General Information

JAMA Otolaryngology–Head & Neck Surgery (formerly Archives of Otolaryngology–Head & Neck Surgery), first published as Archives of Otolaryngology beginning in 1925 and changing to its former title in 1986, is a peer-reviewed medical journal published 12 times per year. The online version is published on the third Thursday of the month. JAMA Otolaryngology–Head & Neck Surgery's acceptance rate is 25%, with 138 days from acceptance to publication; 66 days for articles published online first. The editor of JAMA Otolaryngology–Head & Neck Surgery is Paul A. Levine, MD, Robert W. Cantrell Professor and Chairman, Director of Head and Neck Surgical Oncology, Department of Otolaryngology–Head & Neck Surgery, and President, University Physicians Group, University of Virginia Health System, Charlottesville.

Editorial Office Contact Information

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Editorial Policies for Authors

Most of JAMA Otolaryngology–Head & Neck Surgery's editorial policies for authors are summarized in these instructions. Citations to editorials with additional information are also provided.

Authorship Criteria and Contributions and Authorship Form

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Per the guidelines of the International Committee of Medical Journal Editors (ICMJE),1 authorship credit should be based only on (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; and (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met.1,2

All authors (ie, the corresponding author and each coauthor) must complete and submit an Authorship Form with signed statements on Authorship Responsibility, Criteria, and Contributions; Confirmation of Reporting Conflicts of Interest and Funding; and either Copyright Transfer/Publishing Agreement or Federal Employment.2(pp128-133) In addition, authors are required to identify their contributions to the work described in the manuscript. Authorship Forms will be sent to authors for completion after manuscripts have been submitted (see sample Authorship Form).

For reports of original data and reviews, authors' specific contributions will be published in the Acknowledgment section (see Manuscript Preparation and Submission Requirements, Acknowledgment Section). All other persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, and writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment in the manuscript. Written permission to include the names of individuals in the Acknowledgment section must be obtained (see Manuscript Preparation and Submission Requirements, Acknowledgment Section).

The authors also must certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published

or is being considered for publication elsewhere (see also Duplicate/Previous Publication or Submission). Authors of manuscripts reporting original data or systematic reviews must provide an access to data statement from at least 1 named author, often the corresponding author (see also Data Access and Responsibility). If requested, authors should be prepared to provide the data and must cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees.

Role of the Corresponding Author

The corresponding author (or coauthor designee) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited typescript and proof, make decisions regarding release of information in the manuscript to the news media, federal agencies, or both, and will be identified as the corresponding author in the published article. The corresponding author is responsible for ensuring that the Acknowledgment section of the manuscript is complete. “Acknowledgment” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The corresponding author is responsible for ensuring that the conflict of interest disclosures reported in the Acknowledgment section of the manuscript are accurate, up-to-date, and consistent with the information provided in each author’s Authorship Form (see Conflicts of Interest and Financial Disclosures).

The corresponding author must obtain written permission from each person named in the Acknowledgment section and must be willing to provide the editors with copies of these permissions if requested to do so (see Acknowledgment Section for more details). The corresponding author must sign the Acknowledgment statement part of the Authorship Form confirming that all persons who have contributed substantially but who are not authors are identified in the Acknowledgment section and that written permission from each person acknowledged has been obtained (see sample Authorship Form).

Group Authorship

If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship described herein.3 If that is not the case, a group must designate 1 or more individuals as authors or members of a writing group who meet full authorship criteria and requirements. Other group members who are not authors may be listed in an Acknowledgment.

Conflicts of Interest and Financial Disclosures

A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal relationships that could inappropriately influence (or bias) the author’s decisions, work, or manuscript. All authors are required to disclose, in their cover letter and on the JAMA Otolaryngology–Head & Neck Surgery Authorship Form or in an attachment to the form and in the Acknowledgment section of the manuscript. Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and , and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, grants received or pending or funding, consultancies, honoraria or payment, speakers’ bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued. Following the guidelines of the ICMJE, the definitions and terms of such disclosures include:

Any potential conflicts of interest “involving the work under consideration for publication” (during the time involving the work, from initial conception and planning to present),

Any “relevant financial activities outside the submitted work” (over the 3 years prior to submission), and Any “other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing” what is written in the submitted work (based on all relationships that were present during the 3 years prior to submission).

Authors also should include this information in the Acknowledgment section of the submitted manuscript.

Authors without conflicts of interest, including relevant financial interests, activities, relationships, and affiliations, should include no such interests in the Acknowledgment section of the manuscript.4 Failure to include this information in the manuscript may delay evaluation and review of the manuscript. Authors should err on the side of full disclosure and should contact the editorial office if they have questions or concerns.

Although many universities and other institutions have established policies and thresholds for reporting financial interests and other conflicts of interest, the JAMA Network journals require complete disclosure of all relevant financial relationships and potential financial conflicts of interest, regardless of amount or value. For example, authors of a manuscript about hypertension should report all financial relationships they have with all manufacturers of products used in the management of hypertension, not only those relationships with companies whose specific products are mentioned in the manuscript. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office.

Authors’ conflicts of interest and financial disclosure statements are held by the editorial office. For all accepted manuscripts, the corresponding author will have been asked to confirm that each coauthor’s disclosures of conflicts of interest and relevant financial interests, activities, relationships, and affiliations and declarations of no such interests are accurate, up-to-date, and consistent with the disclosures reported in the Acknowledgment section of the manuscript because this information will be published in the Acknowledgment section of the article. Decisions about whether financial information provided by authors should be published, and thereby disclosed to readers, are usually straightforward. Although Editors are willing to discuss disclosure of specific financial information with authors, the JAMA Network journals’ policy is one of complete disclosure of all relevant financial interests, including relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript). The policy requiring disclosure of conflicts of interest applies for all manuscript submissions, including letters to the editor. If an author’s disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement, and additional action may be taken as necessary.

