

Otolaryngology- Head and Neck Surgery

Official Journal of the American Academy of Otolaryngology-Head and Neck Surgery Foundation
and the American Academy of Otolaryngic Allergy

AUTHOR GUIDELINES

Revised July 2009

Otolaryngology-Head and Neck Surgery is an international, peer-reviewed journal published 12 times per year by the American Academy of Otolaryngology – Head and Neck Surgery Foundation. Journal editorial policy is independent of that of the Academy/Foundation.

We invite submission of articles on topics pertaining to the science and art of medicine that help fulfill the Journal's mission of publishing "contemporary, ethical, clinically relevant information in otolaryngology, head and neck surgery (ear, nose, throat, head, and neck disorders) that can be used by otolaryngologists, scientists, and related specialists to improve patient care and public health." Articles are published because of scientific merit and are not to be considered general practice guideline standards.

All manuscripts and editorial communications should be sent online, via Editorial Manager (EM), to: **Richard M. Rosenfeld, MD, MPH, Editor in Chief**, *Otolaryngology- Head and Neck Surgery*. Paper manuscripts will not be accepted. Please see Manuscript Submission, below, and go to <http://otohns.edmgr.com> for directions. **The editor may not consider your manuscript for publication if authors do not comply with the following instructions.**

Submissions not in compliance with these instructions will be returned to the author by the editorial office, and a corrected version must be resubmitted within 30 days. Papers not resubmitted within that time will be withdrawn from consideration.

In addition, accepted manuscripts sent to the publisher (Elsevier) will be typeset and proofs will then be sent electronically to the corresponding author. If proofs are not approved and received by Elsevier within 30 days, the article will not be published.

EDITORIAL POLICIES

All manuscripts are first assessed by an associate editor, the editor in chief, or both. Manuscripts may be rejected at this stage without external peer review because of ethical concerns, serious design flaws, or inconsistency with the journal mission.

Original research and review articles are assessed by at least two peer reviewers. Shorter manuscripts, including correspondence, are subject to peer review at the discretion of the editor in chief. No attempt is made to mask authors' identities from

peer reviewers, but feedback to authors is anonymous unless the reviewer explicitly decides otherwise.

Peer reviewers are asked to consider explicitly the following five criteria when assessing the suitability of a manuscript for publication:

1. *Relevance to mission:* Can the information in this manuscript be used to improve patient care and public health?

2. *Internal validity:* Are the study design, conduct, and analysis described in a manner that is unbiased, appropriate, and reproducible?

3. *External validity:* Was the study sample chosen appropriately and described in adequate detail for results to be generalized?

4. *Level of evidence:* Does this manuscript significantly improve the knowledge base beyond what is already published on this topic?

5. *Ethical conduct:* Is the manuscript original, **approved by an institutional review board** (if applicable), and unbiased with regards to conflicts of interest?

Authors are provided with general and specific comments regarding their manuscript, from editorial and peer review. Based on these comments, plus personal review of the manuscript, the editor in chief renders an initial disposition of reject, minor revision, major revision, or accept.

Authors have the right to appeal editorial decisions. Appeals should be sent via e-mail to the editorial office with concise supporting arguments to substantiate the request. The editor in chief may reject the appeal or agree to further review the manuscript. Please note that appeal decisions are final.

ARTICLE CATEGORIES

Otolaryngology-Head and Neck Surgery publishes the types of articles defined below. When submitting your manuscript, please follow the instructions relevant to the applicable article category. Please check Manuscript Preparation and Submission for further details.

Original Research: Original, in-depth, clinical or basic science investigations that aim to change clinical practice or the understanding of a disease process. Article types include, but are not limited to, clinical trials, before-and-after studies, cohort studies, case-control studies, cross-sectional surveys, and diagnostic test assessments. Components of original research are:

- A *title page*, including the manuscript title and all authors' full names, academic degrees, institutional affiliations, and lo-

cations. Designate ONE author as the corresponding author. See Authorship, below. Also indicate where the paper was presented, if applicable.

