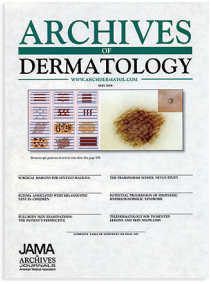

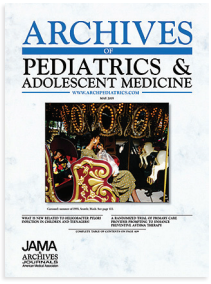

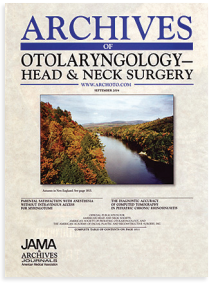

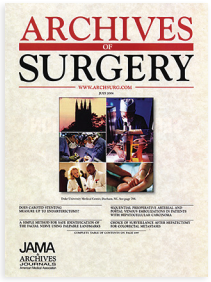

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- *JAMA Internal Medicine*
- *JAMA Neurology*
- *JAMA Ophthalmology*
- *JAMA Otolaryngology–Head & Neck Surgery*
- *JAMA Pediatrics*
- *JAMA Psychiatry*
- *JAMA Surgery*

* *JAMA Oncology* and *JAMA Cardiology* sold separately.

2024 Site License Pricing

Academic/Research/Government

	JAMA	*JAMA* + 3	*JAMA* + 6	*JAMA* + 8	JAMA Oncology*	JAMA Cardiology*
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Tier D2	$12,418	$19,500	$22,952	$24,195	$4,497	$4,497
Tier D1	$10,468	$16,432	$19,350	$20,394	$3,790	$3,790
Tier C	$4,519	$7,125	$8,391	$8,838	$1,682	$1,682
Tier B	$2,529	$3,984	$4,695	$4,948	$962	$962
Tier A2	$1,380	$2,166	$2,576	$2,705	$524	$524
Tier A1	$976	$1,527	$1,804	$1,908	$372	$372

See Important Sales Tax Information on page 22.

***JAMA Oncology* and *JAMA Cardiology* sold separately.**

TIER DESCRIPTIONS

Tier D3
- Universities with a single medical school and 3-5 inpatient care medical centers and/or hospitals (that share e-resources with the University)
- Universities with a DO and MD school (and no inpatient care facilities that share e-resources with the library)
- Universities with two MD or two DO medical schools (and no inpatient care facilities that share e-resources with the library)
- Nonprofit research facilities with 1201-2000 research staff

Tier D2
- Universities with a single medical school and 1-2 inpatient care medical center(s) or hospitals (that share e-resources with the University)
- Nonprofit research facilities with 801-1200 research staff

Tier D1
- Universities with a single medical school (and no inpatient care facilities that share e-resources with the library)
- Nonprofit research laboratories with 301-800 research staff

Tier C
- Universities with practical health science related doctoral programs (PharmD, PsyD, DHSc)
- Masters colleges with practical/applied health science related programs (MSN, MHSc)
- Nonuniversity-affiliated health specialty school (pharmacy, anesthesiology, physician assistance)
- National government departments and agencies (excludes hospitals, hospital systems, and all patient care facilities)
- Nonprofit research laboratories with 101-300 research staff
- Postbaccalaureate premed programs

Tier B
- Masters colleges without practical/applied health-related programs (nutrition, biology)
- Baccalaureate colleges with practical health science programs (premed, BSN, medical assistant)
- Alternative health-related professional schools (Eastern medicine, massage therapy, nutrition, chiropractic colleges)
- Private foundations and charitable organizations (excludes hospitals, hospital systems, and patient care facilities)
- Nonprofit research laboratories with up to 100 research staff

Tier A2
- Multicampus associate and community colleges with fewer than 5 campuses
- Single-site community colleges with more than 5000 students and specialty health programs
- Baccalaureate colleges with no practical/applied health science programs (health care administration, biology)
- Multinational law, brokerage, and media companies

Tier A1
- Law schools
- High schools
- Public libraries with one location
- Single-campus associate and community colleges with fewer than 5000 full-time students

Please Note
- For universities with more than 5 affiliated inpatient care medical center or hospital locations, please contact your sales representative for additional pricing.
- For universities with collaborative or joint medical schools that offer first- and second-year medical school courses, please contact your sales representative for additional pricing.
- Hospitals located on a medical school campus are counted as a hospital location unless electronic IP access can be restricted to the university site only.
- Academic institutions with research affiliations with for-profit companies must disclose affiliations. Additional charges may apply.
- For public libraries with more than one location, please contact sales representative for additional pricing.
- Alumni access is available upon request.