Authors also are required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies, in the Acknowledgment section of the manuscript.

Funding/Support and Role of Sponsor

All financial and material support (eg, grant identification, transfer agreement) for the research and the work should be clearly and completely identified in the Acknowledgment section of the

manuscript. The specific role of the funding organization or sponsor in each of the following should be specified: “design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.”

Data Access, Responsibility, and Analysis

For all reports (regardless of funding source) containing original data, at least 1 named author (eg, the principal investigator), and no more than 2 authors, must indicate that she or he “had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.”4,5 This exact statement should be included in the Acknowledgment section at the end of the manuscript. Modified statements or generic statements indicating that all authors had such access are not acceptable. In addition, for all reports containing original data, the names and affiliations of all authors (or other individuals) who conducted and are responsible for the data analysis must be indicated in the Acknowledgment section of the manuscript. If the individual who conducted the analysis is not named as an author, a detailed explanation of his/her contributions and reasons for his/her involvement with the data analysis should be included.

Acknowledgment Section

The “Acknowledgment section” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The Acknowledgment section includes authors’ contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names, degrees, and affiliations of participants in a large study or other group; any important disclaimers; information on previous presentation of the information reported in the manuscript; listing of supplemental material; and the contributions, names, degrees, affiliations, and indication if compensation has been received for all persons who have made substantial contributions to the work but who are not authors.

All other persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, and writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment in the manuscript.

Authors must obtain written permission to include the names of all individuals included in the Acknowledgment section, and the corresponding author must confirm that such permission has been obtained in the Authorship Form (see sample Authorship Form).

Duplicate/Previous Publication or Submission

Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. Copies of related or possibly duplicative materials (ie, those containing substantially similar content or using the same or similar data) that have been previously published or are under consideration elsewhere must be provided at the time of manuscript submission.2(pp151-152) See Previous or Planned Meeting Presentation or Release of Information.

Timeliness of Data

Research reports submitted to JAMA Otolaryngology–Head & Neck Surgery should be timely and current and should be based on data collected as recently as possible. Manuscripts based on data from randomized clinical trials should be reported as soon as possible after the trial has ended, ideally within 1 year after follow-up has been completed. For cohort studies, the date of final follow-up should be no more than 5 years before manuscript submission. Likewise, data used in case-control or cross-sectional studies should have been collected as recently as possible, but no more than 5 years before manuscript submission. Because manuscripts in which the most recent data have been collected more than 5 years ago (ie, prior to 2008) ordinarily will receive lower priority for publication, authors of such manuscripts should provide a detailed explanation of the relevance of the information in light of current knowledge and medical practice.

Clinical Trials

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram, and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements). These and other requirements for manuscript preparation are detailed in Categories of Articles, Clinical Trial. For additional guidance on reporting cluster trials, noninferiority and equivalence trials, pragmatic trials, and trials with patient-reported outcomes, see Extensions of the CONSORT Statement.

Trial Registration:

As a member of ICMJE, JAMA Otolaryngology–Head & Neck Surgery requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (ie, the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE).1,6,7 Acceptable trial registries include the following and others listed at http://www.icmje.org:

http://www.anzctr.org.au
http://www.clinicaltrials.gov
http://isrctn.org
http://www.trialregister.nl/trialreg/index.asp
http://www.umin.ac.jp/ctr

For this purpose, a clinical trial is any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. Please note: for clinical trials starting patient enrollment after July 2005, trials must have been registered before onset of patient enrollment. For trials that began before July 2005 but that were not registered before September 13, 2005, trials must have been registered before journal submission. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (eg, phase 1 trials), are exempt. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract and also in the space provided on the online manuscript submission form.

Protocols:

Authors of manuscripts reporting clinical trials must submit trial protocols (including the complete statistical analysis plan) along with their manuscripts.

CONSORT Flow Diagram and Checklist:

Manuscripts reporting the results of randomized trials must include the CONSORT flow diagram showing the progress of patients throughout the trial (see Figure). The CONSORT checklist also should be completed and submitted with the manuscript.8

