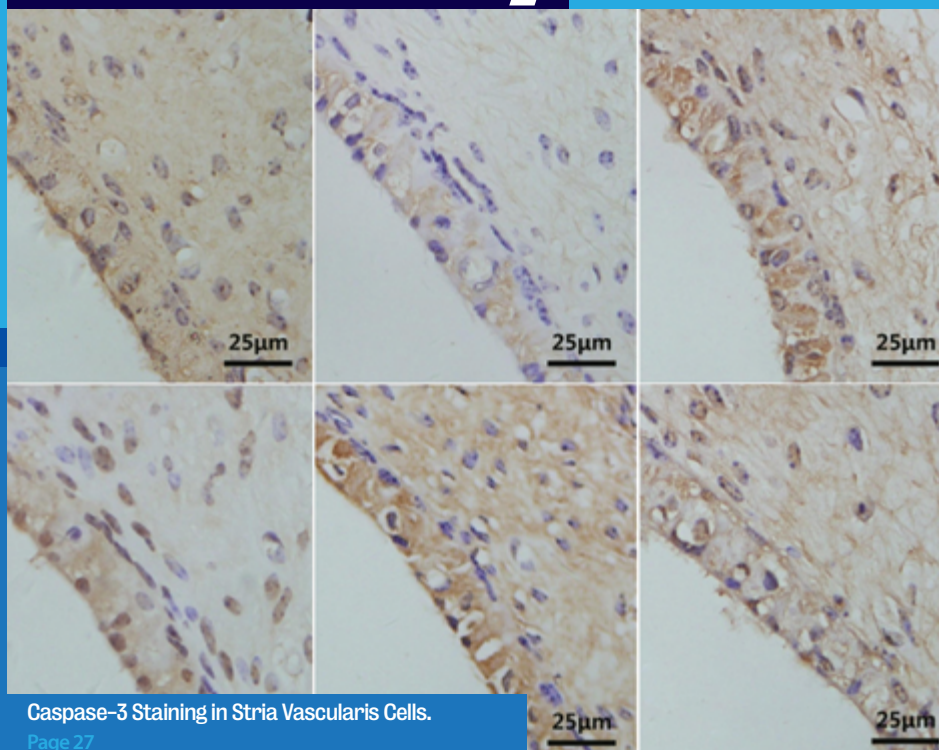


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The scope of the Journal is limited with otology, neurotology, audiology (excluding linguistics) and skull base medicine.

The Journal of International Advanced Otology aims to publish manuscripts at the highest clinical and scientific level. IAO 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.

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Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as 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)

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Each submission should be accompanied by 3 to 5 key words which should be picked from the Medical Subject Headings (MeSH) list (www.nlm.nih.gov/mesh/MBrowser.html).

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The main text of Case Reports should be limited with 1200 words and should be structured with the following subheadings; Introduction, Case Presentation and Discussion. The maximum number of references cited in a case report should be 10.

The subheadings of the review articles should be planned by the authors. However, each review article should include a “Conclusion” section. The main text of review articles should be limited with 5000 words. The number of references cited should not exceed 50.

Original Articles should be structured with Introduction, Materials and Methods, Results subheadings Discussion. The number of references cited should not exceed 35 and the main text should be limited to 3000 words.

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

Statistical analysis should be performed in accordance with guidelines on reporting statistics in medical journals (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983; 7; 1489-93.). Information on the statistical analysis process of the study should be provided within the main text.

When a drug, product, hardware, or software mentioned within the main text product information, including the name of the product, producer of the product, city of the company and the country of the company should be provided in parenthesis 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 shortcomings of original articles should be mentioned in the “Discussion” section before the conclusion paragraph.

References

References should be numbered consecutively in the order they are referred to within the main text and all references listed in the reference list should be referred to within the main text in parenthesis. Style and punctuation of each reference in the reference list should be in accordance with the examples listed below;

Standard journal article: Journal titles should be abbreviated in accordance with journal abbreviations used in Index Medicus (for journal abbreviations consult List of Journals indexed for MEDLINE published annually by NLM at <http://www.nlm.nih.gov/tsd/serials/lji.html>). When there are six or fewer authors, all authors should be listed. If there are seven or more authors, first 6 should be listed, followed by “et al.” A list of authors should be followed by the full title of the article, journal title, year, volume and page numbers.

