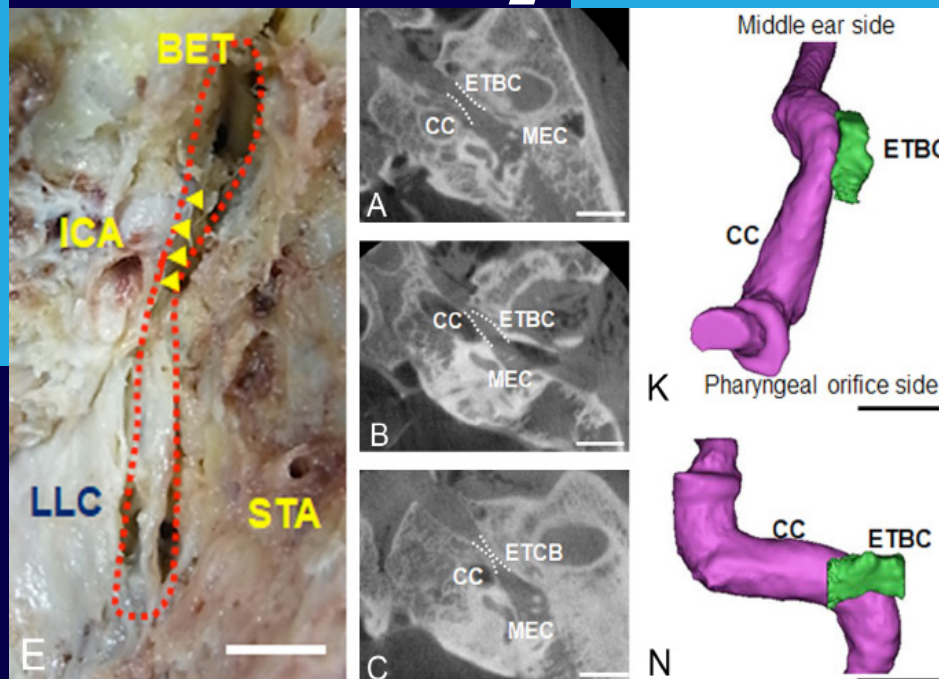


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The scope of the Journal is limited with otology, neurotology, audiology (excluding linguistics) and skull base medicine.

The Journal of International Advanced Otology aims to publish manuscripts at the highest clinical and scientific level. J Int Adv Otol publishes original articles in the form of clinical and basic research, review articles, short reports and a limited number of case reports. Controversial patient discussions, communications on emerging technology, and historical issues will also be considered for publication.

Target audience of J Int Adv Otol includes physicians and academics who work in the fields of otology, neurotology, audiology and skull base medicine.

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The Journal of International Advanced Otology (J Int Adv Otol) is an international, peer reviewed, open access publication that is fully sponsored and owned by the European Academy of Otology and Neurotology and the Politzer Society. The journal is online-only and published bimonthly in January, March, May, July, September, and November. The publication language of the journal is English.

The scope of the Journal is limited with otology, neurotology, audiology (excluding linguistics) and skull base medicine.

The Journal of International Advanced Otology aims to publish manuscripts at the highest clinical and scientific level. J Int Adv Otol publishes original articles in the form of clinical and basic research, review articles, short reports and a limited number of case reports. Controversial patient discussions, communications on emerging technology, and historical issues will also be considered for publication.

Editorial and Publication Process

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal conforms to the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

Peer-Review Policy

Manuscripts submitted to the Journal of International Advanced Otology will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or by the editorial board members of the journal. The Editor in Chief is the final authority in the decision-making process for all submissions.

ETHICAL CONSIDERATIONS

Ethical Guidelines

An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. Submission which do not have ethical approval will be reviewed according to COPE's Research, Audit and Service Evaluations guideline. Such manuscripts can be rejected after editorial review due to the lack of ethics committee approval.

For manuscripts concerning experimental research on humans, a statement should be included that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo.

It is the authors' responsibility to protect the patients' anonymity carefully. For photographs that may reveal the identity of the patients, signed releases of the patient or their legal representative should be enclosed, and the publication approval must be provided in the Methods section.



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For studies carried out on animals, an approval research protocols by the Ethics Committee in accordance with international agreements (Guide for the care and use of laboratory animals, 8th edition, 2011" and/or "International Guiding Principles for Biomedical Research Involving Animals, 2012") is required. Also, the measures taken to prevent pain and suffering of the animals should be stated clearly in such studies.

Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Methods section of the manuscript.

Plagiarism and Ethical Misconduct

The Journal of International Advanced Otology is extremely sensitive about plagiarism. All submissions are screened by a similarity detection software (iThenticate by CrossCheck) at any point during the peer-review and/or production process.

When you are discussing others' (or your own) previous work, please make sure that you cite the material correctly in every instance.

Authors are strongly recommended to avoid any form plagiarism and ethical misconduct that are exemplified below.

Self- plagiarism (text-recycling): Overlapping sections or sentences with the author's previous publications without citing them. Even if you are the author of the phrases or sentences, the text should not have unacceptable similarity with the previously published data.

