



The Cleft Palate-Craniofacial Journal

MANUSCRIPT PREPARATION

GENERAL INFORMATION

SCOPE

The Cleft Palate–Craniofacial Journal (CPCJ) is directed to a multidisciplinary readership of clinicians and scientists interested in craniofacial anomalies, including cleft lip and cleft palate. The CPCJ publishes original research articles, clinical reports, brief communications, articles related to new ideas or innovations, letters to the editor, editorials, invited book reviews, and meeting announcements.

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Submission of a manuscript to the CPCJ is taken as evidence that no portion of the text or figures has been published or submitted for publication elsewhere unless information regarding previous publication is explicitly cited and copyright permission obtained (fax or mail to CPCJ Editorial Office) at the time of manuscript submission. Permission should be obtained for both print and online publication.

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Two independent peer reviews are typically solicited. At the discretion of the Section Editor, a third review by a biostatistician may also be solicited. The Editor is responsible for all final decisions regarding acceptance or rejection, recommendations for revision, and final editing. Manuscripts will be evaluated according to various criteria, including scientific methodology, level of evidence, novelty, clarity, and conciseness. Accepted articles

describing novel findings or methods and with high levels of evidence may be advanced in the publication queue at the discretion of the Editor.

All submitted articles are “double-blinded” to ensure an unbiased review. Reviewers will not have access to author names or affiliations. Authors will not have access to reviewer names or affiliations.

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GROUP AUTHORSHIP

The CPCJ allows research groups to be recognized in submitted manuscripts. Authors should identify both the group name and the individual authors who accept responsibility for the article (e.g., Smith A, Johnson R, Williams T; The CleftCran Research Group). The named individuals must meet the full criteria and requirements for authorship as described in the Author Responsibility section above. Other research group members who do not qualify for authorship may be listed in an Acknowledgement.

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HUMANS AND ANIMALS IN RESEARCH

For manuscripts describing the results of experimental studies on humans, authors must include a statement in the Methods section of the manuscript that a Human Subjects or Institutional Review Board (IRB) approved the study and that informed consent was obtained. While informed consent might not be required for consecutive case series and/or retrospective chart review reports, these are still considered research given that the objective of your report is to generalize the findings. As such, they require Humans Subjects Review Board approval. If a formal IRB is not available, the authors must include a statement in the manuscript that principles outlined in the Declaration of Helsinki were followed. Information regarding the Declaration of Helsinki may be found at <http://www.wma.net/en/30publications/10policies/b3/>.

All research involving animals must follow published guidelines for use of laboratory animals (www.apa.org/science/anguide.html). Compliance with these guidelines should be indicated in the Methods section of the manuscript, along with Institutional Review Board approval if appropriate.

MANUSCRIPT PREPARATION

SUBMISSION CATEGORIES

Original Articles: Reports of original clinical or basic science data pertaining to prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention, including systematic reviews and meta-analysis that represent a new contribution to the field.

Clinical Reports: Case reports presenting new clinical information.

Ideas and Innovations: Short communications related to novel ideas, techniques, methods of assessment, etc.

Brief Communications: Preliminary or limited results (less than 1500 words, up to 3 figures or tables) of original research pertaining to prevalence, causes, mechanisms, diagnosis, course, treatment, and prevention.

Ethics/Health Policy and Perspectives: *Ethical and Legal Reports* are original articles which examine issues of ethics or the law arising in cleft and craniofacial care and research. *Health Policy Reports* are original articles which examine social, political and economic issues arising in cleft and craniofacial care or research. Ethics, legal, and health policy reports are limited to 2000 words. *Perspectives* are typically solicited articles (unsolicited articles will be considered) that provide background and context for an article in the issue in which they appear. Perspectives are limited to 800 words and may include one figure.

Letters to the Editor: Comments in the form of letters that express differences of opinion or supporting views of recently published CPCJ content.

Editorials: Brief substantiated commentaries (less than 1000 words) on subjects of interest to the CPCJ readership. Editorials should be narrative in form.