Example: Pirvola U, Xing-Qun L, Virkkala J, Saarna M, Murakata C, Camoratto AM, et al. Rescue of hearing, auditory hair cells, and neurons by CEP-1347/KT7515, an inhibitor of c-Jun N-terminal kinase activation. J Neurosci 2000; 20: 43-50.

Books:

Chapter in a book: Sherry S. Detection of thrombi. In: Strauss HE, Pitt B, James AE, editors. Cardiovascular Medicine. St Louis: Mosby; 1974.p. 273-85.

Personal author(s): Cohn PF. Silent myocardial ischemia and infarction. 3rd ed. New York: Marcel Dekker; 1993.

Editor (s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

Conference paper:

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. P. 1561-5.

Scientific or technical report:

Smith P. Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX) Dept. of Health and Human Services (US). Office of Evaluation and Inspections: 1994 Oct. Report No: HHSIGOE 169200860.

Dissertation:

Kaplan SI. Post-hospital home health care: the elderly access and utilization (dissertation). St. Louis (MO): Washington Univ. 1995.

Article 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: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

Tables

Tables should be included in the main document and should be presented after the reference list. Tables should be numbered consecutively in the order they are referred to within the main text. A descriptive title should be provided for all tables and the titles should 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 an 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 labelled (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 300DPI. To prevent delays in the evaluation process all submitted figures should be clear in resolution and large in size (minimum dimensions 100x100mm)

Color figures: Authors who submit color figures will receive an estimate of the cost for color reproduction. Otherwise the figures will be converted to black and white.

Figure legends should be listed at the end of the main document. When there are figure subunits, the figure legends should be structured in the following format.

Example: Figure 4. a-d. Effects of xylitol on viability of HMEECs and HEI-OC1s. Xylitol at concentrations of up to 1000 µg/mL did not decrease the viability of HMEECs and HEI-OC1s (a). Xylitol at concentrations of up to 1000 µg/mL did not induce apoptosis or necrosis of HMEECs and HEI-OC1s (b, c). Morphology of HMEECs and HEI-OC1s remained unchanged by xylitol at concentrations of up to 1000 µg/mL (light microscope, x200 and Hoechst 33342 staining, x400). The data shown are means±standard deviations of three repeated experiments from six samples (c, d)

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Editorial

There are some milestones in a Journal's Publication Period. The new style based on scientific and ethical background, will create awareness and privilege. The Mediterranean Journal of Otology and Audiology was its initial label and with its impact The Journal found its place among the Science Citation Index Expanded. This empowered the Journal and also encouraged us to remodel its name and contents. By the year 2009 the new title of the Journal was "International Advanced Otology". The number of the articles increased to 25, while it was less than 10 before. The number of case reports have been limited to be less than one third of the whole contents. We felt that the Journal was ready for further evaluations by International Indexing Organizations while the rejection rate was over 50 percent.

It is very important for the Journal's reputation to be supported by Scientific Organizations and during this period, Politzer Society (The Society for Otologic Surgery and Science) gave its support to the Journal; even being in official relations with the Otology Neurotology.

The journal also supported International Meetings by publishing and disseminating abstracts as well as giving place to dedicated authors by publishing their experiences as reviews in supplements.

In the meantime, the ethical standards for publishing were rising and a new concept was needed for the Journal. Recently it moved to a new publisher that is already quite experienced. This has been the most recent move to remodel the printed journal as well as the website facilities. Even MJO was among the first journals to receive online submissions, the website remained old. A new user friendly website allowing preformatted applications to the authors as well as facilitating the review process was necessary.

Approaching its 10th year we decided construct a new image by also enlarging the Journal's vision and facilitating the review process to shorten the time for the final decision which was also criticized.

With the new volume covering the requested criteria for the ethics committee approval, type of peer review, contribution of authors in individual basis, conflict of interest information as well as the financial disclosure will be presented at the end of each study, even though before almost all were presented but unevenly.

I believe with the new face of the Journal strongly adhered to scientific and ethical standards it will grow with greater efficiency and increasing impact potential.

Sincerely,

Prof. Dr. O. Nuri Ozgirgin
Editor in Chief