

Instructions for Authors

Last update, March 1, 2018

Clinical and Experimental Otorhinolaryngology (Clin Exp Otorhinolaryngol, CEO) is the official English language journal of the Korean Society of Otorhinolaryngology-Head and Neck Surgery and the Korean Bronchoesophagological Society.

Published four times per year in March, June, September, and December, the journal reports clinical and other investigations relating to otorhinolaryngology and its allied sciences, publishing full-length original papers, reviews, guidelines, correspondences, and editorials. To submit a manuscript to the *CEO*, it is advised to first carefully read the aims and scope section of this journal, as it provides information on the editorial policy and the category of the papers that it accepts from authors. Manuscripts should be prepared for submission to *CEO* according to the following instructions. *CEO* adheres completely to the guidelines and best practices published by professional organizations, including “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” from International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org>) and “Principles of Transparency and Best Practice in Scholarly Publishing” from Committee on Publication Ethics (COPE), the Directory of Open Access Journals (DOAJ), the Open Access Scholarly Publishers Association (OASPA), and the World Association of Medical Editors (WAME) (<https://doaj.org/bestpractice>) if otherwise not described below.

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RESEARCH AND PUBLICATION ETHICS

For the policies on the research and publication ethics not stated in this instruction, “Good Publication Practice Guidelines for Medical Journals (<http://kamje.or.kr>)” or “COPE Core Practices (<https://publicationethics.org/core-practices>)” can be applied.

1. Authorship

It is important to understand that authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and/or 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. Every author should meet all of these four conditions for every submitted manuscript to *CEO*.

After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of

the paper. Copyright assignment must also be completed by every author.

- Correction of authorship: *CEO* does not correct authorship after publication unless a mistake has been made by the editorial staff. Authorship may be changed before publication but after submission when an authorship correction is requested by all of the authors involved with the manuscript.

2. Originality, plagiarism, and duplicate publication

Submitted manuscripts must not have been previously published in any context, or be under consideration for publication elsewhere. No part of the accepted manuscript should be duplicated in any other scientific journal without the express written permission of the Editorial Board. This restriction does not apply to abstracts or press reports published in connection with scientific meetings.

Submitted manuscripts are screened for possible plagiarism or duplicate publication by the use of Similarity Check upon arrival. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutions will be informed of this situation. There will also be penalties that will be assessed and applied for the authors if this incident occurs.

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 or considered for reproduction by *CEO*. This requirement applies to text, figures, and tables.

3. Secondary publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the ICMJE Recommendations (http://www.icmje.org/urm_main.html).

4. Conflict-of-interest statement

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.

Corresponding author of an article is asked to let the Editor-in-Chief know potential conflict of interest possibly influencing their interpretation of data. Potential conflict of interest is applied even when the authors are confident that their judgments have not been influenced in the manuscript. Such conflicts may be financial supports or connections to pharmaceutical companies, political pressure from interest groups, or academic problems.

The Editor-in-Chief will decide whether the information of the conflict should be included in the published paper. Before publishing such information, the Editor-in-Chief will consult with the corresponding author. In particular, all sources of funding for a research should be explicitly stated.

5. Statement of human and animal right

Clinical research should be done in accordance of the “Ethical Principles for Medical Research Involving Human Subjects,” outlined in the Helsinki Declaration. Clinical studies that do not meet the Helsinki Declaration will not be considered for use in the publication.

Human subjects should not be identifiable, such that the confidentiality of the patient's names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, 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 maintained.

6. Statement of informed consent and Institutional Review Board approval

Copies of written informed consents should be kept for studies on human subjects. For the clinical studies with human subjects, there should be a certificate, an agreement, or the approval by the Institutional Review Board (IRB) of the author's affiliated institution. If necessary, the editor or reviewers may request copies of these documents to resolve any questions regarding IRB approval and study conduct.

