

## Instruction for Authors

*Archives of Craniofacial Surgery* (Arch Craniofac Surg, ACFS; pISSN 2287-1152, eISSN 2287-5603) is the official journal of Korean Cleft Palate-Craniofacial Association. ACFS is an international, peer-reviewed, and open-access journal.

Manuscripts on any aspect of craniofacial surgery—clinical or laboratory research, operative procedures, and comprehensive reviews—as well as selected case reports, idea innovations, letters and correspondence are invited for publication.

This journal will be published six times per year (February 20, April 20, June 20, August 20, October 20, and December 20). The editorial committee makes decisions concerning the editing, revision, and acceptance, or rejection of manuscripts. Editing may include shortening an article, reducing the number of illustrations or tables or changing the paper's format.

### SUBMISSION OF MANUSCRIPTS

All manuscripts should be submitted online via the journal's website (<http://submit.e-acfs.org>) by the corresponding author.

Submission instructions are available on the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication. Send all correspondence regarding submitted manuscripts to:

#### The Editing Committee of the Korean Cleft Palate-Craniofacial Association

Department of Plastic and Reconstructive Surgery  
Chonnam National University Medical School, 42 Jebong-ro,  
Dong-gu, Gwangju 61469, Korea

Tel: +82-62-220-6354 Fax: +82-62-220-6357

E-mail: [office\\_acfs@kcpcpa.or.kr](mailto:office_acfs@kcpcpa.or.kr)

Hana Bank: 224-910051-55404 (Depositor: The Editing Committee of Korean Cleft Palate-Craniofacial Association)

### PEER REVIEW PROCESS

All manuscripts will be evaluated by three peer reviewers who are selected by the editors. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. An initial decision will normally be made within 3 weeks after reviewers agree to evaluate the manuscript, and the reviewers' comments will then be sent to the corresponding authors. Revised manuscripts must be submitted online by the corresponding author. The corresponding author must indicate the alterations that

have been made in response to the referees' comments item by item in a response note and the submitted original file with track changes enabled. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. The editorial office should be notified if additional time is needed or if an author chooses not to submit a revision. The editorial committee makes decisions concerning editing, revision, and acceptance or rejection, and editing may include shortening an article, reducing the number of illustrations or tables, or changing the paper's format or the order of the manuscript.

Authors can track the progress of a manuscript on the journal's website.

### MANUSCRIPT PREPARATION

#### ■ Publication Type

ACFS publishes editorials, review articles, special topics, original articles, case reports, literature reviews, ideas and innovations, images, and letters.

1. Editorials are invited perspectives on an area of craniofacial surgery, dealing with very active fields of research, current surgical interests, fresh insights, and debates.
2. Review articles provide a concise review of a subject of importance to plastic surgery researchers written by an invited expert in craniofacial surgery.
3. Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.
4. Case reports, literature reviews, and ideas and innovations deal with clinical cases of surgical interest or innovation.
5. Continuing medical education describes recent approaches and developments in craniofacial surgery for practitioners or trainees.
6. Book reviews may be published when receiving new books to be introduced to plastic and reconstructive surgeons. Authors or publishing companies are welcome to submit their recently published books to the editorial office.
7. Images are short reports on a case or surgical tips.
8. Letters are short original research articles on issues important to researchers.
9. Communications contain interesting and instructive information for readers.

#### ■ General Guidelines

1. The main document with the manuscript text and tables should be prepared with in the MS Word format (2007 or later version,

- Times New Roman font) in English.
- The manuscript should be written in 10-point font with double line spacing on A4 sized (21.0×29.7cm) paper with 2.5-cm margins on the top, bottom, right, and left.
  - There should be no mention of the institution where the work was carried out, especially in the Abstract and Methods section. If the institution should be inserted, that information can be included the article is accepted.
  - The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses. A list of all acronyms and abbreviations used in the text needs to be included as part of the manuscript following the title page.
  - Drug and chemical names should be stated in standard chemical or generic nomenclature. For medicine, use generic names. If a brand name must be used, it should be inserted in parentheses after the generic name.
  - Units of measure should be presented according to the International System (SI) of units. All units must be preceded by one space except percentage (%) and degree (°).
  - Descriptions of 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.
  - Statistical expressions: The mean and standard deviation should be described as mean±SD, and mean and standard error as mean±SE. p-values should be described as p<0.05 or p=0.003.
  - If the paper contains a statistical analysis, the method applied to the study must be stated in the text and a certificate or letter from the statistician who conducted the analysis should be enclosed. If the statistical methods used are complex, the statistician involved should be listed as an author according to his or her contribution to the manuscript.

