DESCRIPTION
This monthly journal offers comprehensive coverage of new techniques, important developments and innovative ideas in oral and maxillofacial surgery. Practice-applicable articles help develop the methods used to handle dentoalveolar surgery, facial injuries and deformities, TMJ disorders, oral cancer, jaw reconstruction, anesthesia and analgesia. The journal also includes specifics on new instruments and diagnostic equipment and modern therapeutic drugs and devices. Journal of Oral and Maxillofacial Surgery is recommended for first or priority subscription by the Dental Section of the Medical Library Association.

Benefits to authors
We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center

IMPACT FACTOR
2018: 1.781 © Clarivate Analytics Journal Citation Reports 2019

ABSTRACTING AND INDEXING
Scopus

EDITORIAL BOARD

Editor-in-Chief
James R. Hupp

Editor Emeriti
Daniel M. Laskin
Leon A. Assael

Associate Editor
Thomas B. Dodson
Section Editors
Bryan R. Bell, Surgical Oncology and Reconstruction
Michael S. Block, Implants
John H. Campbell, Dentoalveolar Surgery
Eric Carlson, Surgical Oncology and Reconstruction
Edward Ellis III, Craniofacial Trauma
Stuart E. Lieblich, Anesthesia/TMJ Dysfunction/Facial Pain
Michael Miloro, Craniofacial Deformities/Sleep Disorders/Cosmetic Surgery
M. Anthony Pogrel, Pathology
Jolene Kremer, News
Sarah Trotto, News

Editorial Board
Gary F. Bouloux
Stephanie J. Drew
Elie M. Ferneini
Antonia Kolokythas
David Lam
Joshua E. Lubek
David B. Powers
Faisal A. Quereshy
Derek M. Steinbacher
Seenu Susarla
Michael Turner

International Editorial Board
Peter Brennan, United Kingdom
Nardy Casap, Israel
Ann C. Collins, Australia
Benjamin R. Davis, Canada
Reha Kisnisci, Turkey
Mohammad H.K. Motamedi, Iran
Kenichiro Murakami, Japan
Vladimir Popovski, Macedonia
Alexander D. Rapidis, Greece
George K.B. Sándor, Finland
Eduard Valmaseda, Spain
Jia Wei Zheng, China

Statistical Reviewer
Sung-Kiang Chuang

Molecular Biology Consultant
C. Randolph Todd

Managing Editor
Carmen E. Hupp

Publisher
Andrew Berin

Journal Manager
Alex Phucas
GUIDE FOR AUTHORS

Notice to Contributors
The Journal of Oral and Maxillofacial Surgery (JOMS) publishes articles reflecting a wide range of ideas, results, and techniques, provided they are original, contribute new information, and meet the journal’s standards of scientific thought, rational procedure, and literary presentation.

BEFORE YOU BEGIN

Ethics in Publishing
The JOMS requires compliance with the World Medical Association Declaration of Helsinki on medical research protocols and ethics. The JOMS requires institutional review board (IRB) approval of the study protocol of all prospective studies; retrospective studies and chart reviews may be granted exemption by an IRB by the author’s institution or must be approved in accord with local IRB standards. The JOMS requires that a statement of such approval or exemption be provided in the Methods section of manuscripts.

For example:

1) "This study was approved by the ___ Hospital IRB and all participants signed an informed consent agreement"; or

2) "This study followed the Declaration of Helsinki on medical protocol and ethics and the regional Ethical Review Board of ___ approved the study"; or

3) "Due to the retrospective nature of this study, it was granted an exemption in writing by the University of ___ IRB."

For authors in private practice, commercial or independent IRBs exist whose services should be sought; private practice does not exempt one from the responsibility to seek ethical approval of study protocols prospectively.

For studies featuring animal subjects, the JOMS requires confirmation that the research was approved by the appropriate animal care and use committee(s), and this information must be stated in the Methods section of the manuscript. Declaration of Helsinki: http://www.wma.net/en/30publications/10policies/b3/index.html.