7. Registration of the clinical trial research

Any research that deals with a clinical trial should be registered with the primary national clinical trial registry site such as the Korea Clinical Research Information Service (CRIS, <http://cris.nih.go.kr>), other primary national registry sites accredited by the World Health Organization (<http://www.who.int/ictrp/network/primary/en/>), or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

8. Process for managing research and publication misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will be completed following the procedures outlined in the flowchart provided by the COPE (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases will be carried out by the Editorial Board.

9. Process for handling cases requiring corrections, retractions, and editorial expressions of concern

Cases that require editorial expressions of concern or retraction shall follow the COPE flowcharts (<http://publicationethics.org/resources/flowcharts>). If a correction is required, the procedure to provide the correction will follow the ICMJE Recommendation (<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html>).

10. Editorial responsibilities

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

COPYRIGHTS, OPEN ACCESS, AND CLINICAL DATA SHARING POLICY

1. Copyrights

A submitted manuscript, when published will become the property of the journal. The copyrights of all published materials are owned by the Korean Society of Otorhinolaryngology-Head and Neck Surgery.

Upon acceptance of an article, authors will be asked to transfer the copyright for their content to the Korean Society of Otorhinolaryngology-Head and Neck Surgery. This transfer will ensure the widest possible dissemination of information to the readers. A letter will be sent to the corresponding author confirming receipt of the manuscript. A form facilitating transfer of copyright will be provided to the author of the manuscript at that time.

If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article.

2. Open access

Articles published in *CEO* are open-access, distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and the reproduction in any medium, provided that the original work is properly cited.

3. Archiving policy

Full text of *CEO* has been archived in PubMed Central (PMC)/Europe PMC (<http://www.ncbi.nlm.nih.gov/pmc/journals/880/>) and National Library of Korea (<https://www.nl.go.kr/>) from the first volume, 2008. 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 post-print (i.e., final draft post-refereeing). Authors can archive publisher's version/PDF. *CEO* provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central and National Library of Korea.

4. Open data policy

For clarification on result accuracy and reproducibility of the results, raw data or analysis data will be deposited to a public repository or *CEO* homepage after acceptance of the manuscript. Therefore, submission of the raw data or analysis data is mandatory. If the data is already a public one, its URL site or sources should be disclosed. If data cannot be publicized, it can be negotiated with the editor. If there are any inquiries on depositing data, authors should contact the Editorial Office for more information.

5. Clinical data sharing policy

This journal follows the data sharing policy described in "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors" (<https://doi.org/10.3346/jkms.2017.32.7.1051>). As of July 1, 2018 manuscripts submitted to *CEO* that report the results of clinical trials must contain a data sharing statement. Clinical trials that begin enrolling participants on or after January 1, 2019 must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained at <https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>. If the data sharing plan changes after registration this information should be reflected in the statement submitted and published with the manuscript, as well as being updated in the registry record.

SUBMISSION AND PEER REVIEW PROCESSES

1. Submission

All manuscripts should be submitted via e-submission system (<http://submit.e-ceo.org/>). This is done by logging into your account, after which the online system will guide you step-by-step through the submission process. All articles submitted to the Journal must comply with the given instructions as stated. If there are any noted difficulties experienced by the authors, please feel free to contact the Editorial Office with any questions relating to this process (<https://www.e-ceo.org/about/contact.php>).

- **Author's checklist:** You will be provided the Author's Checklist (<https://www.e-ceo.org/authors/checklist.php>). Before you submit your new manuscript, please ensure that every point listed in the Author's Checklist has been addressed; you will be asked to confirm that you have done so before the manuscript can be considered for publication.
- **Document forms:** Before the author logs into the online submission system, the submitting author should prepare the following documents, because the author will be asked to upload these documents during the electronic submission:
 - **Cover letter:** A Cover Letter indicating the address, telephone and fax numbers, and E-mail address of the corresponding author must be submitted with the manuscript.
 - **English proof-reading (non-obligatory):** Although not obligatory, the corresponding author can provide a certificate of English Proof-Reading, which certifies that the manuscript has been edited by an English Proofreading Service.