MANUSCRIPT FILES

Title Page

The Title Page (submitted separately from the manuscript) must include (in the following order):

- Title (maximum 20 words) ; should be informative, relevant, and concise
- Author names with *no more than* three highest attained degrees, in the order that they will appear in print
- Academic rank or position, and institutional affiliation for each author
- Name, address, telephone number, fax number, and email address of the corresponding author, who will receive all editorial communication and reprint requests.
- If applicable, statement that manuscript was presented orally at a professional meeting, including the name, date, and location of the meeting.
- Credits and appropriate grant numbers if the study was supported by an agency.
- Running title (less than 8 words).

To ensure that the article is blinded, please do not include author names or affiliations, or any other identifying information in any portion of the manuscript other than this Title Page.

Manuscript

First Page

The first page of the manuscript text file should include only the title used on the Title Page (above).

Abstract

Original articles and ideas and innovations articles should include a structured abstract of no longer than 250 words (including Key Words) with the following headings and information, as applicable. Structured abstracts of no longer than 150 words should be used for data-based Brief Communications articles.

Structured Abstract:

Objective: State the main question or objective of the study and the major hypothesis tested, if any.

Design: Describe the design of the study indicating, as appropriate, use of randomization, blinding, criterion standards for diagnostic tests, temporal direction (retrospective or prospective), etc.

Setting: Indicate the study setting, including the level of clinical care (for example, primary or tertiary; private practice or institutional).

Patients, Participants: State selection procedures, entry criteria, and numbers of participants entering and finishing the study.

Interventions: Describe the essential features of any intervention, including the methods and duration of administration.

Main Outcome Measure(s): The primary study outcome measures should be indicated as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, this fact should be clearly stated.

Results: Describe measurements that are not evident from the nature of the main results and indicate any blinding. If possible, the results should be accompanied by confidence intervals (most often the 95% interval) and the exact level of statistical significance. For comparative studies, confidence intervals should relate to the differences between groups. Absolute values should be indicated when risk changes or effect sizes are given.

Conclusions: State only those conclusions of the study that are directly supported by data, along with their clinical application (avoiding overgeneralization) and/or whether additional study is required before the information should be used in clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

(Reproduced with permission from: Haynes RB et al. More informative abstracts revisited. *Ann Intern Med.* 1990;113:69–76).

Key Words: A short list of the key words that reflects the article's content.

Clinical reports should include an unstructured abstract of no longer than 100 words, including Key Words, describing the objective, essential features and uniqueness of the case being presented, and conclusions. Non-data-based Brief Communications and Ethics, Legal, or Health Policy reports should include an unstructured abstract of no longer than 100 words, including Key Words.

Statistics

If a statistical analysis is conducted, explanation of the methods used must precede the Results section in the manuscript. Unusual or complex analysis methods should be referenced.

Units of Measure/ Abbreviations

The metric system is preferred for expressing units of measure. Abbreviations may be used for terms. The full term for each abbreviation should appear at its first use in the text, unless the abbreviation is a standard unit of measure. Abbreviations used in a table must be explained in a footnote below the table. For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814; <http://www.councilscienceeditors.org/>) or other standard sources.

The table below lists standard accepted abbreviations for typical cleft type classifications and study groups. Other abbreviations may be proposed for classifications and groups not listed.

<u>ABBREVIATION</u>	<u>USED TO DESCRIBE A SUBJECT GROUP THAT INCLUDES:</u>
CL	cleft lip (excludes (1) cleft lip and alveolus, (2) cleft lip and palate, and (3) cleft palate)
CP	cleft palate only (excludes (1) cleft lip and (2) cleft lip and palate)
CLP	cleft lip and palate (excludes (1) cleft lip and (2) cleft palate)
CL±P	cleft lip with or without cleft palate = cleft lip + cleft lip and palate (excludes cleft palate)
CP±L	cleft palate with or without cleft lip = cleft lip and palate + cleft palate (excludes cleft lip)
CL/P	cleft lip and/or cleft palate = cleft lip + cleft lip and palate + cleft palate (no exclusions)
CL±A	cleft lip with or without cleft alveolus = cleft lip + cleft lip and alveolus (excludes (1) cleft lip, (2) cleft lip and palate, and (3) cleft palate)
CP±A	cleft palate with or without cleft alveolus (excludes (1) cleft lip, (2) cleft lip and alveolus, and (3) cleft lip and palate)

