**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 clinicians to improve patient care and public health." Articles are published because of scientific merit and are not to be considered general practice standards.

All manuscripts must be submitted online, via Editorial Manager (EM), to: Richard M. Rosenfeld, MD, MPH, Editor in Chief, Otolaryngology–Head and Neck Surgery, at http://otohns.edmgr.com. Editorial communication should be addressed to the editorial office at otomanager@entnet.org. Paper manuscripts will not be accepted. The journal will not consider manuscripts for publication if authors do not comply with the following instructions.

**Deadlines**

Submissions not in compliance with the following 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 Papers not resubmitted within that time will be withdrawn from consideration.

Revised manuscripts must follow the same instructions and should be submitted within 30 days of the revision letter date.

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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.

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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.

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- A title page, including the manuscript title and all authors’ full names, academic degrees (no more than three), 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, 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.
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- 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) and a total of 10 images (figures and/or tables). There is no limit on references.
- Adherence to the CONSORT statement (www.consort-statement.org) when reporting a randomized trial, including a patient flow diagram.

**Systematic Reviews (including Meta-analyses):** 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 systematic review are:

- A title page, including the manuscript title and all authors’ full names, academic degrees (no more than three), 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.
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State-of-the-Art Reviews: A narrative review article that (a) provides a comprehensive and scholarly overview of an important clinical subject, with a principal focus on developments in the past 5 years (or less), or (b) explains recent advances in science and technology that have influenced management of a condition in terms that teach relevant science to those who devote most of their time and effort to clinical endeavors, or (c) describes how the perception of an illness, diagnostic approach, or therapeutic intervention has evolved in recent years. The components of a state-of-the-art review are:

- A title page, including the manuscript title and all authors’ full names, academic degrees (no more than three), 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, Conclusions, and Implications for Practice.
- An Introduction outlining the explicit clinical problem and the rationale for conducting the review.
- A Methods section that briefly states how articles were identified, what data sources were used, and what criteria were applied (objective or subjective) to include or exclude articles.
- A Discussion section that summarizes key findings, organized preferably with one or more subheadings to facilitate reading.
- An Implications for Practice section that clarifies clinical implications, areas for future research, and helps clinicians place the review findings in appropriate context.
- Manuscript length of no more than 3,000 words (exclusive of the title page and abstract) and a total of 15 images (figures and/or tables).

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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). Should have no more than four authors. IRB approval is required.

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