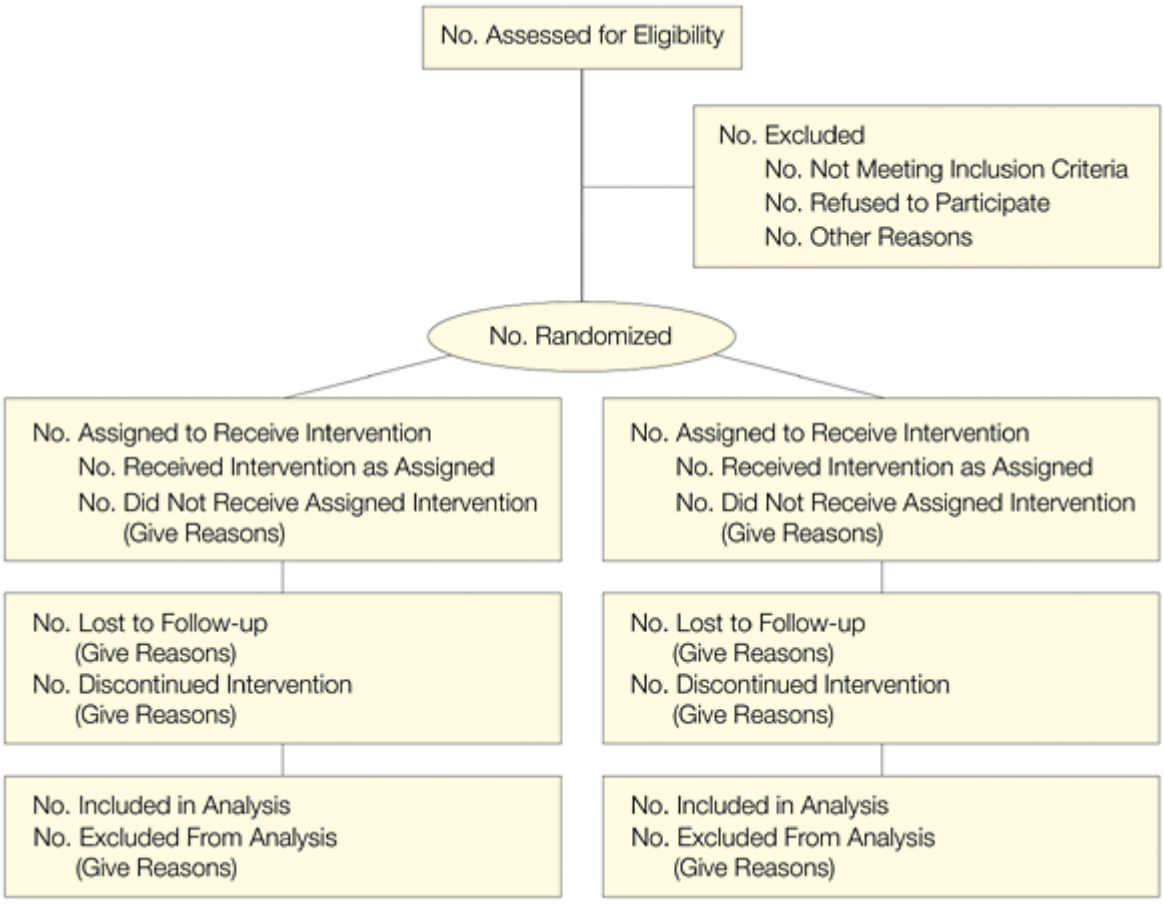

Figure. Flow diagram of subject progress through the phases of a randomized trial.8

Survey Research

Manuscripts reporting survey data, such as studies involving patients, clinicians, the public, or others, should report data collected as recently as possible, ideally within the past 2 years. Survey studies should have sufficient response rates (generally at least 60%) and appropriate characterization of nonresponders to ensure that nonresponse bias does not threaten the validity of the findings. For most surveys, such as those conducted by telephone, personal interviews (eg, drawn from a sample of households), mail, e-mail, or via the web, authors are encouraged to report the survey outcome rates using standard definitions and metrics, such as those proposed by the American Association for Public Opinion Research.9 In addition, authors should submit the survey instrument if possible as an online-only supplementary file (see Online-Only Supplements and Multimedia).

Reports of Diagnostic Tests

These manuscripts may be classified as Original Investigations, Case Report/Case Series, or Research Letters. Authors of reports of diagnostic tests are encouraged to submit the STARD flow

diagram and checklist.

Reports of Cost-effectiveness Analyses and Decision Analyses

These manuscripts may be classified as Original Investigations, Case Report/Case Series, or Research Letters. Authors of reports of cost-effectiveness analyses and decision analyses must submit a copy of the decision tree comprising their model. This is for editorial evaluation and review, not necessarily for publication, unless it is included in the body of the manuscript.

Reporting Race/Ethnicity

If race and/or ethnicity is reported, indicate in the "Methods" section who classified individuals as to race/ethnicity, the classifications, and whether the options were defined by the investigator or the participant. Explain why race and/or ethnicity was assessed in the study.10

Ethical Approval of Studies and Informed Consent

For all manuscripts reporting data from studies involving human participants or animals, formal review and approval, or formal review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the "Methods" section.2(p226) For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed.11 For investigations of humans, state in the "Methods" section the manner in which informed consent was obtained from the study participants (ie, oral or written) and whether participants received a stipend. Editors may request that authors provide documentation of the formal review and recommendation from the institutional review board or ethics committee responsible for oversight of the study.

Identification of Patients in Descriptions, Photographs, Video, and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, video, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section of the manuscript. Such persons should be offered the opportunity to see the manuscript before its submission.2(pp229-232) Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data are not acceptable. Please do not submit masked photographs of patients.

Patient Permission Form:

The form is available here.

Animal Experimentation

For experimental investigations of animal subjects, specify in the "Methods" section of the manuscript what animal-handling protocols were followed, eg, "Institutional guidelines regarding animal experimentation were followed." For those investigators who do not have formal ethics review committees (institutional or regional), the principles outlined in the Declaration of Helsinki should be followed.

Personal Communications and Unpublished Data

A signed statement of permission should be included from each individual identified as a source of information in a personal communication or as a source for unpublished data, and the date of communication and whether the communication was written or oral should be specified.2(p199) Personal communications should not be included in the list of references.

Manuscripts That Pose Security Risks

Authors and reviewers are expected to notify editors if a manuscript could be considered to

report dual use research of concern (ie, research that could be misused by others to pose a threat to public health and safety, agriculture, plants, animals, the environment, or material).12 The editor in chief will evaluate manuscripts that report potential dual use research of concern and, if necessary, consult additional reviewers.

Previous or Planned Meeting Presentation or Release of Information

A complete manuscript following presentation at a meeting or publication of preliminary findings elsewhere (eg, an abstract) is eligible for consideration for publication. Authors considering presenting or planning to present the work at an upcoming scientific meeting should indicate the name and date of the meeting on the manuscript submission form. For accepted papers, the editors may be able to coordinate publication with the meeting presentation. Authors who present information contained in a manuscript that is under consideration by the JAMA Network during scientific or clinical meetings should not distribute complete reports (ie, copies of manuscripts) or full data presented as tables and figures to conference attendees or journalists. Publication of abstracts in print and online conference proceedings, as well as posting of slides or videos from the scientific presentation on the meeting website, is acceptable. However, for manuscripts under consideration by the JAMA Network, publication of full reports in proceedings or online, issuing detailed news releases reporting the results of the study, or participation in formal news conferences will jeopardize chances for publication of the submitted manuscript in the JAMA Network.13 Media coverage of presentations at scientific meetings will not jeopardize consideration, but direct release of information through press releases or news media briefings may preclude consideration by the JAMA Network.13 Rare instances of papers reporting public health emergencies should be discussed with the editor. Authors submitting manuscripts or letters to the editor regarding adverse drug or medical device reactions, reportable diseases, etc, should also report this information to the relevant government agency.