2. Screening before review

If the manuscript does not fit the aims and scope of the Journal, or does not adhere to the Instructions for Authors, it may be returned to the author immediately after receipt and without a review from the publisher. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. If there is a too high a degree of similarity score found in the submitted manuscript as indicated by the score of the checker, the Editorial Board will do a more profound content screening. The criterion for similarity rate for further screening is usually 15%, this means that no more than 15% of the manuscript may be found to be similar to another already published manuscript. However, the excess amount of similarity in specific sentences may be also checked in every manuscript. For this reason, it is imperative that the author checks the manuscript before submission to rule out similarities to other published works. The settings for the Similarity Check screening works as follows: The tool excludes information from the total score of the reviewed manuscript which are quotes, the bibliography, any small matches of six words that are deemed to be similar, small sources of 1%, and the Methods section of the study.

3. Peer review

A manuscript is sent to the two most relevant investigators for a thorough review of the contents. The editor selects peer referees by recommendation of the Editorial Board members, or from the specialist database owned by the Editorial Board. If the Editorial Board decides it to be necessary, a further review for statistics may be additionally requested from the author. For this review, the names and affiliations of the authors are blinded as a process. A manuscript is also reviewed for English.

Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. A referee's decision is made as "acceptance without revision," "acceptance after minor revision,"

"review after revision," and "rejection." If there is marked discrepancy in the decisions between two referees or in opinions between the author and referee(s), the Editor may send the manuscript to another referee for additional comments and a recommended decision in that case. Three repeated decisions of "review after revision" are regarded as "rejection." The reviewed manuscripts are returned back to the corresponding author with accompanying comments and recommended revisions. The names and decisions of the referees are masked and are not provided to the submitting party. A final decision on acceptance or rejection of the manuscript for publication is forwarded to the corresponding author from the Editorial Office.

The usual reasons of rejection are insufficient originality, serious scientific flaws, poor quality of illustrations, or absence of a message that might be important to readers. The peer review process takes usually 4 to 8 weeks after the manuscript submission for review.

Revisions are usually requested to the author to take account of criticism and comments made by referees. Failure to resubmit the revised manuscript within 2 months is regarded as a withdrawal. The corresponding author must indicate clearly what alterations have been made in response to the referee's comments on a point by point basis. The author should resubmit any acceptable reasons which would be given for explaining the noncompliance with any recommendation of the referees.

4. Appeals of decisions

Any appeal against the editorial decision to publish a text must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail their reasons for the appeal. All appeals will be discussed with at least one other associate editor. If the associate editor(s) does (do) not agree, the appeal will be discussed at a full editorial meeting. *CEO* does not consider any second appeals and will reject any that are submitted regarding a manuscript.

MANUSCRIPT PREPARATION

1. General requirements

- **Format:** Write submissions in English with characteristic double line-spacing on one side of single A4 sheets with a margin of at least 2.5 cm on every side.
- **Page number:** Number pages consecutively in the upper right-hand corner, beginning with the abstract as the first pages listed as page 1. Neither the author's names nor their affiliations should appear on the manuscript pages.
- **Units of measurement:** Authors should express all measurements according to the established Systeme International (SI) units with some exceptions such as seconds, mmHg, or °C.
- **Drug names:** Generic names should be used whenever possible in the submitted text. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name in the Methods section.
- **Abbreviations:** Except for when being utilized with units of measurement, abbreviations of words are strongly discouraged. Except for units of measurement, the first time an abbreviation appears, it should be preceded by the words for which it stands.
- **Reporting guidelines for specific study designs:** For specific study designs, such as with randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, submitting 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 the U.S. National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

2. Publication type

The *CEO* publishes original articles, reviews, guidelines, correspondences, and editorials.

3. Original articles

Original articles are papers containing results of basic and clinical investigations, which are sufficiently well documented to be acceptable to critical readers. The maximum length of a manuscript is 3,500 words (exclusive of the title page and abstract), 30 references (if the references exceed 30, authors can consult with the Editorial Office) and a total of 10 images.