Financial Interests. As specified in the AAOMS disclosure statement regarding duality of interest, any commercial associations that might create a conflict of interest in connection with a submitted manuscript must be disclosed. All sources of external funds supporting the work and all corporate affiliations of the authors must be indicated in a footnote, if the manuscript is accepted.

Permissions and Waivers. Formal consents are not required for the use of entirely anonymized images from which the individual cannot be identified - for example, x-rays, ultrasound images, pathology slides or laparoscopic images - provided that these do not contain any identifying marks and are not accompanied by text that might identify the individual concerned. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned. The policy on patient consent can be found here: https://www.elsevier.com/about/company-information/policies/patient-consent

It is the responsibility of the author to ensure that the form of written consent complies with each requirement of all applicable Data Protection and Privacy Laws.

Waivers (Signed Patient Release Forms) must be obtained for full-face photographs. Please click here http://ees.elsevier.com/joms/img/Patient%20release%20form.doc for waiver forms.

Preparation of Manuscripts
Submission of an article is the author’s assurance that the article has not been accepted or published and is not under consideration by another publication. Correct preparation of the manuscript by the author will expedite the reviewing and publication procedures. Authors who are not fluent in American
English are strongly advised to seek help in the preparation of their manuscripts, in order to enhance the review process, improve the chance of acceptance, and greatly reduce the time until publication, if the article is accepted.

**Use of inclusive language**
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

**Authorship**
Authors listed on the title page must have made substantive intellectual contributions to the manuscript and all be prepared to accept responsibility for the manuscript. No more than 4 authors may be listed for case reports, brief communications or technical reports; and no more than 6 authors may be listed for full-length or review articles. If a greater number of authors are listed, a detailed description of each author's substantive contribution must be provided in the article's cover letter. Generally, editing a manuscript or permitting access to patients or their records will not be considered substantive intellectual contributions to qualify as a co-author.

**Reporting Clinical Trials**
Contributors to the JOMS must refer to the Consort statement on clinical research design: www.consort-statement.org and are expected to comply with its recommendations when reporting on a randomized clinical trial. When reporting observational studies, e.g. cohort or case-series, case-control, or cross-sectional studies the editors recommend that authors refer to the STROBE guidelines.

The *Journal of Oral and Maxillofacial Surgery* strongly encourages all interventional clinical trials be registered in a public trials registry that is in conformity with the International Committee of Medical Journal Editors (ICMJE). It is valuable to researchers hoping to eventually publish the results of their clinical trial to register their project at its inception since many major publications now require such registration in order for articles based on the investigation to be considered for acceptance. The *Journal of Oral and Maxillofacial Surgery* is considering implementing such a requirement. Registering a trial is easy, is free of charge, and helps improve scientific transparency among researchers, as well as for readers evaluating the results of clinical trials in peer-reviewed publications. Trials can be registered in http://www.clinicaltrials.gov/ or in one of the registries meeting the ICMJE criteria that can be found listed at http://www.who.int/ictrp/network/primary/en/index.html

**Copyright**
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

For gold open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (more information). Permitted third party reuse of gold open access articles is determined by the author's choice of user license.

**Author rights**
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.
**Funding body agreements and policies**
Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the gold open access publication fee. Details of existing agreements are available online.
After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

**Open access**
This journal offers authors a choice in publishing their research:

**Subscription**
- Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs.
- No open access publication fee payable by authors.
- The Author is entitled to post the accepted manuscript in their institution’s repository and make this public after an embargo period (known as green Open Access). The published journal article cannot be shared publicly, for example on ResearchGate or Academia.edu, to ensure the sustainability of peer-reviewed research in journal publications. The embargo period for this journal can be found below.

**Gold open access**
- Articles are freely available to both subscribers and the wider public with permitted reuse.
- A gold open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For gold open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

**Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)**
For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The gold open access publication fee for this journal is USD 3000, excluding taxes. Learn more about Elsevier's pricing policy: [https://www.elsevier.com/openaccesspricing](https://www.elsevier.com/openaccesspricing).

