

# Instruction for Authors

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

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

This journal is published bimonthly (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, and changing the paper's format.

All of the manuscripts should be prepared with strict observation of the research and publication ethics guidelines recommended by the Council of Science Editors (CSE, <http://www.councilscienceeditors.org/>), International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org/>), World Association of Medical Editors (WAME, <http://www.wame.org/>) and the Korean Association of Medical Journal Editors (KAMJE, <https://www.kamje.or.kr/>). ACFS will follow the guidelines of the Committee on Publication Ethics (COPE, <http://publicationethics.org/>) to resolve any misconduct.

Any physician or researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Only manuscripts that are original, have not been published elsewhere, and are not currently being considered for inclusion in another publication will be considered for publication in ACFS.

## 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:

Kwang Seog Kim, MD, PhD  
Editor-in-Chief  
Archives of Craniofacial Surgery  
Address: Lotte Castle President 101-2003, 109 Map-daero, Mapo-gu,  
Seoul 04146, Korea  
E-mail: [office\\_acfs@kcpca.or.kr](mailto:office_acfs@kcpca.or.kr)

## RESEARCH AND PUBLICATION ETHICS

The Journal adheres to the guidelines and best practices published by professional organizations, including the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the ICMJE and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA <http://doaj.org/bestpractice/>).

### Registration of Clinical Trial Research

It is recommended that all studies relating to clinical trials be registered with a primary national clinical trial registration site, such as <http://cris.cdc.go.kr/>, or other sites accredited by the World Health Organization (WHO), as listed at <http://www.who.int/ictrp/en/>.

### Conflict of Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from, or connections to, pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

If a member of the editorial board submits a manuscript, they must commit to diligently ensuring that their submission does not create a conflict of interest. To maintain fairness and objectivity throughout the editorial process, they must disclose and manage all related interests in advance, as per the guidelines.

### Statement of Informed Consent

For clinical research involving human subjects, copies of written informed consent and institutional review board (IRB) approval should be retained. The editor or reviewers may request these documents if necessary to address any questions regarding IRB approval and study conduct. In the Methods section, the method of obtaining informed consent from participants must be clearly stated (e.g., verbal or written).

For studies involving humans, including case reports, the authors must indicate whether the study participants provided informed consent. If there are potential privacy concerns, authors are required to obtain a second informed consent from participants, confirming permission to publish the final print version of the article and its contents, including images, text, and data.

For participants belonging to vulnerable populations (e.g., children),

a separate research participant consent form is required. This may necessitate the signature of parents, guardians, or legal representatives, and it should be specified whether the consent form was written in language that the participant can sufficiently understand.

For research involving animal subjects, approval from an Institutional Animal Care and Use Committee (IACUC) is necessary.

The editor of ACFS may request the submission of copies of informed consent forms from human subjects in clinical studies or IRB approval documents, as per the guidelines provided by the Committee on Publication Ethics (COPE, <http://publicationethics.org/>) for addressing any possible case of misconduct.

### Patient Photographic and Videographic Consent

Patients introduced in a manuscript should be informed and aware that their photographs, videotapes, and other images (imaging records) will be released by the authors, and the authors should attach the Authorization and Release Form available at the ACFS website (<http://submit.e-acfs.org/>) including each patient's signature.

### Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the Ethical Principles for Medical Research Involving Human Subjects, as outlined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not follow the Helsinki Declaration will not be considered for publication. For publication, the human subjects' identifiable information, such as the patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information, should not be disclosed. For animal subjects, the research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be affirmed.

### Authorship and Author's Responsibility

Authorship credit should be based on (1) substantial contributions to study conception and design, acquisition of data, and analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these four conditions.

- A list of each author's role should accompany the submitted paper.
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or rearranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or e-mail from all authors. This letter must be signed by all authors of the paper. Every author must complete a copyright as-

signment form.

- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contributes substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

### Originality and Duplicate Publication

All submitted manuscripts should be original and should not be considered by other scientific journals for publication at the same time. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. Duplication will be checked through Crosscheck (<https://app.ithenticate.com/>) or HelioBLAST (<https://helioblast.heliotext.com/>) before submission. If a duplicate publication related to a paper submitted to this journal is detected, the manuscript may be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced.

This requirement applies to text, illustrations, and tables.

### Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the ICMJE Recommendations.

### Process for Managing Research and Publication Misconduct

In suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted manuscript, appropriation by a reviewer of an author's idea or data, and complaints against editors, the resolu-

tion process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

### Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics, including the provision of guidelines for retracting articles; maintenance of the integrity of academic records; preclusion of business needs from compromising intellectual and ethical standards; the publication of corrections, clarifications, retractions, and apologies when needed; and the exclusion of plagiarized and fraudulent data. The editors maintain the following responsibilities: having the authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting the publication of corrections or retractions when errors are found; and preserving the anonymity of reviewers.

## PEER REVIEW PROCESS

### 1) Manuscripts to be reviewed

All submitted manuscripts are peer-reviewed.

### 2) Who conducts peer review

Peer review is conducted by at least three external experts.

### 3) Type of peer review

ACFS uses double-blind peer review. The author and reviewer cannot identify each other. The names of reviewers are not posted in the published article. Reviewers are anonymous.