- A *structured Abstract* of up to 250 words with the headings: **Objective, Study Design, Setting, Subjects and Methods, Results, and Conclusion.**

- A brief *Introduction* outlining the wider context that generated the study and the specific issues or hypotheses the study addresses.

- A *Methods* section with enough detail to ensure reproducibility of the research, including statistical methods and sample size calculation.

- A *Results* section that uses appropriate descriptive and analytic statistics to summarize data. For all treatment or intervention studies, include a paragraph describing all harms and adverse events encountered (if none, so state).

- A *Discussion* section that summarizes key findings, highlights antecedent literature on the topic, explains what the current study adds to existing knowledge, and details the strengths and limitations of the current research.

- *Manuscript length* of no more than 3,000 words (exclusive of the title page and abstract,) with up to 20 references, and a total of 10 images (figures and/or tables).

- Adherence to the CONSORT statement (www.consort-statement.org) when reporting a randomized trial, including a patient flow diagram.

Systematic Review (including Meta-analysis): Critical assessments of literature and data sources on important clinical topics in otolaryngology-head and neck surgery. Systematic reviews that reduce bias with explicit procedures to select, appraise, and analyze studies are highly preferred over traditional narrative reviews. The review may include a meta-analysis, or statistical synthesis of data from separate, but similar, studies leading to a quantitative summary of the pooled results. The components of a review article are:

- A *title page*, including the manuscript title and all authors' full names, academic degrees, institutional affiliations, and locations. Designate ONE author as the corresponding author. See Authorship, below. Also indicate where the paper was presented, if applicable.

- A *structured Abstract* of up to 250 words with the headings: **Objective, Data Sources, Review Methods, Results, and Conclusion.**

- An *Introduction* outlining the explicit clinical problem, rationale for the intervention (if applicable), and the rationale for conducting the review.

- A *Methods* section that specifies the information sources, search strategy, inclusion and exclusion criteria for articles, criteria and process used for validity assessment (if none, so state), process for data abstraction, and statistical methods for summarizing data.

- A *Results* section that describes study selection, study characteristics, and, when applicable, uses statistical methods to summarize data and to assess heterogeneity.

- A *Discussion* section that summarizes key findings, makes clinical inferences based on validity, interprets results in light of

the total available evidence, and lists potential biases in the review process.

- *Manuscript length* of no more than 4,500 words (exclusive of the title page and abstract), with up to 100 references and a total of 15 images (figures and/or tables).

- Adherence to the QUOROM statement (www.consort-statement.org/resources/downloads/other-instruments/quorom-statement-1999pdf), including a flow chart of article selection.

Commentaries: Communication of a novel, scientifically based opinion or insight as an independent contribution, or regarding a manuscript published in the journal within the past 6 months. Commentaries should contain a title page, unstructured abstract of up to 150 words, a main point and supporting discussion, and may be authored by an individual, group, society, or committee with an important concern of interest to readers. *Manuscript length:* no more than 1,800 words (exclusive of title page and abstract), with up to 10 references, and a total of 3 images (figures and/or tables).

Short Scientific Communications: Quick communication of preliminary results (including small sample studies) or scientific research that is not yet ready for presentation in full form. Such research should have the potential to stimulate communications among researchers and clinicians that may lead to new concepts and supportive work. *Manuscript length:* Submissions must have a title page, unstructured abstract of up to 150 words, a maximum length of no more than 900 words, 5 references, and a total of 2 images (figures and/or tables). **IRB approval is required.**

Clinical Techniques and Technology: A short report of unique or original methods for: (1) surgical techniques or medical management: **OR** (2) new devices or technology. Submissions must have a title page and no abstract. *Manuscript length:* no more than 900 words, 5 references, and a total of 2 images (figures and/or tables). **IRB approval is required.**

Case Reports: Report of a truly unique, highly relevant, and educationally valuable case. Submissions should have a title page, **no abstract**, and include an Introduction and Discussion. Do not combine case reports with a review of the literature. *Manuscript length:* no more than 700 words, 5 references, and a total of 2 images (figures and/or tables). **IRB approval is required.**