**Green open access**
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution’s repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

This journal has an embargo period of 12 months.

**Informed Consent and Patient Details**
Figures must be numbered and cited in the text in order, and all patient-identifying information must be removed or masked. Signed patient releases must accompany manuscripts in which there are photos of identifiable patients. Formal consents are not required for the use of entirely anonymized images from which the individual cannot be identified - for example, x-rays, ultrasound images, pathology slides or laparoscopic images - provided that these do not contain any identifying marks and are not accompanied by text that might identify the individual concerned. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned. Release forms can be downloaded from the Web site during the submission process.
The JOMS uses EES, an online, electronic submission system. The Web site, http://ees.elsevier.com/joms, guides authors through the submission process. Authors must specify the article type (full length article, case report, etc.) and select from a set of classifications provided online.

The following statements MUST be included in the Cover Letter:

"In consideration of the Journal of Oral and Maxillofacial Surgery taking action in reviewing and editing my (our) submission, the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the American Association of Oral and Maxillofacial Surgeons in the event that such work is published in the JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY. The undersigned author(s) understands that if the manuscript is accepted, the Editors reserve the right to determine whether it will be published in the print edition or solely in the Internet edition of the Journal. Articles accepted for publication are subject to editorial revision."

Permission of original author and publisher must be obtained for direct use of material (text, photos, drawings) under copyright that is not your own. (Up to 100 words of prose material usually may be quoted without obtaining permission, provided the material quoted is not the essence of the complete work.)

Authors are responsible for applying for permission for both print and electronic rights for all borrowed materials and are responsible for paying any fees related to the applications of these permissions.

Original articles are considered and accepted for publication on the condition that they have not been published in another journal or are not currently submitted or accepted for publication elsewhere. The Editor reserves the right to edit manuscripts to fit the space available and to ensure conciseness, clarity, and stylistic consistency.

Case reports. Routine case reports add little to our knowledge, but may be published if the report: 1) contains new information; for example, new disease process, diagnostic technique or maneuver, treatment, or operative approach; or 2) contains information that needs to be reinforced periodically; or 3) includes a comprehensive review on a topic requiring an updated review; or 4) is of an extremely unusual case.

Submissions to Perspective Section: Perspective articles represent succinct opinion pieces that address various topics of relevance to oral-maxillofacial surgeons. These topics may include, for example, public policy, patient safety, health care or surgical trends, government actions, and commentaries on other subjects. Articles in this section are limited to no more than 1200 words, no more than 1 figure or table, and no more than 5 references. Articles accepted for publication do not necessarily represent the views of the AAOMS or the editorial staff. (Perspective articles do not require an abstract).

Correspondence. Authors may send queries concerning the submission process, manuscript status, or journal procedures to the Editorial Office at joms@aaoms.org. All correspondence, including the Editor's decision and request for revisions, will be via e-mail.

Letters to the Editor may be directed to the Editor-in-Chief:

James R. Hupp, DMD, MD, JD and must be submitted via the EES system to be considered (http://ees.elsevier.com/joms). Letters to the Editor must be in reference to a specific article or editorial that has been published by the JOMS on which you would like to comment; letters must be under 500 words (body of the letter, not including the references). One figure may accompany the letter if it is essential to understanding the subject. Please limit the number of references to no more than 5.

Letters must be submitted within 8 weeks of the article's print publication or for online-only articles, within 8 weeks of the date of the print issue in which they appear in the table of contents.
Submit your article
Please submit your article via http://ees.elsevier.com/joms.

PREPARATION
Articles, including all tables, must be formatted in a recent version of Microsoft Word; the manuscript and references must be double-spaced. The use of appropriate subheadings throughout the body of the text (Abstract, Introduction, Methods, Results, and Discussion sections) is required. For ideas and suggestions to aid preparation of clinical research papers, consider this reference: Dodson TB. A guide for preparing a patient-oriented research manuscript. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 104:307, 2007.

