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**DESCRIPTION**

*Oral Oncology* is an international interdisciplinary journal which publishes high quality original research, clinical trials and review articles, editorials, and commentaries relating to the etiopathogenesis, epidemiology, prevention, clinical features, diagnosis, treatment and management of patients with neoplasms in the head and neck.

*Oral Oncology* is of interest to head and neck surgeons, radiation and medical oncologists, maxillofacial surgeons, oto-rhino-laryngologists, plastic surgeons, pathologists, scientists, oral medical specialists, special care dentists, dental care professionals, general dental practitioners, public health physicians, palliative care physicians, nurses, radiologists, radiographers, dieticians, occupational therapists, speech and language therapists, nutritionists, clinical and health psychologists and counselors, professionals in end of life care, as well as others interested in these fields.

Basic, translational, or clinical Research or Review papers of high quality and that make a contribution to new knowledge are invited on the following aspects of neoplasms arising in the head and neck (including lip, tongue, oral cavity, oropharynx, salivary glands, sinuses, nose, nasopharynx, larynx, skull base, thyroid, and craniofacial region, and the related hard and soft tissues and lymph nodes):

- **Etiopathogenesis:** natural history of cancer and pre-cancer; basic pathology, metastatic mechanisms; genetic changes; cellular and molecular changes; microorganisms; growth factors, adhesion and other molecules
- **Epidemiology:** risk factors; biomarkers; protective factors; geographic factors; prevention; screening and intervention
- **Clinical features:** orofacial effects of neoplasms at both local and distant sites; tumor staging and grading
- **Diagnosis:** detection of cancer and pre-cancer; cellular and molecular markers for diagnosis; advances in imaging and other functional diagnostic modalities for cancer and pre-cancer
- **Management and Prognosis:** clinical, cellular and molecular markers for prognosis; treatment options including surgical, lasers, photodynamic therapy, cryosurgery, micro-vascular and other forms of surgery, medical, radiotherapy, chemotherapy, immunotherapy, biological and gene therapy advances; molecular targets and new therapeutics (new cytotonics and molecular-targeted therapies); multimodality treatment; advances in reconstruction and rehabilitation, including flaps and grafts, alloplasty, bone and connective tissue biology; multidisciplinary teamwork in cancer care and oral health care.
- **Quality of life issues:** issues of consent; psychosocial aspects; patient and health professional information; patient involvement; psychological interventions, improving outcomes; the prevention,
diagnosis and management of complications, including, pain, hemorrhage, dysfunction, deformity, osteoradionecrosis, xerostomia, and others; rehabilitation; palliative and end of life care; and support teamwork.

**IMPACT FACTOR**

2019: 3.979 © Clarivate Analytics Journal Citation Reports 2020

**ABSTRACTING AND INDEXING**

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Current Clinical Cancer
CINAHL
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<table>
<thead>
<tr>
<th>Author Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Simon N Rogers</td>
<td>Liverpool, United Kingdom</td>
</tr>
<tr>
<td>Eben Rosenthal</td>
<td>Stanford, California, United States</td>
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<tr>
<td>Nabil Saba</td>
<td>Atlanta, Georgia, United States</td>
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<td>John Sauk</td>
<td>Louisville, Kentucky, United States</td>
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<td>Göttingen, Germany</td>
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<td>N.C. Schmitt</td>
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<tr>
<td>Jim Sciubba</td>
<td>Baltimore, Maryland, United States</td>
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<tr>
<td>Tanguy Seiwert</td>
<td>Chicago, Illinois, United States</td>
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<td>Jatin P Shah</td>
<td>New York, United States</td>
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<td>Richard Shaw</td>
<td>Liverpool, United Kingdom</td>
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<td>Nijmegen, Netherlands</td>
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<td>Benjamin Solomon</td>
<td>Melbourne, Australia</td>
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<tr>
<td>Stephen T Sonis</td>
<td>Boston, Massachusetts, United States</td>
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<td>Khee Chee Soo</td>
<td>Singapore</td>
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<tr>
<td>Hideki Tanzawa</td>
<td>Chiba, Japan</td>
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<td>Ted Teknos</td>
<td>Columbus, Ohio, United States</td>
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<td>Sufi Mary Thomas</td>
<td>Kansas City, Kansas, United States</td>
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<tr>
<td>Ravindra Uppaluri</td>
<td>Boston, Massachusetts, United States</td>
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<tr>
<td>Michiel Van den Brekel</td>
<td>Amsterdam, Netherlands</td>
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<tr>
<td>Isaac Van der Waal</td>
<td>Amsterdam, Netherlands</td>
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<tr>
<td>Pablo A. Vargas</td>
<td>Piracicaba-SP, Brazil</td>
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<tr>
<td>Saman Warnakulasuriya</td>
<td>London, United Kingdom</td>
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<tr>
<td>Joseph Wee</td>
<td>Singapore, Singapore</td>
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<tr>
<td>Scott A. Weed</td>
<td>Morgantown, West Virginia, United States</td>
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<tr>
<td>Theresa Whiteside</td>
<td>Pittsburgh, Pennsylvania, United States</td>
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<tr>
<td>Julia Woolgar</td>
<td>Liverpool, United Kingdom</td>
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<td>W Andrew Yeudall</td>
<td>Richmond, Virginia, United States</td>
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<td>Yoshiaki Yura</td>
<td>Osaka, Japan</td>
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<tr>
<td>Peter Zbären</td>
<td>Berne, Switzerland</td>
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<tr>
<td>Jose P. Zevallos</td>
<td>Chapel Hill, North Carolina, United States</td>
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INTRODUCTION