Embargo Policy

All information regarding the content and publication date of accepted manuscripts is strictly confidential. Unauthorized prepublication release of accepted manuscripts may result in rescinding the acceptance and rejecting the paper. This policy applies to all categories of articles, including Original Investigations, Reviews, Editorials, Viewpoints, Letters, etc. Information contained in or about accepted articles cannot appear in print, audio, video, or digital form or be released by the news media until 3 pm central time on the third Thursday of the month (or other specified embargo release date for the cases in which articles are released early).13

Depositing Research Manuscripts With an Approved Public Repository

All JAMA Otolaryngology–Head & Neck Surgery articles reporting original research are made freely available 12 months after publication, from 1998 forward, subject to certain conditions. JAMA Otolaryngology–Head & Neck Surgery's editors and publishers believe that the public is best served by accessing the freely available research articles on the journal website to ensure access to the final published version, any corrections, and related web features. However, some funding organizations require that authors of manuscripts reporting research deposit those manuscripts with an approved public repository, such as PubMed Central. Authors have the JAMA Network's permission to deposit manuscripts with an approved repository on the following conditions:

1. Permission is granted only for manuscripts reporting research funded by not-for-profit organizations to be deposited in not-for-profit, publicly available repositories.

2. Permission is granted to post only the manuscript reporting research that was submitted and accepted for publication but not the final, edited, formatted, and published article.
3. Authors must ensure that the posted manuscript links back to the published article on the JAMA Network website to provide readers with access to the final reviewed and edited version plus any corrections and letters, as well as the article-related features only available on the JAMA Network website.
4. Authors who submit their manuscripts to an approved public repository, such as PubMed Central, must indicate that the manuscript may not be made available to the public sooner than 12 months after publication in the JAMA Network. If authors adhere to these requirements, they may submit the final accepted version of the manuscript to the repository, if and only if the repository ensures that the deposited manuscript will not be made available to the public during the 12-month embargo following publication in the JAMA Network.

Editorial Review and Publication

Authors will be sent notifications of the receipt of manuscripts and editorial decisions by e-mail. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system.

Editorial and Peer Review

All submitted manuscripts are reviewed initially by a JAMA Otolaryngology–Head & Neck Surgery editor. Manuscripts are evaluated according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, and information is important. From these basic criteria, the editors assess a paper's eligibility for publication. Manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to expert consultants for peer review. Peer reviewer identities are kept confidential, but author identities are made known to reviewers. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal editors. Information from submitted manuscripts may be systematically collected and analyzed as part of research to improve the quality of the editorial or peer review process. Identifying information remains confidential.

Reviews and decisions on manuscripts in which the editor or one of the associate editors is a

coauthor are managed independently by an associate editor from another institution, in conjunction with a member of the editorial board. Final decisions regarding manuscript publication are made by the Editor, who does not have any financial relationships with any biomedical company.

Editing

Accepted manuscripts are edited in accordance with the AMA Manual of Style, 10th edition,2 and returned to the corresponding author (or his/her designee) for approval. Authors are responsible for all statements made in their work, including changes made during editing and production that are authorized by the corresponding author.

Corrections

Requests to publish corrections should be sent to the editorial office. Corrections are reviewed by editors and authors, published promptly, and linked online to the original article.

Reprints/e-prints

Reprints and e-prints may be ordered from Reprints Desk when the edited manuscript is sent for approval to the corresponding author.

Categories of Articles

JAMA Otolaryngology–Head & Neck Surgery publishes Original Investigations, Case Report/Case Series, Viewpoints, and other categories of articles. Topics of interest include all subjects that relate to the practice of medicine and the betterment of public health worldwide. The most frequently published types of articles are described herein.

Original Investigation

Original articles are concise (1) reports of clinical data, (2) reports of basic science data, or (3) reviews, including meta-analyses, that represent advanced information and a new contribution to biomedical literature as determined by the JAMA Otolaryngology–Head & Neck Surgery editorial staff. These reports typically include randomized trials (see Clinical Trial), intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys with high response rates (see Survey Research), cost-effectiveness analyses and decision analyses (see Reports of Cost-effectiveness Analyses and Decision Analyses), and studies of screening and diagnostic tests (see also Reports of Diagnostic Tests). Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy. Data included in research reports must be original and should be as timely and current as possible (see Timeliness of Data). A structured abstract is required; for more information, see instructions for preparing structured Abstracts for Reports of Original Data. Maximum length: 3000 to 3500 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Clinical Trial

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to

drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram (Figure), and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements).

For additional guidance on preparing manuscripts reporting cluster trials, noninferiority and equivalence trials, and pragmatic trials, see Extensions of the CONSORT Statement. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions. A structured abstract is required, and trial registration information (name, number, and URL) must be listed at the end of the abstract; for more information, see instructions for preparing structured Abstracts for Reports of Original Data. Maximum length: 3000 to 3500 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Meta-analysis

These manuscripts are systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within several months of manuscript submission. Authors of reports of meta-analyses of clinical trials should submit the PRISMA flow diagram and checklist. Authors of meta-analyses of observational studies should submit the MOOSE checklist. A structured abstract is required; for more information, see instructions for preparing structured Abstracts for Meta-analyses. Maximum length: 3000 to 3500 words of text (not including abstract, tables, figures, references, and online-only material), with no more than a total of 5 tables and/or figures and no more than 50 to 75 references.