The Title Page should include the title of the manuscript, the authors' names, degrees, titles (e.g. Professor, Department Head, Resident, Private Practitioner) and affiliations. It should also include the complete mailing address (including street number), and the telephone number, fax number, and e-mail address for the corresponding author. (There may only be one corresponding author). Titles of articles should be descriptive and concise.

Abstracts are required for full-length articles, review articles, and case reports. Structured abstracts should be submitted for full-length and review articles in the following format and must be limited to 300 words (case report abstracts should not be structured):

**Purpose:** One sentence background (if necessary) and one sentence purpose stated as a declarative sentence or as a research question:

The investigators hypothesized [insert hypothesis statement].

Given the audience, commonly a background sentence is not necessary as it will be evident from the study purpose or research questions.

**Methods:** This can be as short as 5 or 6 declarative sentences:

The investigators implemented a [insert type of study design]. The sample was composed of [describe eligible sample]. The predictor variable was... The outcome variable was... Other study variables were... Descriptive and bivariate statistics were computed and the P value was set at .05.

**Results:** This section can be as short as 2 sentences: The sample was composed of [insert sample size and a few representative descriptive statistics such as age and sex and any key differences between the study groups]. There was a statistically significant association between [insert the predictor and outcome variables and report the key statistics with P values and appropriate confidence intervals] after adjusting for [list other variables].

**Conclusion:** Example:

The results of this study suggest [insert key conclusion(s)]. Future studies will focus on [insert future research plans as indicated].

Abstract Example (Hypothesis driven patient-oriented research)-

**Comparative Effectiveness of Maxillomandibular Advancement and Uvulopalatopharyngoplasty for the Treatment of Moderate to Severe Obstructive Sleep Apnea**

Scott B. Boyd, DDS, PhD, Arthur S. Walters, MD, Yanna Song, MS, Lily Wang, PhD

**Purpose**

To directly compare the clinical effectiveness of maxillomandibular advancement (MMA) and uvulopalatopharyngoplasty (UPPP)—performed alone and in combination—for the treatment of moderate to severe obstructive sleep apnea (OSA).

**Patients and Methods**
The investigators designed and implemented a retrospective cohort study composed of patients with moderate to severe OSA (baseline AHI >15). The predictor variable was operative treatment and included MMA, UPPP, and UPPP followed by MMA (UPPP/MMA). The primary outcome variable was the apnea-hypopnea index (AHI) measured preoperatively and 3 months to 6 months postoperatively. Other variables were grouped into the following categories: demographic, respiratory, and sleep parameters. Descriptive and bivariate statistics were computed.

**Results**

The sample was composed of 106 patients grouped as follows: MMA (n = 37), UPPP (n = 34), and UPPP/MMA (n = 35) for treatment of OSA. There were no significant differences between the 3 groups for the study variables at baseline, except for AHI. Surgical treatment resulted in a significant decrease in AHI in each group: MMA (baseline AHI, 56.3 ± 22.6 vs AHI after MMA, 11.4 ± 9.8; \( P < .0001 \)), UPPP/MMA (baseline AHI, 55.7 ± 49.2 vs AHI after UPPP/MMA, 11.6 ± 10.7; \( P < .0001 \)), and UPPP (baseline AHI, 41.8 ± 28.0 vs AHI after UPPP, 30.1 ± 27.5; \( P = .0057 \)). After adjusting for differences in baseline AHI, the estimated mean change in AHI was significantly larger for MMA compared with UPPP (MMA AHI, -40.5 vs UPPP AHI, -19.4; \( P < .0001 \)). UPPP/MMA was no more effective than MMA (\( P = .684 \)).

**Conclusion**

The results of this study suggest that MMA should be the surgical treatment option of choice for most patients with moderate to severe OSA who are unable to adequately adhere to CPAP.

**Graphical abstract**

Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site. Authors can make use of Elsevier’s Illustration Services to ensure the best presentation of their images and in accordance with all technical requirements.