TERMS THAT MAY BE ADDED TO THE ABBREVIATIONS ABOVE (IF APPROPRIATE):

i	isolated
I	incomplete
U	unilateral
B	bilateral
SM	submucous

Format

The CPCJ follows guidelines published in the *American Medical Association Manual of Style*. Manuscripts should be typed double-spaced with 1” margins, left justified, and use a standard 12-point font. Pages should be numbered consecutively in the upper right hand corner, beginning with the second page. Do not print a running title. Turn off the word processing program’s hyphenation feature and “smart quotes” feature before typing. Headings must be used to designate the major divisions of the manuscript. Up to three levels of headings may be used.

Acknowledgement

Acknowledge all forms of financial support on the title page. List all other acknowledgements in a paragraph at the end of the manuscript.

Citations/References

Single Author Article

Citation: Mantel (1963) or (Mantel, 1963)

Reference: Mantel N. Chi-square tests with one degree of freedom; extensions of the Mantel-Haenszel procedure. *J Am Stat Assoc.* 1963;58:690–700.

Two Author Article

Citation: Rasheed and Munshi (1996) or (Rasheed and Munshi, 1996)

Reference: Rasheed SA, Munshi AK. Electromyographic and ultrasonographic evaluation of the circum-oral musculature in children. *J Clin Pediatr Dent.* 1996;20:305-311.

Three Or More Author Article

Citation: Lilja et al. (2000) or (Lilja et al., 2000)

Reference: Lilja J, Elander A, Lohmander A, Persson C. Isolated cleft palate and submucous cleft palate. *Oral Maxillofac Surg Clin N Am.* 2000;12:455–468.

Two or more works by the same first author in the same year

Citation: Smith (1975a), Smith (1975b) or (Smith, 1975a) etc

Reference: Smith RC. Long term effects of smoking on fetal development. *Teratology* 1975a;42:75-84.

Monograph

Citation: Bardach (1967) or (Bardach, 1967)

Reference: Bardach J. *Cleft Lip and Palate* (Monograph). Warsaw: Polish Institute of Medical Publications; 1967.

Thesis

Citation: Dowden (1992)

Reference: Dowden PA. The Effects of Listener Training on the Speech Intelligibility of Severely Dysarthric Individuals. Seattle, WA: University of Washington; 1992. Dissertation.

Book

Citation: McWilliams et al. (1990) or (McWilliams et al., 1990)

Reference: McWilliams BJ, Morris HL, Shelton RL. *Cleft Palate Speech*. Philadelphia: BC Decker; 1990: 40-49. (only list pages if specific pages are cited).

Chapter in Book

Citation: Eliason (1990) or (Eliason, 1990)

Reference: Eliason MJ. Neuropsychological perspectives of cleft lip and palate. In: Bardach J, Morris HL, eds. *Multidisciplinary Management of Cleft Lip and Palate*. Philadelphia: WB Saunders; 1990:825–831.

Conference Presentation

Citation: Parke and Sawin (1975) or (Parke and Sawin, 1975)

Reference: Parke RD, Sawin DB. Infant characteristics and behavior as elicitors of maternal and paternal responsivity in the newborn period. Presented at the Meeting of the Society for Research in Child Development; April 1975; Denver, Colorado.

Website

Citation: World Health Organization (2005)

Reference: World Health Organization. International database on craniofacial anomalies. Available at: www.who.int/genomics/anomalies/. Accessed June 27, 2005.

When multiple references are cited simultaneously in the text, they should be arranged in chronological order, for example: (Smith, 1975; Jones et al., 1981; Brown, 1986). References should be double-spaced, and listed in alphabetical order (unnumbered) according to the surname of the first author. For articles with more than ten authors, include only the first ten author names in the reference list, followed by “et al.”.

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