Title page: This should contain the title of an article, the full names of authors and the author's institutional affiliation(s). If there are several authors, and the institutions are listed, they should be clearly indicated with which department and institution each author is affiliated. In a separate paragraph, address for correspondence, including the name of corresponding author and address (institutional affiliation, city, zip-code and country, telephone and fax numbers, and e-mail address) should be given). Information concerning sources of financial support should be placed as a footnote. A running title, of 50 characters or less including blank, should not be inclusive of declarative or interrogative sentences.

Structured abstract & keywords: The abstract should be concise, less than 300 words, and describe the subject of research concisely, in a paragraph. Use the following subheads: Objectives: State the objective or question addressed by the research. Any hypothesis should also be stated. Methods: Describe the basic experimental design of the study. The number of subjects and how they were selected should be provided. Results: State the main results of the study. Conclusion: State the conclusions of the study that are directly supported by the data, along with the clinical implications or applicability. If there are any abbreviations, if needed, they should be kept to absolute minimum with the proper accompanying identifications. Up to ten keywords should be listed at the bottom of abstract to be used as index terms. For the selection of keywords, refer Medical Subject Heading (MeSH, <https://meshb.nlm.nih.gov/>).

Highlights: All papers must include 3-5 short highlights presenting short summary or findings in the next of title page: each highlight includes less than 90 characters including space.

Main text

Submitted texts should be organized with the manuscript divided into four main headings: Introduction, Materials and Methods, Results, and Discussion. Other descriptive headings and subheadings may be used if appropriate.

- **Introduction:** Brief background, references to the most pertinent papers generally enough to inform the readers of the topic, and relevant findings of others are described. The specific question to which the author's particular investigation is studied should be also described.
- **Materials and Methods:** Explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators. The procedures that have been published previously should not be described in detail. However, any new or significant modifications of previously published procedures need full descriptions in this area. The sources of special chemicals or prepara-

tions should be given along with their location (name of company, city and state, and country). The method of statistical analyses and criteria of significance level should be described.

- **Results:** This part of the work should be presented logically using text, table and illustrations. Excessive repetition of table or figure contents should be avoided to reduce reader confusion.
- **Discussion:** The data should be interpreted concisely without repeating materials already presented in the results section. Speculation is permitted in this section, but it must be supported by the presented data of authors and be well founded based on evidence-based conclusions and results.

Conflict of interest

At the end of the text, under a subheading "Conflict of Interest" all authors must disclose if applicable any financial and personal relationships with other people or organizations that could inappropriately influence their work (at the first submission, this information should be included in title page).

Acknowledgments

This section should include the list of names for all persons who have made substantial contribution, but who are not eligible as authors are named in acknowledgments, and the information concerning sources of financial support should be included in this section at submitting the final version of manuscript (at the first submission, this information should be included in title page).

References

In the text, references should be cited with Arabic numerals in brackets, numbered in the order cited. In the references section, the references should be numbered and listed in order of appearance in the text. Authors are responsible for the accuracy and completeness of their references and correct text citations. Papers in press may be listed among the references with the journal name and the tentative year of publication. Unpublished data and personal communications are not allowed as references to publishing dates. Accepted but unpublished papers (but not submitted manuscripts) can be referenced as 'in press' (in this case, DOI should be added). List all authors up to six in number. If there are more than six authors, list the first six and add "et al" to the last author's name.