**Acknowledgments.** Only persons who have made significant contributions to an article may be acknowledged.

**Figures/Illustrations.** Color art and color photography submissions are strongly encouraged. Figures must be submitted electronically as separate files (not embedded in the manuscript file). Use arrows or other indicators to point out key findings in images or photomicrographs. Images must be high-resolution digital illustrations (EPS or TIFF files): line artwork = minimum of 1,000 dpi; halftone artwork (photographic/continuous tone) = minimum of 300 dpi; combination artwork (line/tone) = minimum of 500 dpi; recommended dimensional size is a minimum of 5 x 7 inches. PowerPoint or other presentation software are not of sufficient quality for publication. Authors may contact Elsevier for more information or should download a copy of the Specifications for Supplying Digital Artwork from https://www.elsevier.com/artwork. This provides detailed information on file formats, artwork guidelines, and color.

**Legends.** All figures require a legend. For photomicrographs, magnification and stain must be specified. Please use arrows or some other indicator to point out the key findings in the figures. A list of figure legends must appear after the References and Tables, in Microsoft Word.

**Tables.** Each table in the manuscript should stand alone and be interpreted without referencing the text of the manuscript. As such, tables must be logically organized and supplement the article. Where possible, consider summarizing the information as text in the manuscript rather than using a table. Tables should include descriptive titles. Tables must be numbered consecutively and cited in the text in order. Title and footnotes must be on the same page with the table. Use of footnotes is encouraged to explain abbreviations and symbols used in the table. Do not draw vertical rules in tables. Tables must follow the references in the manuscript document and be in Microsoft Word.

**References.** (type with double spacing). References must be cited in numerical order in the text.

Bibliographies and reading lists may not be submitted. For journal references, give the author’s name, article title, journal name as abbreviated in Index Medicus, volume, pagination, and year, for example:

For books, give the author's name, book title, location and name of publisher, and year of publication (exact page numbers are required for direct quotations), for example:


Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Reference management software
Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support Citation Style Language styles, such as Mendeley. Using citation plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. If you use reference management software, please ensure that you remove all field codes before submitting the electronic manuscript. More information on how to remove field codes from different reference management software.

Users of Mendeley Desktop can easily install the reference style for this journal by clicking the following link:
When preparing your manuscript, you will then be able to select this style using the Mendeley plug-ins for Microsoft Word or LibreOffice.

Journal abbreviations source
Journal names should be abbreviated according to the List of Title Word Abbreviations.

Video and Computer Graphics. Authors are encouraged to submit videos and computer-generated graphics; e.g., a slide presentation with or without animation and sound. Authors who wish to supply such material should notify the editors in the Cover Letter and in the Author Comments of the online submission. Although the publisher will not edit any video or computer graphic, editors and reviewers may suggest changes. All patient-identifying information must be removed or masked. The maximum length of a video or computer graphic is 8 minutes. Longer submissions may be divided into smaller clips, each of which should be identified at the beginning of the section (e.g. Video Clip 1, graphic 10). A concise legend for each videoclip or computer graphic presentation must be included with the manuscript. Videos are to be submitted in MEG-1 or MPEG-2 (*mpg) or QuickTime (*mov) format. More detailed instruction can be found at https://www.elsevier.com/artwork.

AAOMS Disclosure Statement Regarding Dual Commitment
The JOMS requires that a completed AAOMS disclosure statement signed by ALL authors be submitted with the article.

Data visualization
Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.

Research data
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.
Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.

For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

Mendeley Data
This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the Mendeley Data for journals page.

Data statement
To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

Checklist for authors:
- Cover letter (including copyright statements, disclosures).
- Title page (including authors' information).
- Manuscript (including abstract, article, references, tables and figures legends—all in Microsoft Word format).
- Statement of IRB in the Methods and Materials section.
- Figures (individually submitted as separate files).
- AAOMS Disclosure Statement.
- Patient release forms for photographs.

Offprints
The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Webshop. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

Correspondence. Authors may send queries concerning the submission process, manuscript status, or journal procedures to the Editorial Office at joms@aaoms.org. All correspondence, including the Editor's decision and request for revisions, will be via e-mail.