The Journal welcomes submissions of articles that evaluate health tech-
ologies to support health policy or practice decisions, or discuss meth-
ods of assessing such technologies; please see Journal Aims and Scope for further details. Manuscripts are considered by the Editors and members of the Editorial Board. Those that pass proceed to an international review pro-
cess, which usually is completed within 4 to 10 weeks. Accepted manu-
scripts will be published within 4 to 6 months. Articles must be in Eng-

MANUSCRIPT SUBMISSION AND REVIEW. All manuscript submissions to
the International Journal of Technology Assessment in Health Care must be
made electronically via ScholarOne Manuscripts, at the website:
http://mc.manuscriptcentral.com/thc

Please follow the detailed instructions on the website to avoid delays.
The authors are asked to provide contact information and they may sus-
scribe to review. The website automatically acknowledges receipt of the
manuscript and provides a manuscript reference number. Every effort
will be made to provide the author with a rapid review. Correspondence
must quote manuscript reference number and should be sent by email to
the Editorial Office at IJTAHC@thl.fi.

PREPARATION OF MANUSCRIPTS. The manuscript, including all affilia-
tions, must be provided in Word or RTF format, double-spaced on 8½ x 11
inch or A4 paper sizes, with at least 1-s.5 cm margins, Margins should
typically have less than 4,000 words, including the abstract of
250 words maximum, and usually no more than 25 references. Manu-
scripts should be structured as follows:
1) cover sheet
2) abstract and keywords
3) acknowledgments, including source of funding;
4) text;
5) references;
6) tables with titles; and
7) figures, with captions on a separate page.
The Journal accepts no more than four tables or figures altogether for
the published version. Tables and figures exceeding these limits may be
published as supplementary materials. Supplementary tables and figures
should be numbered separately from the main text and figures in the published
issue, beginning with Supplementary Table 1 and Supplementary Figure 1.
The Journal does not accept footnotes or appendices.

Where relevant, manuscripts should include a paragraph on the
policy implications of the findings of the study. Acronyms should be
clearly spelled out on first use. The use of product trade names should
be provided; generic names should be used except where discussion of
proprietary brands is essential to the manuscript.

Cover Sheet and Cover Letter. A cover letter, signed by all
authors, must attest that (1) each author contributed to the conception
and design of the study and interpretation of the data and the writing of the
paper; (2) each has approved the version being submitted; and (3) the
content has not been published nor is being considered for publication
elsewhere.

As relevant to the content of the paper, the letter should also attest to
the fact that any research with human or animal subjects conforms to
the legal and ethical standards of the country in which it was performed.
All authors must disclose any financial arrangements with companies
whose products are discussed in the paper or their competitors; such
information will not be revealed to reviewers but may be included in a
suitable format in the final publication if the manuscript is accepted.

Access the Conflict of Interest disclosure form at http://journal.
cambridge.org/submit/coh.html.
The cover sheet should also provide all authors full names, professions, and institutional mailing
addresses. The cover sheet should list
1) the article's full title
2) a short title (50 characters or less) for the running head
3) the name of the corresponding author and from
4) complete mailing address,
5) telephone number; and
6) e-mail address.

Abstract and Keywords. A 100- to 250-word abstract, submitted in
a separate page, should summarize the objectives of the study or analysis,
the article’s major arguments and/or results, and its conclusions recom-
medations. Abstracts must be submitted in four sections: Objectives, Methods, Results, and
Conclusions, except where the subject or format of the article does
not permit. Three to five key words, using terms from the Medical
Subject Headings from Index Medicus, should follow the abstract.

REFERENCES AND NOTES. Each reference must be arranged accord-
ing to the ICMJE Uniform Requirements for Manuscripts (URM): numbered
consecutively with numerals in parentheses. When authors are mentioned in the text, the
citation number should immediately follow the name(s) as follows:
In-text citations: Jones and Smith (57) mentioned that
If a work has more than five authors, the first three authors should be listed,
followed by et al. Abbreviate journal titles according to the list-
ing in the current Index Medicus.

In the reference list, do not include material that has been sub-
mitted for publication but has not yet been accepted. This material,
with its date, should be noted in the text as “unpublished data.”
Unpublished data: “Similar findings have been noted by L. W. Smith
(2013).”


Tables and Figures. Tables and figures should be number-
consecutively. All tables and figures must have a caption and must be cited in
the text. All abbreviations used must be defined elsewhere, even if the abbreviations have been defined
directly in the text. Table footnotes appear directly after the table; table footnotes
follow the footnotes. Tables must be submitted in Word or RTF and figures in fig, jif, or eps format.