Examples of acceptable referencing and citations for an article in a journal [1,2], an entire book [3], for a book chapter [4], and online source [5] would be:

1. Park MJ, Kim SH, Kim SS, Yeo SG. Clinical characteristics and short-term outcomes of acute low frequency sensorineural hearing loss with vertigo. *Clin Exp Otorhinolaryngol*. 2018 Jun;11(2):96-101.
2. Kim Y, Roh JL, Gong G, Cho KJ, Choi SH, Nam SY, et al. Risk factors for lateral neck recurrence of N0/N1a papillary thyroid cancer. *Ann Surg Oncol*. 2017 Nov; 24(12):3609-16.
3. Eyre HJ, Lange DP, Morris LB. Informed decisions: the complete book of cancer diagnosis, treatment, and recovery. 2nd ed. Atlanta (GA): American Cancer Society; 2002.
4. Otado JA, Akukwe C, Collins JW Jr. Disparate African American and white infant mortality rates in the United States. In: Livingstone IL, editor. *Praeger handbook of Black American health: policies and issues behind disparities in health*. 2nd ed. Westport (CT): Praeger; 2004. p. 355-68.
5. Committee on Publication Ethics. Guidelines for retracting articles [Internet]. Eastleigh, UK: Committee on Publication Ethics; 2009 [cited 2018 Jun 20]. Available from: <http://publicationethics.org/files/retraction%20guidelines.pdf>.

All other references should be listed as shown in NLM format (<http://www.nlm.nih.gov/citingmedicine>).

Tables

Tables must be cited in the order in which they appear in the text using Arabic numerals to describe the tables. The table's legend may include any pertinent notes and must include definitions of all abbreviations and acronyms that have been used in the table. Tables submitted with multiple parts or sections will be renumbered. The significance of results should be indicated by appropriate statistical analysis. When footnotes are used utilize the following symbols, in sequence: a), b), c). All units of measurement and concentration should be designated. Exponential terminology is discouraged.

Figures

Any figures utilized in the manuscript must be cited in the order they appear in the text using Arabic numerals. Figure legends should appear within the document in a separate section after the references. It is noted that figure legends are required for all article types and should be double-spaced in the manuscript. All relevant and explanatory information extraneous to the actual figure, including figure part labels, footnotes, abbreviations, acronyms, arrows, and levels of magnification in insets, should be defined in the legend text and clearly stated. Figure legends must not exceed 100 words per figure. All black and white illustrations will be published without charge. Authors will be charged for all color illustrations. The Publisher will provide, upon request, an estimate of the cost of complete or four-color artwork.

Digital art needs to be created/scanned and saved and submitted as a TIFF (tagged image file format), an EPS (encapsulated postscript), or PPT (Power Point) files. Electronic photographs (radiographs, CT/MRI scans, and scanned images) must have a resolution of at least 300 dpi. The submission of line art must have a resolution of at least 1,200 dpi (dots per inch). If fonts are used in the submitted artwork, they must be converted to paths or outlines or they must be embedded in the files. Any color images must be created/scanned and saved and submitted as CMYK files. Additionally, cite figures consecutively in the text, and number them in the order in which they are discussed.

4. Review article

The submission of review articles should describe concise review on subjects of importance to medical researchers. They are to be organized as follows: title page, abstract and keywords, highlights, main text (introduction, text, and conclusion), acknowledgments, references, tables, figure legends, and figures. There should be an unstructured abstract of no more than 200 words. Maximum length of the submitted manuscript is 4,500 words. The review articles are accepted after editorial evaluation.

5. Correspondence

Correspondence (letters to the editor) may be in response to a published article, or a short, free-standing piece expressing an opinion. All correspondence should be limited to no longer than two pages in length.

In reply: If the Correspondence is in response to a published article, the Editor-in-Chief may choose to invite the article's authors to write a Correspondence Reply. Replies which are submitted by authors should not exceed 500 words of text and 5 cited references.

6. Editorial

Editorials are invited exclusively by the editor and should be limited to commentaries on articles published recently in the journal. Ap-

propriate editorial topics could include active areas of research, fresh insights, and debates in all fields of journal publication.