Review

Systematic reviews address a specific question or issue that is relevant for clinical practice and provide an evidence-based, balanced, patient-oriented review on a focused topic. Reviews should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health; description of how the relevant evidence was identified, assessed for quality, and selected for inclusion; synthesis of the available evidence such that the best-quality evidence (eg, well-conducted clinical trials, meta-analyses, and prospective cohort studies) should receive the greatest emphasis; and discussion of controversial aspects and unresolved issues. A structured abstract is required; for more information, see instructions for preparing structured Abstracts for Reviews. Maximum length: 3500 words of text (not including abstract, tables, figures, references, and online-only material), with no more than a total of 4 tables and/or figures and no more than 50 to 75 references.

Case Report/Case Series

A case report14 should be concise and focused on one topic that results in final publication of not more than 2 journal pages, including references. As best as possible, the title should state the compelling point that draws the reader's attention. A structured abstract is required; see instructions for preparing structured Abstracts for Case Report/Case Series. These reports will describe a new disease state (with diagnostic documentation, including pathologic findings), identification of a new complication from a treatment or procedure, a new diagnostic technique, or a new technology transferred from one field to another. The case report should not be simply the report of an old disease in a new site solely because it has not been reported in the medical literature, unless there is a diagnostic point to distinguish it from other diseases. If the report provides a new treatment option, the disease should be of such rarity that it is unlikely that a series could be developed that would be amenable to standard investigational analysis. Case reports may also be based on seminal observations that provide an understanding of the mechanism of disease, particularly when the pathophysiology involves a rare and not easily retested event. Text should not exceed 1000 to 2000 words, 10 to 15 references, and no more than a total of 4 tables and/or figures.

Clinical Problem Solving: Radiology and Pathology

Residents and fellows in otolaryngology and radiology are invited to submit quiz cases for this section and to write letters to JAMA Otolaryngology–Head & Neck Surgery commenting on cases presented. Quiz cases should be set up in the established format. It is suggested that authors consult previously published quiz cases for examples when preparing a submission. Text should not exceed 850 words and 10 references. A short title needs to be provided that describes the disease entity. The quiz case portion should not exceed more than 250 words. No more than a total of 4 figures are allowed, and there can be no multiple parts to the figure. There are no figure legends in this section.

Clinical Challenges in Otolaryngology

This series is for invited manuscripts only; however, the Editor does welcome suggestions of topics for the monthly series. The author's charge is to present a fair and balanced reflection of the good-quality information in the recent medical literature. The format is (1) Hypothesis: the controversial or puzzling statement; (2) Pro: a summary of current knowledge supporting this statement; (3) Con: a summary of current knowledge refuting this statement; (4) Bottom Line: your opinion of the truth or fallacy (or partial truth/fallacy) of the original hypothetical statement; and (5) References: the most relevant only, 10 or fewer. Also, list the key words used in your search so others can duplicate it if they wish. This review should be concise. Text should not exceed 1000 to 1200 words. The author should enclose a self-photograph to be published along with the article. When this review is published, it will appear along with a short Invited Commentary by 1 or 2 other otolaryngologists generally regarded as experts in this area. While the review is intended as straightforward information, these will reflect the personal experience of the clinicians.

Reflections

This section features an essay designed to relate those personal experiences in medicine that have no scientific or statistical basis. All submissions to Reflections must be previously unpublished. Any references to individuals mentioned by name must be accompanied by permission from the individual or from the individual's family, if the person is deceased. Text should not exceed 600 to 1000 words with no more than 1 figure and 1 to 2 authors.

Viewpoint

These papers may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. Maximum length: up to 1200 words of text—or 1000 words of text with 1 small table or figure—and no more than 7 references. Viewpoints not meeting these guidelines will not be considered.

Letter to the Editor

Letters discussing a recent JAMA Otolaryngology–Head & Neck Surgery article should not exceed 400 words of text and 5 references, 1 of which should be to the recent JAMA Otolaryngology–Head & Neck Surgery article. They should be double-spaced and a word count should be provided. Letters may have no more than 3 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the e-mail address for the corresponding author. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters not meeting these specifications are generally not considered. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Alternatively, comments on papers can be submitted using the Comments tab on the online article. Comments promote discussion among readers and authors but are not indexed in PubMed.

Letter in Reply

Replies by authors should not exceed 500 words of text and 6 references. They should have no more than 3 authors.

Research Letter

Research Letters reporting original research, including case series or case reports, also are welcome and should not exceed 600 words of text and 6 references and may include no more than a total of 2 tables and/or figures. Online supplementary material is not allowed. Research letters may have no more than 5 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the e-mail address for the corresponding author. Other persons who have contributed to the study may be indicated in an Acknowledgment, with their permission, including their academic degrees, affiliation, contribution to the study, and an indication if compensation was received for their role. Letters must not duplicate other material published or submitted for publication. In general, Research Letters should be divided into the following sections: To the Editor (which serves as an introduction), Methods, Results, and Discussion. Research Letters should be double-spaced and a word count should be provided with each letter. They should not include an abstract, but otherwise should follow all of the guidelines in Manuscript Preparation and Submission Requirements. Letters not meeting these specifications are generally not considered.

