Call for Papers for JAMA Pediatrics Contest for Trainees
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JAMA Pediatrics wants to encourage our junior colleagues as they begin their careers. We are therefore conducting a contest among trainees for the best paper submitted to JAMA Pediatrics by a trainee as first author. Trainees will include students, residents, graduate students, postdocs, and fellows. The paper must be submitted within 6 months of completion of the author's training program (as confirmed by the author's curriculum vitae and institution). We will award 3 prizes of $1000 each, with the prize money split among the trainees of each winning paper. The paper should report on original research conducted by the trainee. Criteria for selection as the best papers will include metrics similar to those used by the National Institutes of Health in assessing R grants:

- **Significance**: Does the study address an important problem or a critical barrier to progress in the field? Does it change the concepts, methods, technologies, treatments, services, or preventive interventions that drive this field?
- **Innovation**: Does the study challenge and seek to shift current research or clinical practice paradigms by using novel theoretical concepts, approaches or methods, instrumentation, or interventions?
- **Design and analysis**: Are the overall strategy, methods, and analyses well reasoned and appropriate to accomplish the specific aims of the study?

In addition, the paper will be assessed on how well it is written, the quality of the analysis and presentation of the results, and the cogency of the discussion and conclusions.

The editors will create a short list of eligible papers for consideration and the winners will be chosen by vote of the editorial board. The contest will run from July 1 to December 31, 2016, with the goal of selecting all the winning articles by February 2017. The winners will be recognized in the journal and will receive their share of the financial award, a certificate, and a letter to their department chair.

Accepted manuscripts will be published on our regular schedule. Full details on submission and author guidelines are available at http://archpedi.jamanetwork.com/public/instructionsForAuthors.aspx.

ARTICLE INFORMATION

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Syphilis Screening Recommendation in Nonpregnant Adults and Adolescents
Still Waters Run Deep
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The **2016 US Preventive Services Task Force** (USPSTF) recommendation statement on screening for syphilis infection in nonpregnant adults and adolescents has been published,¹ and the surface of the recommendation has not changed since 2004.² Clinicians are advised to screen for syphilis infection in persons at increased risk for infection (A recommendation, high certainty that net benefit is substantial).

What has changed significantly is the weighing of benefits vs harms of early detection and treatment: “convincing evidence that treatment with antibiotics can lead to substantial health benefits... by curing syphilis infection, preventing manifestations of late-stage disease, and preventing sexual transmission to others [italics added]”¹ is balanced against continuing absence of studies on harms of screening. The italicized language is substantially different from that used in 2004 when the USPSTF found only “adequate” evidence that screening could detect and antibiotics could cure syphilis and no new direct evidence that syphilis screening leads to improved health outcomes.² The evidence synthesis supporting the 2016 recommendation now summarizes numerous clinical trials and observational studies as well as 50 years of clinical experience supporting the efficacy of penicillin.³

Who is at increased risk for syphilis infection? Men who have sex with men (MSM) account for a growing proportion