### ■ Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	<a href="http://www.consort-statement.org">http://www.consort-statement.org</a>
STARD	Studies of diagnostic accuracy	<a href="http://www.stard-statement.org">http://www.stard-statement.org</a>
PRISMA	Systematic reviews and meta-analyses	<a href="http://www.prisma-statement.org">http://www.prisma-statement.org</a>
STROBE	Observational studies in epidemiology	<a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE	Meta-analyses of observational studies in epidemiology	<a href="http://www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000pdf/">http://www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000pdf/</a>

### ORIGINAL ARTICLES

Manuscripts will not be acceptable for publication unless they meet the following editorial requirements. Manuscripts must include 1) a title page, 2) a structured abstract and keywords, 3) the main text (Introduction, Methods, Results, Discussion), 4) conflict of interest, 5) references, 6) tables, and 7) figure legends. Each component should begin on a new page in the following sequence. Manuscripts on original work should contain a maximum of 3,000 words for the content of the text, 20 figure components and 40 references.

#### 1) Title Page

A running title (no more than 40 characters in length), manuscript title, and each author's full name and affiliation including the name of the country, should be provided.

For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (1, 2, 3...).

All persons designated as authors should be qualified for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content.

A corresponding author for reprints should be indicated, and full contact information (including address, telephone number, fax number, and e-mail) should be provided.

Any financial disclosure or support (grant number, institution, and location), thesis article (title and reviewers' page), acknowledgments (persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, e.g., "scientific adviser," "data collection," or "participation in clinical trial," all sources of funding applicable to the study should be stated here explicitly), and presentation history (name of the meeting and date) at a meeting should be included if relevant.

#### 2) Abstract and Keywords

The abstract should contain the following components in the order listed: Background, Methods, Results, and Conclusion. It should not exceed 300 words. A list of keywords, between 3 and 10, should be included at the end of the abstract in alphabetical order. The first letter of a keyword should be capitalized (e.g., Free tissue flaps / Mammoplasty / Surgery). The authors should use terms from the MeSH database (<https://www.ncbi.nlm.nih.gov/mesh>).

#### 3) Main Text

**Introduction:** The purpose of the investigation, including relevant background information, should be briefly described.

**Methods:** The research plan, the materials (or subjects), and the methods used should be described, in that order. How the disease was confirmed and how subjectivity in observations was controlled should be explained in detail. When the experimental methodology is the main issue of the paper, the process should be described in

detail to enable a reader to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company). Authors should ensure correct use of the terms “sex” (when reporting biological factors) and “gender” (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance. If relevant, information on the IRB approval and informed consent should be included. Methods of statistical analysis and criteria for statistical significance should be described.

**Results:** The results should be presented in logical sequence in the text, tables, and illustrations. The text should not repeat all the data in the tables or figures; instead, it should describe important points and trends.

**Discussion:** Observations pertaining to the results of research and other related materials should be interpreted for the readers. New and important observations should be emphasized; the contents in the Introduction or Results should not be simply repeated. The meaning of the observed opinion, along with its limitations, should be explained, and within the limitations of the research results, the conclusion should be connected to the purpose of the research.

#### 4) Conflict of Interest

The corresponding author of an article is asked to inform the editor of authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stock ownership or options, royalties, or patents filed, received, or pending).

#### 5) ORCID (Open Researcher and Contributor ID)

Authors are recommended to provide an ORCID. To obtain an ORCID, authors should register on the ORCID website: <https://orcid.org>. Registration is free to every researcher in the world.

#### 6) References

References should be obviously related to the content of the submitted paper and should not exceed 40. The references should be numbered consecutively in the order in which they are first mentioned in the text.

Each reference should be cited as [1], [1,4], or [1-3], at the end of

the related sentence in the text. The abbreviated journal title should be used according to the List of Journals Indexed for MEDLINE (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).