Manuscript Preparation and Submission Requirements

Manuscript Submission

All manuscripts must be submitted online via the JAMA Otolaryngology–Head & Neck Surgery online manuscript submission and review system. At the time of submission, complete contact information (affiliation, postal/mail address, e-mail address, telephone and fax numbers) for the corresponding author is required. First and last names, e-mail addresses, and institutional affiliations of all coauthors are also required. After the manuscript is submitted, the

corresponding author will receive an acknowledgment confirming receipt and a manuscript number. Authors will be able to track the status of their manuscripts via the online system. After manuscript submission, all authors of papers under consideration for publication will be sent an Authorship Form (see sample Authorship Form). See Manuscript Checklist, Manuscript Preparation and Submission Requirements,1,2 and other details in these instructions for additional requirements.

Cover Letter

Include a cover letter and complete contact information for the corresponding author (affiliation, postal/mail address, e-mail address, and telephone and fax numbers) and whether the authors have published or submitted any related papers from the same study (see Duplicate/Previous Publication or Submission).

Manuscript Style

Manuscripts should be prepared in accordance with the AMA Manual of Style, 10th edition,2 and/or the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

Manuscript Components

Include in the manuscript file a title page, abstract, text, acknowledgments, references, and appropriate figure legends and tables. Start each of these sections on a new page, numbered consecutively, beginning with the title page. Please see Categories of Articles for requirements. Include figures as separate files.

Recommended File Sizes

We recommend individual file sizes of no more than 500 kB and not exceeding 1 MB, with the total size for all files not exceeding 5 MB (not including any video files).

Manuscript File Formats

For submission and review, acceptable manuscript file formats include Word. Do not submit your manuscript in PDF format.

Use 10-, 11-, or 12-point font size, double-space text, and leave right margins unjustified (ragged).

Title Page

The title page should be the first page of the main manuscript file. It should include a manuscript title; the full names, highest academic degrees, and affiliations of all authors (if an author's affiliation has changed since the work was done, the new affiliation also should be listed); name and complete contact information for corresponding author; authors' contributions and conflict of interest disclosures; and word count (not including title, abstract, acknowledgment, references, tables, and figure legends).

Abstracts

Include a structured abstract of no more than 350 words for reports of original data and meta-analyses. Abstracts should be prepared in JAMA Network style—see instructions below. For other major manuscripts, include an unstructured abstract of no more than 200 words that summarizes the objective, main points, and conclusions of the article. Abstracts are not required for Editorials, Viewpoints, and some special features.

All reports of original data, systematic reviews, and meta-analyses should be submitted with structured abstracts as described below. No information should be reported in the abstract that does not appear in the text of the manuscript. The following is adapted from "More informative abstracts revisited."

Abstracts for Reports of Original Data:

Reports of original data should include an abstract of no more than 350 words using the headings listed below. For brevity, parts of the abstract may be written as phrases rather than complete sentences. Each section should include the following content:

Importance: The abstract should begin with a sentence or 2 explaining the clinical (or other) importance of the study question.

Objective: State the precise objective or study question addressed in the report (eg, “To determine whether…”). If more than 1 objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

Design: Describe the basic design of the study. State the years of the study and the duration of follow-up. If applicable, include the name of the study (eg, the Framingham Heart Study). As relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

Setting: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

Participants: State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided (see below), including the number of otherwise eligible individuals who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample.

Note: The above 3 sections may be combined (as "Design, Setting, and Participants") during the editing process.

Intervention(s): The essential features of any interventions should be described, including their method and duration of administration. The intervention should be named by its most common clinical name, and nonproprietary drug names should be used.

Main Outcome(s) and Measures: Indicate the primary study outcome measurement(s) as planned before data collection began. If the manuscript does not report the main planned outcomes of a study, this fact should be stated and the reason indicated. State clearly if the hypothesis being tested was formulated during or after data collection. Explain outcomes or measurements unfamiliar to a general medical readership.

Results: The main outcomes of the study should be reported and quantified, including baseline characteristics and final included/analyzed sample. Include absolute numbers and measures of absolute risks (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%) or P values. Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate. Measures of relative risk also may be reported (eg, relative risk, hazard ratios) and should include confidence intervals. Studies of screening and diagnostic tests should report sensitivity, specificity, and likelihood ratio. If

predictive value or accuracy is reported, prevalence or pretest likelihood should be given as well. All randomized clinical trials should include the results of intention-to-treat analysis, and all surveys should include response rates.

Conclusions and Relevance: Provide only conclusions of the study directly supported by the results, along with implications for clinical practice or health policy, avoiding speculation and overgeneralization. Indicate whether additional study is required before the information should be used in usual clinical settings. Give equal emphasis to positive and negative findings of equal scientific merit.

Trial Registration: For clinical trials, the name of the trial registry, registration number, and URL of the registry must be included.

Abstracts for Meta-analyses:

Manuscripts reporting the results of meta-analyses should include an abstract of no more than 350 words using the following headings: Importance, Objective, Data Sources, Study Selection, Data Extraction, Results, and Conclusions and Relevance. The text of the manuscript should also include a section describing the methods used for data sources, study selection, data extraction, and data synthesis. Each heading should be followed by a brief description:

Importance: A sentence or 2 explaining the importance of the review question.

Objective: State the precise primary objective of the review. Indicate whether the review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.

Data Sources: Succinctly summarize data sources, including years searched. The search should include the most current information possible, ideally with the search being conducted within several months before the date of manuscript submission. Potential sources include computerized databases and published indexes, registries, abstract booklets, conference proceedings, references identified from bibliographies of pertinent articles and books, experts or research institutions active in the field, and companies or manufacturers of tests or agents being reviewed. If a bibliographic database is used, state the exact indexing terms used for article retrieval, including any constraints (for example, English language or human study participants). If abstract space does not permit this level of detail, summarize sources in the abstract including databases and years searched, and place the remainder of the information in the “Methods” section.