Permissions. Authors are responsible for obtaining written permission to publish material for which they do not own the copyright. Contributors will be asked to assign their copyrights to Cambridge University Press.

Open Access. Our standard copyright forms allow Open Access publication (for instance posting the Accepted Manuscript in an Institutional Repository or on a personal webpage). Authors can also choose to publish Open Access (making articles freely available for non-commercial use) in a large number of our Journals by using Cambridge Open Option. For complete details on Open Access please visit http://journals.cambridge.org/OpenAccess.

COPYRIGHTING AND PROOFREADING. The publishers reserve the right to copyright and proofread all accepted articles. Page proofs will be sent to the lead author for final review.
CONTENTS

Perspective

253  Ethical challenges related to patient involvement in health technology assessment
Meredith Vanstone, Julia Abelson, Julia Bidonde, Kenneth Bond, Raquel Burgess, Carolyn Canfield, Lisa Schwartz and Laura Tripp

Commentaries

257  Commentary. In praise of studies that use more than one generic preference-based measure
David Feeny, William Furlong and George W. Torrance

263  Scientific development of HTA—A proposal by the Health Technology Assessment International Scientific Development and Capacity Building Committee
Gert Jan van der Wilt, Alric Rüther and Rebecca Trowman

266  Stories of patient involvement impact in health technology assessments: A discussion paper
Ann N.V. Single, Karen M. Facey, Heidi Livingstone and Aline Silveira Silva

Methods

273  Evaluation of ethical analyses in seven reports from the European Network for Health Technology Assessment
Perihan Elif Ekmekci and Müberra Devrim Güner

280  Health technology assessment of public health interventions published 2012 to 2016: An analysis of characteristics and comparison of methods
Stephanie Polus, Tim Mathes, Corinna Klingler, Melanie Messer, Ansgar Gerhardus, Constance Stegbauer, Gerald Willms, Heidi Ehrenreich, Georg Marckmann and Dawid Pieper

291  A non-inferiority framework for cost-effectiveness analysis
Xuanqian Xie, Lindsey Falk, James M. Brophy, Hong Anh Tu, Jennifer Guo, Olga Gajic-Veljanoski, Nancy Sikich, Irfan A. Dhalla and Vivian Ng

Assessments

298  Heated humidified high-flow nasal cannula for preterm infants: An updated systematic review and meta-analysis
Nigel Fleeman, Yenal Dundar, Prakesh S Shah and Ben NJ Shaw

307  Cost-effectiveness of the transmural trauma care model (TTCM) for the rehabilitation of trauma patients
Suzanne H Wiertsema, Johanna M van Dongen, Edwin Geleijn, Rosalie J Huijsmans, Frank W Bloemers, Vincent de Groot and Raymond WJG Ostelo

317  Cost-effectiveness evaluations of psychological therapies for schizophrenia and bipolar disorder: A systematic review
Gemma Elizabeth Shields, Deborah Buck, Jamie Elvidge, Karen Petra Hayhurst and Linda Mary Davies

327  Context-specific economic evaluation for molecular pathology tests: An application in colorectal cancer in the west of Scotland
Janet Bouttell, Yun Yi Tan, David Creed, Gillian McGaffin, Neil Hawkins, Ruth McLaughlin, Graeme Smith, Paul Westwood, Nicola Williams and Janet Graham

334  Clinical relevance of home monitoring of vital signs and blood glucose levels: A narrative review
Jessica P. Lee, Georgina Freeman, Michelle Cheng, Lauren Brown, Hector De la Hoz Siegler and John Conly
Policies

340 Leaving no one behind: Participatory technology appraisal as a platform for agenda setting to address disparities in access to health services in Thailand
*Sripen Tantivess and Suradech Doungthipsirikul*

346 How to deal with the inevitable: Generating real-world data and using real-world evidence for HTA purposes – from theory to action
*Wija Oortwijn, Laura Sampietro-Colom and Rebecca Trowman*

351 Evaluation of mobile health applications: Is regulatory policy up to the challenge?
*Magdalena Ruth Moshi, Jacqueline Parsons, Rebecca Tooher and Tracy Merlin*

Addendum

361 Interaction between objective performance measures and subjective user perceptions in the evaluation of medical devices: A case study—addendum
*Matthew D. Haydock, Anubhav Mittal, Carissa F. Wilkes, David H. Lim, Elizabeth Broadbent and John A. Windsor*