Clinical Photographs: Color photograph (not picture of an x-ray) of a unique, relevant, and educationally valuable clinical entity with an accompanying discussion. Submissions must have a title page, and no abstract. *Manuscript length:* no more than 400 words, and 5 references. In exceptional cases, with editor approval, a second photograph will be considered, although this will require reducing the text by 100 words. **IRB approval is required.**

Letters to the Editor: Brief letters to the editor regarding published material or information of timely interest. If the letter is related to a previously published article, it must be submitted within 3 months of publication, and those authors will be invited

to reply. The letter should be titled and double-spaced. It should be brief and to the point, with no more than 400 words, 5 references, and only 1 figure and/or table.

Book Reviews: Authors who wish to have their book considered for review by the journal should send the book to the editorial office with a cover letter so stating, and including the author's e-mail address. (Journal Editorial Office: 1650 Diagonal Road, Alexandria, VA 22314-2857.)

Supplements: Supplements to the Journal are considered for publication on the basis of importance of topic, expertise of participants, and scientific quality of the articles presented. All supplements undergo peer review. Private funding for supplements is encouraged. Contact the Managing Editor of the Journal (otomanager@entnet.org) for further information and an application form, which must be returned before a supplement can be scheduled.

MANUSCRIPT PREPARATION

Correct preparation of the manuscript will expedite the review and publishing process. Manuscripts must conform to acceptable English usage. Spell out any abbreviations the first time they appear in the text and indicate the abbreviation immediately afterward in parentheses. Use all abbreviations consistently throughout the manuscript. For further questions concerning style, consult a recent issue of this journal.

Title: Do not exceed 15 words. Identify all animal research as such in the title.

Title Page: The corresponding author must be the same in both the online (EM) submission and the title page. Include the submission title and all authors' full names, academic degrees, institutional affiliations, and locations. Designate ONE author as the corresponding author (see Authorship, below), and provide a complete address, e-mail address, and phone/fax numbers. The corresponding author will receive all correspondence regarding the manuscript, as well as proof pages and reprint requests. Also indicate where the paper was presented, and if applicable, provide a brief acknowledgment of any grants and/or other assistance received.

Abbreviations: Do not use abbreviations in the title or abstract. When using abbreviations in the text, indicate the abbreviation parenthetically after the first occurrence and use the abbreviation alone for all subsequent occurrences.

Text: Do not use the "Track Changes" feature of any word processing program. If this feature has been used for any portion of the manuscript, all changes must be accepted before building a .pdf submission. Do not use "Endnotes" or similar programs for entering references. The Editorial Office will not edit or process submissions containing this formatting. When preparing the text:

- See ARTICLE CATEGORIES for length requirements.
- Number all pages, beginning with the title page as #1.

- Include the Abstract as page #2.
- Use only a 10- or 12-point font in either Arial, Times New Roman, or Century styles.
 - Double-space the manuscript (including references, figure legends, and tables) with minimum 1-inch margins.
 - Use generic drug and equipment names when possible; cite the proprietary names in parentheses after first mention, if desired. Identify equipment by manufacturer name and location.
 - State all measurements in metric units, and if desired, add English units in parentheses.
 - Begin each table and figure on a separate page
 - Begin references on a separate page after acknowledgments.

Authorship: Authorship credit should be based on criteria established by the International Committee of Medical Journal Editors: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. **Authors must meet conditions 1, 2, and 3.** Contributors who do not qualify as authors should be listed under "Acknowledgements" and their particular contribution described.

Acknowledgements: All papers prepared in consultation with a writer, statistician, or any other contributor who is not a coauthor must contain an acknowledgment, following the text, indicating full name(s), degrees, and explicit role(s) in the design, conduct, analysis, or presentation of the research. As noted above, any funding sources should also be declared in this section.

References: Authors are responsible for the completeness, accuracy, and format of their references.