Study Selection: Describe inclusion and exclusion criteria used to select studies for detailed review from among studies identified as relevant to the topic. Details of selection should include particular populations, interventions, outcomes, or methodological designs. The method used to apply these criteria should be specified (for example, blinded review, consensus, multiple reviewers). State the proportion of initially identified studies that met selection criteria.

Data Extraction: Describe guidelines used for abstracting data and assessing data quality and validity (such as criteria for causal inference). The method by which the guidelines were applied should be stated (for example, independent extraction by multiple observers).

Results: State the main quantitative results of the review, including baseline characteristics and final included/analyzed studies and/or sample(s). Include absolute risks whenever possible (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95%) or P values. . Meta-analyses should state the major outcomes that were

pooled and include odds ratios or effect sizes and, if possible, sensitivity analyses. Numerical results should be accompanied by confidence intervals, if applicable, and exact levels of statistical significance. Evaluations of screening and diagnostic tests should include sensitivity, specificity, likelihood ratios, receiver operating characteristic curves, and predictive values. Assessments of prognosis should summarize survival characteristics and related variables. Major identified sources of variation between studies should be stated, including differences in treatment protocols, co-interventions, confounders, outcome measures, length of follow-up, and dropout rates.

Conclusions and Relevance: The conclusions and their applications (clinical or otherwise) should be clearly stated, limiting interpretation to the domain of the review.

Abstracts for Reviews:

Review articles should include an abstract of no more than 300 words with the following sections: Importance, Objective, Evidence Acquisition, Results, and Conclusions and Relevance.

Importance: Include 1 or 2 sentences describing the clinical question or issue and its importance in clinical practice or public heath.

Objective: State the precise primary objective of the review. Indicate whether the review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.

Evidence Acquisition: Describe the data sources used, including the search strategies, years searched, and other sources of material, such as subsequent reference searches of retrieved articles. Methods used for quality assessment and inclusion of identified articles should be explained.

Results: The major findings of the review of the clinical issue or topic should be addressed in an evidence-based, objective, and balanced fashion, with the highest quality evidence available receiving the greatest emphasis.

Conclusions and Relevance: The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge.

Abstracts for Case Report/Case Series:

Abstracts that accompany publication of Case Report/Case Series should be no longer than 200 words and described under 3 headings.

Importance: An overview of the topic and discuss the main objective or reason for this report. Why was this manuscript submitted for publication and how is the information included unique?

Observations: The principal observations, findings, or results. Numerical results should include confidence intervals and levels of statistical significance if applicable.

Conclusions and Relevance: The conclusions of the report that are supported by the information, along with clinical applications, avoiding overgeneralization. The need for further studies or additional research may be suggested.

Abbreviations

Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text.

Units of Measure

Laboratory values are expressed using conventional units of measure, with relevant Système

International (SI) conversion factors expressed secondarily (in parentheses) only at first mention. Articles that contain numerous conversion factors may list them together in a paragraph at the end of the “Methods” section. In tables and figures, a conversion factor to SI should be presented in the footnote or legend. The metric system is preferred for the expression of length, area, mass, and volume. For more details, see the Units of Measure conversion table on the website for the AMA Manual of Style.

Names of Drugs, Devices, and Other Products

Use nonproprietary names of drugs, devices, and other products, unless the specific trade name of a drug is essential to the discussion.

Gene Names, Symbols, and Accession Numbers

Authors describing genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee. Before submission of a research manuscript reporting on large genomic data sets (eg, protein or DNA sequences), the data sets should be deposited in a publicly available database, such as NCBI’s GenBank, and a complete accession number (and version number if appropriate) must be provided in the “Methods” section of the manuscript.

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References

Authors are responsible for the accuracy and completeness of their references and for correct text citation. Number references in the order they appear in the text; do not alphabetize. In text, tables, and legends, identify references with superscript arabic numerals. When listing references, follow AMA style2(pp39-79) and abbreviate names of journals according to the journals list in PubMed. List all authors and/or editors up to 6; if more than 6, list the first 3 followed by “et al.” Note: Journal references should include the issue number in parentheses after the volume number.

Examples of reference style:

1. Lee SL. Recognition of esophageal disc battery on roentgenogram. Arch Otolaryngol Head Neck Surg. 2012;138(2):193-195.

2. Ishman SL, Benke JR, Johnson KE, et al. Blinded evaluation of interrater reliability of an operative competency assessment tool for direct laryngoscopy and rigid bronchoscopy [published online September 17, 2012]. Arch Otolaryngol Head Neck Surg. doi: 10.1001/2013.jamaoto.115.

3. Centers for Medicare & Medicaid Services. CMS proposals to implement certain disclosure provisions of the Affordable Care Act. http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4221. Accessed January 30, 2012.

4. McPhee SJ, Winker MA, Rabow MW, Pantilat SZ, Markowitz AJ, eds. Care at the Close of Life: Evidence and Experience. New York, NY: McGraw Hill Medical; 2011.

Web References

Please keep a print copy of any reference to web-only information. If the URL changes or

disappears, interested readers may contact the corresponding author for a copy of the information. Authors are responsible for the accuracy and completeness of their references and for correct text citation.

Tables

Number all tables in the order of their citation in the text. Include a title for each table (a brief phrase, preferably no longer than 10 to 15 words). Include all tables at the end of the manuscript file; tables must be created in Word. Refer to Categories of Articles because there may be a limit on the number of tables for the type of manuscript. If a table must be continued, repeat the title on the second page, followed by "(continued)." Make certain each item in the table is in its own table cell. Do not use paragraph returns (to start new rows) or tabs (to start new columns) to format the table.

Instructions for Table Creation

These instructions are available here.