MANUSCRIPT ACCEPTED FOR PUBLICATION

1. Final version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript for review. The names and affiliations of the authors should be double-checked to omit any spelling errors, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Color images must be created as CMYK files. The electronic original should be sent for review with appropriate labeling and arrows. The EPS, TIFF, Adobe Photoshop (PSD), JPEG, and PPT formats are preferred for submission of digital files of photographic images. 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 of the symbols that are used must be defined in the figure caption. If the symbols are too complex to appear in the caption, they should appear on the illustration itself, within the area of the graph or diagram, not to the side of the illustration. If references, tables, or figures are moved, added, or deleted during the revision process, they should be renumbered to reflect such changes in order that all tables, references, and figures are cited in numeric order.

2. Manuscript corrections

Before publication, the manuscript editor may correct the manuscript in order that it meets the standard publication format. The author(s) must respond within 2 days when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue to be considered for publication.

3. Galley proof

CEO provides the corresponding author with galley proofs for their correction. Corrections should be kept to minimum on these proofs to avoid a complete rewriting of the manuscript at that time. The Editor retains the prerogative to question minor stylistic alterations and major alterations that have been made by Editors that might affect the scientific content of the paper. Fault found after the publication is a responsibility of the authors. We urge our contributors to proof-read and their accepted manuscript very carefully before acknowledging the manuscript as completed and ready for publishing. The corresponding author may be contacted by the Editorial Office, depending on the nature of correction in proof. If the proof is not returned to the Editorial Office within 48 hours, it may be necessary to reschedule the paper for a subsequent issue.

ARTICLE PROCESSING CHARGES

There is no submission fee for the submission of manuscripts to the publisher. But article processing charges are required for manuscripts that are considered for publication in CEO. These fees cover some of the costs of publication as well as open access online editions in the journal website (<http://www.e-ceo.org>) or in the PubMed Central (<http://www.ncbi.nlm.nih.gov/pmc/journals/880/>). An invoice outlining fees will be sent to the corresponding author when the submitted article is finally accepted. The charged fee is USD 300 per article.

FEEDBACK AFTER PUBLICATION

1. Errors

If the authors or readers find any errors present in the manuscript as written, or any contents information that should be revised, these changes can be requested from the Editorial Board. The Editorial Board may consider erratum, corrigendum, or a retraction. If there are any revisions to the article, there will be a CrossMark description to announce the final draft. If there is a reader's opinion on the published article with the form of Letter to the Editor, it will be forwarded to the authors for subsequent review. The authors are able to reply to the reader's letter. The letter to the editor and the author's reply may be also published.

2. Complaints and appeals

The policy of *CEO* is primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. The process of handling complaints and appeals follows the guidelines of the COPE as noted as available from:

<https://publicationethics.org/appeals>.

CONTACT INFORMATION

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Clinical and Experimental Otorhinolaryngology

Author Disclosure Form

Manuscript number: _____ Author's name (please print): _____

Manuscript title: _____

Each author should complete and return this form to the corresponding author.

Disclosures should be entered online at the time of submission. The corresponding author is encouraged to keep completed forms on file for future reference.

All authors submitting work to the *Clinical and Experimental Otorhinolaryngology* are required to disclose any real or apparent relationships with industry that may have a direct bearing on relevant subject matter.

For all disclosures, fill in all sections and sign the last page (attach additional sheets as needed).

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Check yes if honoraria have been paid directly to you or a family member within the last 2 years by an entity having an investment, licensing, or other commercial interest in any drugs, goods, or services that are the subject of the matter under consideration. YES NO

Check yes if you, a family member or your institution have received payment in connection with the conduct of the clinical research projects in question provided by the trial sponsor or agents employed by the sponsor. YES NO

I confirm that the information reported is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that the Korea Society of Otorhinolaryngology-Head and Neck Surgery reserves the right to decline to publish my work if the Society believes a significant conflict of interest exists. Furthermore, I understand that failure to complete this disclosure declaration will disqualify me from submitting my manuscript to the *Clinical and Experimental Otorhinolaryngology*.

● **Corresponding Author**

Signature: _____ Date: _____

Print name: _____

● **Co-Authors**

Signature: _____ Date: _____

Print name: _____

Signature: _____ Date: _____

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