Types of paper

Oral Oncology accepts the following article types for publication:

**Editorial:** Editorials are welcome on any topic; however, they may also be related to work previously published in Oral Oncology. **Editorials have no abstract and no keywords, and are usually restricted to 1500 words, up to 10 references and up to 2 tables or figures.**

**Original Research Articles:**
Original research articles present results of original epidemiology and public health, basic, clinical and/or translational (basic research with clinical applications) research. This article focuses on new data collected by the author(s) during the course of a epidemiology and public health research; basic investigation; clinical trial; or translational research, although other studies may be cited for support. Original research articles, which have not been published previously, except in a preliminary form, may be submitted as original full-length research papers. The article should contain the following sections: Title Page, Abstract, Conflict of Interest Statement, Introduction, Patients (or Materials) and Methods, Results, Discussion, and Conclusion. **Mechanics:** Research articles should contain an abstract, a list of up to 10 keywords and have a limit of 3,500 words, 7 figures and/or tables, and 60 references.

**Review Articles:**
Review articles that are topical and a critical assessment of any aspect of head and neck are welcome. Review articles collate, describe, and evaluate prior publications of important head and neck subjects, accompanied by critical analysis leading to rational conclusions. These Reviews should contain very little, if any, original data from an author's own study; however, such data can be used to support the overall thesis of the article. We also accept targeted mini-reviews that cover specific topics or therapies as well as meta-analyses. **Mechanics:** Review articles should contain a short abstract stating the goal of the review, an introduction, discussion, and conclusion. Review articles can contain up to 5,000 words, 7 figures and/or tables, and 120 references.

**Perspectives:**
Perspectives are more focused than reviews and seek to review a topic from a particular view or opinion. Perspectives should review a particular field to identify outstanding issues and/or challenges and propose new hypotheses or directions. A Perspective may highlight emerging science, controversial opinions, or issues within the field and seek to address these controversies. They may be accepted from a single individual or a team. **Mechanics:** Perspectives should contain a short abstract stating the goal of the review, an introduction, discussion, and conclusion. Perspective articles are limited to 2000 words, 3 figures and/or tables, and 45 references.

**Letters to the Editor:**
Letters to the Editor relating to published work in Oral Oncology or other topics of interest including unpublished original research are welcome. If accepted Letters are published online only. **Mechanics:** Letters should not exceed 1,000 words in length and can contain up to 2 figures and/or tables.

Oral Oncology does not consider case reports; however, authors are welcome to submit these as a Letter to the Editor, and can contain up to one image, not exceeding 1,000 words in length

**Types of paper**

**Special Issues:**
If you have been invited to submit a manuscript for a Special Issue, please note that we recommend writing about 3,000 words and encourage diagrams, tables, and figures. There is no limit on references. **References in a special issue** - Please ensure that the words ‘this issue’ are added to any references in the list (and any citations in the text) to other articles in the same Special Issue. When submitting your manuscript, please be sure to select the correct Special Issue designation in the Peer Review System. **If you have any questions, please contact the inviting Editor.**

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- Ensure all figure and table citations in the text match the files provided
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- Manuscript has been 'spell checked' and 'grammar checked'
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Authors will be asked to select which publication option they would prefer when submitting their paper to the Editorial Office.

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**PREPARATION**

**Peer review**

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Results
Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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Highlights are optional yet highly encouraged for this journal, as they increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: example Highlights.

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Abstract
A concise and factual abstract of no more than 250 words is required. The abstract must be structured for original research articles and articles reporting the results of clinical trials. The abstract should be divided by subheadings as follows: Objectives, Materials and Methods, Results and Conclusion.

The abstract should not be structured for review articles. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separate from the article, so it must be able to stand alone.

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See: https://www.elsevier.com/highlights for examples.

Keywords
Immediately after the abstract provide a maximum of ten keywords, to be chosen from the Medical Subject Headings from Index Medicus. These keywords will be used for indexing purposes. It is usually necessary to include keywords such as Oral Cancer, or Head and Neck cancer.

Abbreviations
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].
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This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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