- Do not use "Endnotes" or similar programs for entering references.
 - Cite references in the text by number in the form of a superscript.
 - Begin references on a separate page after acknowledgments.
 - Number references in the order of their appearance in the text, not in alphabetical order.
 - In general, do not exceed 20 references; see Article Categories for required numbers.
 - List only the first 3 authors, and add *et al* after the third author.
 - Abbreviate journal titles as shown in the *Cumulative Index Medicus*. Translate any article titles that are not in English.
- Examples of correct forms of references are:
- *Journal reference:* Steward DL, Huntley TC, Woodson BT, et al. Palate implants for obstructive sleep apnea: multi-institution, randomized, placebo-controlled study. *Otolaryngol Head Neck Surg* 2008; 139:506-10.
 - *Book reference:* Shin J, Hartnick CJ, Randolph G, editors. *Evidence-Based Otolaryngology*. New York: Springer Science + Business Media, LLC; 2008: 5-10.

- *Chapter reference:* Rosenfeld RM. Interpreting medical data. In: Cummings CW, Flint PW, Harker LA, et al, editors. Cummings Otolaryngology – Head & Neck Surgery. 4th ed. Philadelphia: Elsevier Mosby Inc; 2005:432-53.

- *Internet reference:* Phillips B, Ball, C, Sackett D, et al. Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001). http://www.cebm.net/levels_of_evidence.asp. Accessed November 1, 2008.

Legends for Figures: Provide a legend for each figure. List the legends (double-spaced) on a separate text page, after the reference page. Because all figures will be printed in black and white unless selected by the Editor for color reproduction, please refrain from using color descriptors in the legend.

Tables: Data appearing in tables should supplement, not duplicate, the text. Tables should contain at least 2 columns of data, and should not list qualitative information or single-column numeric data that can be easily described in the Results section. Put tables on separate pages and number them in order of their mention in the text. Place tables after the figure legend page and after the list of references. Provide a brief title for each table, and define any abbreviations in table footnotes. Tables must be no more than 7 inches (18 cm) wide, 9 inches high (22 cm), and should use, at minimum, a 10-point font in either Arial, Times New Roman, or Century styles.

Figures: Must be submitted in electronic format, preferably in TIF or JPEG format. **Figures must be uploaded separately into EM, including the number of the figure in the description box (e.g., Figure 1).**

- Figures should be created using graphics software such as Photoshop or Illustrator. **DO NOT USE** PowerPoint, Corel Draw, or Harvard Graphics. Do not put your figures in Microsoft Word documents.

- Color figures are encouraged whenever possible for contrast, though they may not necessarily be selected for publication. COLOR figures submitted with the manuscript may appear in black and white in print, unless selected by the Editor, but will appear on the website in color at no extra charge. When color images appear in print in black and white, the black and white contrast will diminish, so choose distinct color contrasts and/or patterns for best conversion to black and white images.

- If a color image is accepted for print, it must meet the following specifications: CMYK at least 300 DPI. Gray scale images should be at least 300 DPI. Combinations of gray scale and line art should be at least 600 DPI. Line art (black and white or color) should be at least 1200 DPI.

- If figures have multiple parts (e.g., A, B, C, D), each part must be counted as a separate image in the total number allowed.

Appendices: Will only be published online, not in the print journal, and may include additional figures or tables that enhance the value of the manuscript. Appendices must be submitted online with the rest of the manuscript and labeled as such. Questionnaires will be considered as Appendices.

MANUSCRIPT SUBMISSION

- Before starting the submission process, TWO disclosure forms must be completed for **all authors**.

A) The **Electronic Disclosure/Authorship Form (online only)** will be *electronically* uploaded for inclusion in the manuscript so that reviewers have access to disclosure information. (A manuscript cannot be submitted without including this form). This 3-column disclosure form can be downloaded from the EM website. Go to <http://otohns.edmgr.com> – then to “User Instructions” and “Mandatory Items.” It requires information on (1) potential conflicts of interest that are upcoming or existed in the past 24 months (if none, state explicitly), and (2) each author’s role in creating the final version of the manuscript (e.g., design, conduct, analysis, or presentation of the research). **This form is in addition to, not in place of,** the complete Copyright/Disclosure Form (described next) that must be submitted off-line independently by each author.