### 4) Screening before peer review

If the manuscript does not align with the journal's aims and scope or style and format, the editorial office returns it immediately to the authors. Manuscripts describing human population studies that lack an appropriate ethics statement are also returned to the authors without peer review.

### 5) Plagiarism check

All submitted or invited articles are screened by a plagiarism check program, such as Similarity Check (Crosscheck). If more than 20% of duplicate content is detected, it is returned to the authors.

### 6) Author-recommended reviewers

In some cases, individuals recommended by an author can be invited as peer reviewers. The editorial office may recommend other external experts.

### 7) Review of research data or supplementary material

Research data and supplementary material materials are subjected to

peer review.

### 8) Duration until the first decision

The first peer review is usually completed within a month. If two months pass after submission with no correspondence from the editorial office about the fate of a submitted manuscript, please contact the editorial office.

### 9) Revision process

The Editorial Board may ask authors to revise their manuscripts according to the reviewers' opinions. Authors should upload revised manuscripts with replies to each reviewer's comments. Revisions should be completed within 60 days after they are requested. If a revised manuscript is not received by the due date, the Editorial Board will not consider it for publication. Depending on the circumstances, authors may request an extension of the revision period to the Editorial Board. The manuscript review process should be finished with the second review. The Editorial Board may consider further review upon request from the authors.

### 10) Review by statistician

Professional statistical review by a statistician can be performed when necessary for the data.

### 11) Final decision maker

The Editorial Board decides upon the manuscript's final fate, such as accept, reject, and re-submission, after reviewing feedback from peer reviewers.

### 12) Review by the editorial board

Some publication types, including editorials, corrections after publication, retractions, withdrawals, and letters to the editor, are reviewed by the editorial board without external peer review.

### 13) No guarantee of acceptance

The journal does not guarantee acceptance of initial manuscript submissions except for invited articles.

### 14) Publication date

The publication date—including the dates of submission, revision, and acceptance—is published with all published research, including submission dates, revision, and acceptance.

### 15) Review of in-house manuscripts

All manuscripts from editors, staff, or editorial board members are subject to the same review process as other submissions. During the review process, the authors will not be involved in the selection of reviewers or the decision-making process. Editors will not handle their manuscripts even if they have been commissioned.

## COPYRIGHTS, DATA SHARING, AND ARCHIVING

### Copyright

Copyright in all published material is owned by the Korean Cleft Palate-Craniofacial Association. Authors must agree to transfer copyright ([https://www.e-acfs.org/authors/copyright\\_transfer\\_agreement.php](https://www.e-acfs.org/authors/copyright_transfer_agreement.php)) during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

### Open Access Policy

ACFS is an open-access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to permission to use tables or figures published in ACFS in other journals, books, or media for scholarly and educational purposes. This policy is in accordance with the Budapest Open Access Initiative definition of open access.

### Data Sharing

ACFS encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: ACFS accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the Journal of Korean Medical Science (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

### Archiving Policy

ACFS provides electronic archiving and preservation of access to the journal content in the event the journal is no longer published, by archiving in the PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/1827/>) from the 15th volume, 2014. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk>), authors cannot archive pre-print (i.e., pre-refereeing) but they can archive postprint (i.e., final draft post-refereeing). Authors can archive the publisher's version/PDF.

## PUBLICATION PROCESSING CHARGES

All articles published in our journals are open and freely accessible online after publication. This is made possible by the APC that covers the range of publishing services we provide. The APC is payable

when your manuscript is accepted before publication.

Upon editorial acceptance of an article, the corresponding author will be notified of the payment. The basic charge is 200 US dollars, plus 40 US dollars per page. The Editorial Board is currently offering free publication fees on a temporary basis to foreign authors.

## MANUSCRIPT PREPARATION

### Publication Types

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

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, case report and literature review, 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.
2. The manuscript should be written in 10-point font with double line spacing on A4 sized (21.0×29.7 cm) paper with 2.5-cm margins on the top, bottom, right, and left.
3. 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.
4. 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.

5. 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.
6. 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 (°).
7. 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.
8. Statistical expressions: The mean and standard deviation should be described as mean $\pm$ SD, and mean and standard error as mean $\pm$ SE. p-values should be described as p<0.05 or p=0.003.
9. 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.
10. Generic and brand name of medicine: for medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name.
11. 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.

### 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, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org>) and NLM ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

For a more comprehensive list see the Research and Reporting Guidelines list maintained by NLM. This resource lists the major biomedical research reporting guidelines that provide advice for re-

porting research methods and findings. They usually “specify a minimum set of items required for a clear and transparent account of what was done and what was found in a research study, reflecting, in particular, issues that might introduce bias into the research” (Adapted from the EQUATOR Network Resource Centre). The chart also includes editorial style guides for writing research reports or other publications.

### 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 / Mammaplasty / 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. Weinzweig 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.

[Example]

**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.

## EDITORIALS

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

## CASE REPORTS AND LITERATURE REVIEWS

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 AND 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.

## **FINAL PREPARATION FOR PUBLICATION**

### **Final Version**

After the paper has been accepted for publication, the author(s) must submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

### **Manuscript Corrections**

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within two days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

### **Gallery Proof**

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 48 hours. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as corrections.

## **CORRECTION AFTER PUBLICATION**

To correct errors in published articles, the corresponding author must contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections for any errors made by the author(s) and/or publisher will be e-published in the ahead-of-print section before publication and published in a later issue of the journal.