If there are six or fewer authors in a reference, then all the names of the authors should be listed. If the number of authors is greater than six, the initial six authors should be listed, and the rest of the authors should be abbreviated with “et al.” A comma, not “and,” should be used before the last author's name. Unpublished observations and personal communication should not be used as references, although references to written, not oral communication may be inserted (in parentheses) in the text.

Abstracts published in a citable journal may be cited. To cite a paper accepted but not yet published, the paper's DOI number can be given. References must be verified by the author (s) against the original documents. Other types of references not described below should follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<http://www.ncbi.nlm.nih.gov/books/NBK7256/>)

#### Sample references are given below:

[Journal Article]

1. Choi WK, Kang DH, Oh SA. Anatomical reconstruction of the medial orbital wall fracture. *Arch Craniofac Surg* 2012;13:29-35.
2. Kim KT, Sun H, Chung EH. A surgical approach to linear scleroderma using Medpor and dermal fat graft. *Arch Craniofac Surg* 2018 Oct 16 [Epub]. <http://doi.org/10.7181/acfs.2018.01935>

[Books]

3. Weinzeig J. *Plastic surgery secrets plus*. Mosby Elsevier; 2010.
4. Thorne CH. Otoplasty and ear reconstruction. In: Thorne CH, Bartlett SP, Beasley RW, Aston SJ, Gurtner GC, Spear SL, editors. *Grabb and Smith's plastic surgery*. 6th ed. Lippincott Williams & Wilkins; 2006. p. 302-24.

[Website]

5. American Society of Plastic Surgeons. 2010 Plastic surgery procedural statistics [Internet]. The Society; c2012 [cited 2012 Nov 1]. Available from: <http://www.plasticsurgery.org/News-and-Resources/Statistics.html>.

#### 7) Tables

Tables should be typed double-spaced on separate pages within the manuscript, and they should be titled and numbered in Arabic numerals in the order of their first citation in the text.

Each column should be given a short heading. Only the first letter of the first word in each row and column should be capitalized. If numerical measurements are given, the unit of measurement should be included in the column heading. The statistical

significance of observed differences in the data should be indicated with the appropriate statistical analysis.

All nonstandard abbreviations should be defined in footnotes. For special remarks, lowercase letters in superscripts <sup>a), b), c), d), e)</sup> should be used.

[Sample]

**Table 1.** Facial wrinkle scale at maximum frown

Variable	TRAM-LR group	MRM-LR group	Total	<i>p</i> -value <sup>a)</sup>
Wide excision	4 (22.2)	7 (18.4)	11 (19.6)	0.73
Wide excision + RT	12 (6.0)	24 (63.2)	36 (64.3)	0.79
Wide excision + skin graft	1 (5.6)	4 (10.5)	5 (8.9)	1.0
RT	1 (5.6)	3 (7.9)	4 (7.2)	1.0

Values are presented as number (%).

TRAM, transverse rectus abdominis myocutaneous; LR, local recurrence; MRM, modified radical mastectomy; RT, radiotherapy.

<sup>a)</sup> Chi square test.

## 8) Figures

Each figure should be submitted in a separate file, at a resolution of more than 600 dpi for photos/color images and 1,200 dpi for line art.

Lettering and identifying marks should be clear, and the type size should be consistent on each figure. Capital letters should be used for specific areas of identification in a figure.

Symbols, lettering, and numbering should be distinctly recognizable so that when the figure is reduced for publication each item will still be legible.

Figure legends should not be included in the same file as the figure, but placed instead on a page at the end of the manuscript.

The figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3. Only the first letter of the first word in the title and data should be capital letters. Related figures should be combined into one figure, with each subfigure denoted by the letters A, B, C, and so on, following the Arabic number of the main figure (ex: Fig. 1A, Figs. 1B, C). The corners should not be labeled using capital letters on each figure.

The illustrations of pathological tissue should clearly state the type of stain (ex: H&E, ×400), and the main contents should be marked by signs or arrows on the picture.

The Editorial Committee may request that hand-drawn illustrations be redrawn by a graphic designer.