B) The **Copyright/Disclosure Form (paper only)** must be signed by ALL authors and submitted *offline*. Go to the EM site at <http://otohns.edmgr.com> – then to “User Instructions” and “Mandatory Items.” Download and print the three-page form, and insert the title of the manuscript. Have **all authors sign on all pages**, then send it via FAX to 1-703-299-1136, or as a scanned document e-mail attachment to Otomanager@entnet.org. You may also mail the form to: Editorial Office, *Otolaryngology-Head and Neck Surgery*, 1650 Diagonal Road, Alexandria, VA 22314-2857.

- Go to <http://otohns.edmgr.com> for directions in using Editorial Manager (EM), the online submission and review system. EM recommends using the most current version of Firefox, Internet Explorer, or Safari as browsers.

- To use Editorial Manager, you must have Adobe Acrobat Reader (a PDF reader) 5.0 or later installed on your system. If you need to install this software, you can download the free Adobe Acrobat Reader at the following address: <http://get.adobe.com/reader/> If you experience difficulty installing or using this software, contact your IT department for assistance.

- Authors should first read the User Instructions and then, as a first-time user, register in Editorial Manager. Do not use accented letters or symbols in your registration. If you have already registered and received a user name and password, you should not register again. Instead, click Login in the bar at the top of the page. The system will take you through the process step by step. There are tutorials for both authors and reviewers.

- You will be guided to fill in the necessary information, then upload your manuscript text (including references, figure legends, tables, etc.) and figures (see above for further information on figures). The Abstract must be included twice—once alone, where indicated, and once as a part of the whole manuscript. It is advisable to save the complete manuscript as a word-processing document, then upload it into EM.

ETHICAL CONCERNS

Disclosure of Competing Interests, Financial, and Sponsor Information: Competing interests exist when an author or the author’s institution has financial or personal relationships with other people or organizations that could influence (or bias)

the author's decisions, work, or manuscript. Sponsorships and funding sources must also be identified. Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships, academic competition, or intellectual passion. A conflict can be actual or potential, and full disclosure to the Editor is the safest course. Failure to disclose conflicts may lead to publication of an Erratum. All submissions must include **BOTH FORMS** listed above (**Electronic Authorship, Sponsorship, and Competing Interest Form**, as well as the paper **Copyright/Disclosure Form**), with disclosure of all relationships that could be viewed as presenting potential conflicts of interest. The Editor may use such information as a basis for editorial decisions.

Patient Confidentiality: For manuscripts that contain **photographs of a person**, submit a written release from the person or guardian, or submit a photograph that will not reveal the person's identity (eye covers are inadequate to protect patient identity).

IRB Policy and Animal Studies: For all manuscripts reporting data from studies involving human participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required and should be described in the Methods section with the full name of the reviewing entity. All clinical research requires formal review, including case reports, case series, medical record reviews, and other observational studies.

For experiments involving animals, state the animal-handling protocol in the Methods section, including approval by an institutional board.

Duplicate or Redundant Submission: Manuscripts are considered with the understanding that they have not been published previously and are not under consideration by another publication. If the author explicitly wishes the journal to consider duplicate publication, he or she must submit the request, in writing, to the Editor with appropriate justification. Submit written permission from the copyright holder (normally the publisher) for all **PREVIOUSLY PUBLISHED** material, including tables, figures, and direct quotations longer than 100 words.

Notice to NIH Grant Recipients: Authors who have indicated that the underlying research reported in their articles was supported by a grant from the National Institutes of Health (NIH) will have their accepted articles sent by Elsevier to PubMed Central (PMC) for public access posting 12 months after final publication. The version of the article provided by Elsevier will be the final peer-reviewed manuscript that was accepted for publication and sent to Elsevier's production department. Following the deposit by Elsevier, authors will receive further communication from the NIH with respect to the submission. More information regarding the agreement between Elsevier and the NIH can be found at <http://www.elsevier.com/wps/find/authorsview.authors/nihauthorrequest>