2024 Site License Pricing

Hospital

	JAMA	*JAMA* +3	*JAMA* +6	*JAMA* +8	JAMA Oncology*	JAMA Cardiology*
Tier HE2	$13,318	$20,977	$24,711	$26,039	$4,863	$4,863
Tier HE1	$8,878	$13,997	$16,461	$17,356	$3,241	$3,241
Tier HD	$5,160	$8,138	$9,553	$10,083	$1,921	$1,921
Tier HC	$3,445	$5,436	$6,395	$6,742	$1,285	$1,285
Tier HB	$2,707	$4,281	$5,019	$5,295	$1,030	$1,030
Tier HA2	$1,759	$2,765	$3,267	$3,443	$670	$670
Tier HA1	$1,325	$2,083	$2,463	$2,592	$504	$504

See Important Sales Tax Information on page 22.

JAMA Oncology** ***and **JAMA Cardiology** ***sold separately.***

TIER DESCRIPTIONS

Tier HE2
- Hospital systems with 8-11 hospitals

Tier HE1
- Hospital systems with 4-7 hospitals
- Single hospital with 11-20 affiliated clinics

Tier HD
- Hospital systems with 2-3 hospitals
- Single-site hospitals with 801-1100 staffed beds

Tier HC
- Single hospitals with 501-800 staffed beds

Tier HB
- Single hospitals with 251-500 staffed beds

Tier HA2
- Single hospitals with 121-250 staffed beds

Tier HA1
- Single hospitals with 120 or fewer beds

Nontiered
- Hospital systems with more than 12 hospitals
- Large physician practices

Please Note
- All medical schools that are located within hospitals must use the academic rates.
- If a research facility is within a hospital, the site license cost may be higher.

Already have the Backfiles?

Talk to your sales representative about purchasing the Mid Files to complete your JAMA Network collection. The Mid Files bridge the gap between the Backfiles and your site license subscription, offering perpetual access to content published between 1998 and the start of your institution's subscription.

JAMA Network Backfiles Pricing

Academic/Research/Government

Tiered Pricing Rates

JAMA Network Backfiles are available as a one-time purchase, which includes perpetual access rights to every issue of *JAMA* and the specialty journals published from 1883 through 1997.

This pricing applies to institutions that fall within tiers D3 through HA1. Other institutions are encouraged to contact a sales representative for a quote: sales@jamanetwork.com.

All prices in US dollars.

	Full Package	*JAMA*	Specialty Journals Only
Tier D3	$70,000	$59,500	$17,500
Tier D2	$56,000	$47,600	$14,000
Tier D1	$47,200	$40,120	$11,800
Tier C	$18,000	$15,300	$4,500
Tier B	$11,100	$9,435	$2,775
Tier A2	$6,000	$5,100	$1,500
Tier A1	$4,200	$3,570	$1,050

See Important Sales Tax Information on page 22.

TIER DESCRIPTIONS

Tier D3

- Universities with a single medical school and 3-5 inpatient care medical centers and/or hospitals (that share e-resources with the University)
- Universities with a DO and MD school (and no inpatient care facilities that share e-resources with the library)
- Universities with two MD or two DO medical schools (and no inpatient care facilities that share e-resources with the library)
- Nonprofit research facilities with 1201-2000 research staff

Tier D2

- Universities with a single medical school and 1-2 inpatient care medical center(s) or hospitals (that share e-resources with the University)
- Nonprofit research facilities with 801-1200 research staff

Tier D1

- Universities with a single medical school (and no inpatient care facilities that share e-resources with the library)
- Nonprofit research laboratories with 301-800 research staff

Tier C

- Universities with practical health science related doctoral programs (PharmD, PsyD, DHSc)
- Masters colleges with practical/applied health science related programs (MSN, MHSc)
- Nonuniversity-affiliated health specialty school (pharmacy, anesthesiology, physician assistance)
- National government departments and agencies (excludes hospitals, hospital systems, and all patient care facilities)
- Nonprofit research laboratories with 101-300 research staff
- Postbaccalaureate premed programs