Figures

Number all figures (graphs, charts, photographs, and illustrations) in the order of their citation in the text. Include a title for each figure (a brief phrase, preferably no longer than 10 to 15 words). For initial manuscript submissions, figures must be of sufficient quality for editorial assessment and peer review. Please refer to the instructions in Technical Requirements for Figures for guidelines at submission and acceptance. Each figure must be submitted in a separate file. Please do not add arrowheads, "a," "b," asterisks, etc, directly to the file that contains the single figure. A separate composite figure in PowerPoint may be submitted to show the location of arrows, asterisks, etc. Graphs, charts, titles, and legends in accepted manuscripts will be re-created or edited according to JAMA Network style and standards prior to publication. Online-only figures will not be edited or re-created (see Online-Only Supplements and Multimedia).

Image Integrity

Preparation of scientific images (clinical images, radiographic images, micrographs, gels, etc) for publication must preserve the integrity of the image data. Digital adjustments of brightness, contrast, or color applied uniformly to an entire image are permissible as long as these adjustments do not selectively highlight, misrepresent, obscure, or eliminate specific elements in the original figure, including the background. Selective adjustments applied to individual elements in an image are not permissible. Individual elements may not be moved within an image field, deleted, or inserted from another image. Cropping may be used for efficient image display but must not misrepresent or alter interpretation of the image by selectively eliminating relevant visual information. Juxtaposition of elements from different parts of a single image or from different images, as in a composite, must be clearly indicated by the addition of dividing lines, borders, and/or panel labels.

When inappropriate image adjustments are detected by JAMA Otolaryngology–Head & Neck Surgery staff, authors will be asked for an explanation and will be requested to submit the image as originally captured prior to any adjustment, cropping, or labeling. Authors may be asked to resubmit the image prepared in accordance with these standards.

Technical Requirements for Figures in Accepted Manuscripts:

These guidelines are available here.

Acceptable Figure File Size

To reduce the time that it takes to upload files to the JAMA Otolaryngology–Head & Neck Surgery

submission site and for reviewers to download files from the site, we recommend that the file size of figures be compressed before uploading them. This can be done by using compression software or by decreasing the resolution of individual files.

Acceptable Figure File Formats

At submission, the following file formats are acceptable: ai, bmp, doc, emf, eps, jpg, pdf, ppt, psd, tif, wmf, or xls. Figures should be submitted as separate files (1 file per figure or composite figure) and not included in the manuscript text.

Figure Legends

Include a legend for each photograph, graph, and illustration at the end of the manuscript (maximum length, 40 words). For photomicrographs, include the type of specimen, original magnification or a scale bar, and stain. For gross pathology specimens, label any rulers with unit of measure. Include specific postoperative intervals where applicable.

Number of Figures

Refer to Categories of Articles as there may be a limit on the number of figures for the type of manuscript.

Online-Only Supplements and Multimedia

Authors may submit supporting material to accompany their article for online-only publication when there is insufficient space to include the material in the print article. This material should be important to the understanding and interpretation of the report and should not repeat material in the print article. The amount of online-only material should be limited and justified. Online-only material should be original and not previously published.

Online-only material will undergo editorial and peer review with the main manuscript. If the manuscript is accepted for publication and if the online-only material is deemed appropriate for publication by the editors, it will be posted online at the time of publication of the article as additional material provided by the authors. This material will not be edited or formatted; thus, authors are responsible for the accuracy and presentation of all such material.

Online-only material should be submitted in a single Word document (Supplement) with pages numbered consecutively. Each element included in the online-only material should be cited in the text of the main manuscript (eg, see eTable in the Supplement) and numbered in order of citation in the text (eg, eTable 1, eTable 2, eFigure 1, eFigure 2, eMethods). The first page of the online-only document should list the number and title of each element included in the Supplement.

Online-Only Text

Online-only text should be set in Times New Roman font, 10 point in size, and single-spaced. The main heading of the online-only text should be in 12 point and boldface; subheadings should be in 10 point and boldface.

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All references cited within the online-only document must be included in a separate reference section, including those that also were cited in the main manuscript. They should be formatted just as in the main manuscript and numbered and cited consecutively in the online-only material.

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Online-only tables should be inserted in the document and numbered consecutively according to the order of citation as eTable 1, eTable 2, etc. The text and data in online tables should be Arial font, 10 point in size, and single-spaced. The table title should be set in Arial font, 12 point, and

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For editorial and peer review of an initial submission, submit videos according to the following minimum requirements:

Acceptable file formats: .mov, .wmv, .mpg, .mpeg, .mp4, or .avi

Maximum file size: 25 MB

Minimum dimensions: 320 pixels wide by 240 pixels deep 480 pixels wide; height may vary

Desired aspect ratio: 4:3 (standard) or 16:9 (widescreen)

Maximum length: 5 minutes

Verify that the videos are viewable in QuickTime or Windows Media Player.

For each video, provide a citation in the appropriate place in the manuscript text and include a title (a brief phrase, preferably no longer than 10-15 words) and a caption at the end of the manuscript. In the video caption, specify the video file format and briefly describe the content of the video. The same title and caption must be entered in the designated fields on the web-based manuscript submission system when uploading each video. If multiple video files are submitted, number them in the order in which they should be viewed.

If patient(s) are identifiable in the video, authors must submit with the manuscript the Patient Permission form completed and signed by the patient. See also Identification of Patients in Descriptions, Photographs, Video, and Pedigrees.

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Bit rate should be either 16 or 24 bit.
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1. Review manuscript submission requirements in these instructions and in our online manuscript submission and review system.
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8. Include a title for each table and figure and online-only Supplement (a brief, succinct phrase, preferably no longer than 10 to 15 words) and explanatory legend as needed.
9. For reports of original data, include statement from at least 1 named author, but no more than 2 named authors, that she or he “had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis” in the Acknowledgment section at the end of the manuscript.
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16. Include informed consent forms for identifiable patient descriptions, photographs, and pedigrees. See Patient Permission Form.

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