Salami slicing: Using the same data of a research into several different articles. Reporting the same hypotheses, population, and methods of a study is into different papers is not acceptable.

Data Fabrication: It is the addition of data that never occurred during the gathering of data or the experiments. Results and their interpretation must be based on the complete data sets and reported accordingly.

Data Manipulation/Falsification: It means manipulating research data with the intention of giving a false impression. This includes manipulating images (e.g. micrographs, gels, radiological images), removing outliers or 'inconvenient' results, changing data points, etc...

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act according to COPE flowcharts.

Preprint

Journal of International Advanced Otology does not consider preprint publications as prior publication. In other words, authors are allowed to present and discuss their findings on a non-commercial preprint server before submission to a journal.

Authors must provide the journal with the pre-print server deposition of their article accompanying its DOI during initial submission.

If the article is published in the Journal of International Advanced Otology, it is the responsibility of the authors to update the archived preprint and link it to the published version of the article.

Authorship

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work;
AND
2. Drafting the work or revising it critically for important intellectual content; AND



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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.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged in the title page of the manuscript.

Authors are required to provide their contributions to the manuscript in the Copyright Agreement and Authorship Form which can be downloaded at <http://www.advancedotology.org/eng>. If the editorial board suspects a case of "gift authorship," the submission will be rejected without further review. As part of the submission of the manuscript, the corresponding author should also send a short statement declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

CHANGE OF AUTHORSHIP

Journal of International Advanced Otology reviews the authorship according to the author's declaration in the Title Page, thus it is the authors responsibility to send the final order of the complete author names. Requests in the change of authorship (e.g. removal/addition of the authors, change in the order etc) after submission are subject to editorial approval. Editorial Board will investigate this kind of cases and act following COPE flowcharts.

Change of authorship requests should be submitted to the Editorial Office with an official letter stating the reasons of the change. The letter must be signed by all authors and include their approval on the change in authorship. If the request is approved by the Editorial Board, authors need to submit a new Copyright Agreement Form according to the final order list.

Declaration of Interest

Journal of International Advanced Otology requires and encourages the authors and the individuals involved in the evaluation process of submitted manuscripts to disclose any existing or potential conflicts of interests, including financial, consultant, and institutional, that might lead to potential bias or a conflict of interest. Any financial grants or other support received for a submitted study from individuals or institutions should be disclosed to the Editorial Board. To disclose a potential conflict of interest, the ICMJE Potential Conflict of Interest Disclosure Form should be filled in and submitted by all contributing authors. Cases of a potential conflict of interest of the editors, authors, or reviewers are resolved by the journal's Editorial Board within the scope of COPE and ICMJE guidelines.

Appeal and Complaint

The Editorial Board of the journal handles all appeal and complaint cases within the scope of COPE guidelines. In such cases, authors should get in direct contact with the editorial office regarding their appeals and complaints. When needed, an ombudsperson may be assigned to resolve cases that cannot be resolved internally. The Editor in Chief is the final authority in the decision-making process for all appeals and complaints.

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MANUSCRIPT PREPARATION

The manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in December 2015 - <http://www.icmje.org/icmje-recommendations.pdf>). Authors are required to prepare manuscripts in accordance with the CONSORT guidelines for randomized research studies, STROBE guidelines for observational original research studies, STARD guidelines for studies on diagnostic accuracy, PRISMA guidelines for systematic reviews and meta-analysis, ARRIVE guidelines for experimental animal studies, and TREND guidelines for non-randomized public behavior.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at www.advancedotology.org. Manuscripts submitted via any other medium will not be evaluated.

Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

- Author Contribution and Copyright Agreement Form,
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors)

during the initial submission. These forms are available for download at www.advancedotology.org.

Preparation of the Manuscript

Title page: A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. The abstract of Original Articles should be structured with subheadings (Objective, Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Methods, Results, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments: Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, Discussion, and Conclusion subheadings. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3000	250 (Structured)	35	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Case Report	1200	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used

in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the “insert table” command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: “Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)”

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

Both in-text citations and the references must be prepared according to the Vancouver style. While citing publications, preference should be given to the latest, most up-to-date publications. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. If an ahead-of-print publication is cited, the DOI number should be provided. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by “et al.” In the main text of the manuscript, references should be cited using Arabic numbers in square brackets superscripts. The reference styles for different types of publications are presented in the following examples.

Journal Article: Rankovic A, Rancic N, Jovanovic M, Ivanović M, Gajović O, Lazić Z, et al. Impact of imaging diagnostics on the budget – Are we spending too much? *Vojnosanit Pregl* 2013; 70: 709-11.

Book Section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author: Sweetman SC. *Martindale the Complete Drug Reference*. 34th ed. London: Pharmaceutical Press; 2005.



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Editor(s) as Author: Huizing EH, de Groot JAM, editors. Functional reconstructive nasal surgery. Stuttgart-New York: Thieme; 2003.

Conference Proceedings: Bengissson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report: Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study. *Kidney Int*. 2004. Report No: 26.

Thesis: Yılmaz B. Ankara Üniversitesindeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

Manuscripts Accepted for Publication, Not Published Yet: Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

Epub Ahead of Print Articles: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

REVISIONS

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment, followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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