Tier B

- Masters colleges without practical/applied health-related programs (nutrition, biology)
- Baccalaureate colleges with practical health science programs (premed, BSN, medical assistant)
- Alternative health-related professional schools (Eastern medicine, massage therapy, nutrition, chiropractic colleges)
- Private foundations and charitable organizations (excludes hospitals, hospital systems, and patient care facilities)
- Nonprofit research laboratories with up to 100 research staff

Tier A2

- Multicampus associate and community colleges with fewer than 5 campuses
- Single-site community colleges with more than 5000 students and specialty health programs
- Baccalaureate colleges with no practical/applied health science programs (health care administration, biology)
- Multinational law, brokerage, and media companies

Tier A1

- Law schools
- High schools
- Public libraries with one location
- Single-campus associate and community colleges with fewer than 5000 full-time students

Please Note

- For universities with more than 5 affiliated inpatient care medical center or hospital locations, please contact your sales representative for additional pricing.
- Hospitals located on a medical school campus are counted as a hospital location unless electronic IP access can be restricted to the university site only.
- Academic institutions with research affiliations with for-profit companies must disclose affiliations. Additional charges may apply.
- For public libraries with more than one location, please contact sales representative for additional pricing.
- Alumni access is available upon request.

JAMA Network Backfiles Pricing

Hospital

Tiered Pricing Rates

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All prices in US dollars.

	Full Package	*JAMA*	Specialty Journals Only
Tier HE2	$54,000	$45,900	$13,500
Tier HE1	$36,000	$30,600	$9,000
Tier HD	$21,632	$18,387	$5,408
Tier HC	$15,158	$12,884	$3,789
Tier HB	$12,632	$10,737	$3,158
Tier HA2	$8,211	$6,979	$2,053
Tier HA1	$6,000	$5,100	$1,500

See Important Sales Tax Information on page 22.

TIER DESCRIPTIONS

Tier HE2
- Hospital systems with 8-11 hospitals

Tier HE1
- Hospital systems with 4-7 hospitals
- Single hospital with 11-20 affiliated clinics

Tier HD
- Hospital systems with 2-3 hospitals
- Single-site hospitals with 801-1100 staffed beds

Tier HC
- Single hospitals with 501-800 staffed beds

Tier HB
- Single hospitals with 251-500 staffed beds

Tier HA2
- Single hospitals with 121-250 staffed beds

Tier HA1
- Single hospitals with 120 or fewer beds

Nontiered
- Hospital systems with more than 12 hospitals
- Large physician practices

Please Note
- All medical schools that are located within hospitals must use the academic rates.
- If a research facility is within a hospital, the site license cost may be higher.

2024 Institutional Print Pricing

Institutional Print Subscriptions

Institutional Print Only subscriptions are available as follows:

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- 12 issues of *JAMA Cardiology*
- 12 issues of *JAMA Dermatology*
- 12 issues of *JAMA Psychiatry*
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- 12 issues of *JAMA Neurology*
- 12 issues of *JAMA Oncology*
- 12 issues of *JAMA Ophthalmology*
- 12 issues of *JAMA Otolaryngology–Head & Neck Surgery*
- 12 issues of *JAMA Pediatrics*
- 12 issues of *JAMA Surgery*

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JAMA	$1,757	$2,109	€ 1,939	£1,693
JAMA Cardiology	$1,768	$2,122	€ 1,950	£1,704
JAMA Dermatology	$1,743	$2,091	€ 1,922	£1,679
JAMA Psychiatry	$1,861	$2,232	€ 2,052	£1,792
JAMA Internal Medicine	$1,480	$1,775	€ 1,631	£1,425
JAMA Neurology	$1,959	$2,351	€ 2,161	£1,888
JAMA Oncology	$1,414	$1,698	€ 1,561	£1,364
JAMA Ophthalmology	$1,719	$2,064	€ 1,897	£1,657
JAMA Otolaryngology–Head & Neck Surgery	$1,670	$2,004	€ 1,842	£1,609
JAMA Pediatrics	$1,512	$1,816	€ 1,669	£1,458
JAMA Surgery	$1,480	$1,775	€ 1,632	£1,425

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