## EDITORIAL

Editorials are invited by the editor and should be commentaries on articles published recently in ACFS. Editorial topics could include active areas of research, fresh insights, and debates in all fields of plastic and reconstructive surgery. Editorials should not exceed 2,000 words, excluding references, tables, and figures.

## REVIEW ARTICLES

Review papers will be requested by the editors. Review articles are generally prepared in the same format as original articles, but the details of the manuscript format may be flexible according to the contents.

Manuscripts are limited to 5,000 words of text and include a 300-word summary as an unstructured abstract. References should not exceed 100.

## CASE REPORTS AND LITERATURE REVIEW

Case reports and literature reviews should contain a survey of scholarly sources on a specific topic. This survey provides an overview of current knowledge, allowing the reader to identify relevant theories, methods, and gaps in the existing research.

Case reports and literature reviews should include an abstract, introduction, case report(s), literature review, discussion, references, tables, and figure legends, in that order. They should contain a maximum of 3,000 words for the contents of the text, 8 figure components, and 40 references.

## CASE REPORTS/IDEAS INNOVATIONS

Case reports and ideas and innovations should be unique—that is, never reported or similar to previously reported cases but with unique characteristics related to location, the presentation of different symptoms, or the use of a new diagnosis or management modality.

They should include an abstract, introduction, case report(s) or idea(s), discussion, references, tables, and figure legends, in that order. They should not exceed 1,500 words, 8 figure pieces, and 20 references. The abstracts should be unstructured and the length should not exceed 200 words.

## BOOK REVIEWS

Book reviews provide reviews of newly published books in craniofacial surgery by an invited expert.

## CONTINUING MEDICAL EXAMINATION (CME)

CME text is a structured article addressing any educational topic from basic information to the latest trends. It can be related to the special theme of an issue.

## LETTERS

The Letters section of the journal is set aside for critical comments directed to a specific article that has recently been published in the journal. Letters should be brief (800 words), double-spaced, and limited to a maximum of 5 citations and 5 figures. The letters and replies should be prepared according to the journal format. Illustrative material can be accepted only with the permission of the editor. The authors should include a complete mailing address, telephone and fax numbers, and e-mail address with their correspondence. The edito-

rial board reserves the right to shorten letters, delete objectionable comments, and make other changes to comply with the style of the journal.

#### IMAGES

Image notes are short reports of a case or surgical tips. Images should not exceed 200 words and be limited to a maximum of 4 figures. They should not include figure legends and citations.

#### COMMUNICATIONS

Texts for the communications section are non-scientific articles that do not follow the structure of a formal journal article. They should address practical concerns or topics that would be of special interest to ACFS readers, such as reports on professionally related travel or volunteer work.

#### DISCUSSIONS

This section of the journal is set aside for critical comments directed to a specific article that has recently been published in the journal. Discussions should be brief (800 words), double-spaced, and limited to a maximum of 5 citations and 5 figures. Discussions should be prepared according to journal format. Illustrative material can be accepted only with the permission of the editorial board. The authors should include a complete mailing address, telephone and fax numbers, and e-mail address with their correspondence. The editor reserves the right to shorten letters, delete objectionable comments, and make other changes to comply with the style of the journal.

#### SPECIAL TOPICS

Special topics will be determined by the editors. Special topics are generally prepared in the same format as original articles, but the details of the manuscript format may be flexible according to the contents. Manuscripts are limited to 3,000 words of text and include a 300-word structured abstract. The number of references should not exceed 40.

#### ■ Manuscripts after Acceptance

An accepted manuscript will be converted to the PDF format. The PDF file will be dispatched to the author for proofreading. Any changes should be returned within 48 hours after receipt of the PDF files. No significant changes should be made to alter the interpretation of the results. Only minor changes, such as correcting typographical errors or critical changes to maintain article's accuracy, are allowed. If there are too many changes during the author's proofreading process, those changes will not be accepted and the paper can be considered for re-submission. Authors should do their best to ensure the accuracy of the proofs. If critical errors, are found after the publication, they should be corrected as a corrigendum or erratum.

#### ■ Publication Processing Charges

For the accepted articles, publication fee will be charged. The basic charge is 200 US dollars (200,000 Korean won), plus 40 US dollars (40,000 Korean won) per page.