INSTRUCTIONS TO AUTHORS

1. All manuscripts must be submitted via the editorial online submission and peer-review system available at https://pjohns.pso-hns.org/index.php/pjohns. Authors must first register to use the site. There are no article processing charges for submission, editing, review and publication.

2. Manuscripts must be accompanied by accomplished author statements in the forms provided in each issue or available from https://journal.pso-hns.org/author-forms/ The following information is contained:

- A full statement that the manuscript is original material that is not being considered for publication or has not been published or accepted for publication elsewhere, in full or in part, in print or electronic media. All previous reports that might be regarded as redundant publication of the same or very similar work should be referred to specifically and referenced in the new paper. Copies of such material should be included with the manuscript.
- A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship have been met by each author, listing their specific contribution(s), and that each author believes that the manuscript represents honest work; In addition to being accountable for the parts of the work he or 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. Contributors who do not meet all four criteria may be acknowledged.
- A disclosure statement of financial or other (including personal) relationships, intellectual passion, political or religious beliefs, and institutional affiliations that might lead to a conflict of interest, if that information is not included in the manuscript itself;
- A copyright transfer statement signed by all authors; and
- The acknowledgement by the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, that IRB or ERB approval and informed consent (and assent) have been obtained (with a copy of the IRB or ERB approval or exemption from approval) and that clinical trial registry has been complied with (with a link to the clinical trial registry such as the Philippine Health Research Registry). Copies of any permission to reproduce published material, to use illustrations or report information about identifiable people, to name people for their contributions, and the completeness, validity and reliability of all manuscript data must be provided by the corresponding author.

3. In addition, the manuscript should include

- A Use of Artificial Intelligence Declaration;
- A Data Availability and Sharing Statement;
- A declaration of previous Presentations in contests or conferences;

4. All articles published in PJOHNS must contain an AI disclosure: Authors must disclose whether they used artificial intelligence (AI)-assisted technologies (such as Large Language Models [LLMs], chatbots, or image creators) in the production of submitted work. Authors who use such technology should describe how they used it. Humans are responsible for any submitted material that included the use of AI-assisted technologies. Authors should carefully review and edit the manuscript because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased. If no AI or LLM was used, it should be so stated.

5. Manuscripts must include an appropriate data availability and sharing statement, identifying the repository where deposited datasets are available, bearing a persistent identifier (Digital Object identifier or DOI; or accession number). Deposited datasets must be publicly available through at least a CC-BY-4.0 license.

6. Manuscripts should be neatly prepared in correct U.S. English using Microsoft Word, RTF or Word Perfect software on A4 format in Times New Roman font size 12, double spaced, with a 1-inch margin on all sides. When necessary, the manuscript should employ italics, rather than underlining (except with URL addresses). A maximum of twenty (20) pages (for original articles) is allowed for the text, with one (1) additional page each for proposed algorithms, figures or tables. Generally, a maximum of twenty (20) references are allowed. If the MS Word "Track Changes" tool has been used in manuscript preparation, all changes in the document should have been accepted and the "Track Changes" feature turned off before submission. Citations and references should be typed manually (i.e., do NOT use automatic numbering or tools such as EndNote).

REQUIREMENTS FOR AUTHORSHIP

Each author should have participated sufficiently in the work to take public responsibility for its content. He or she should have made substantial contributions to all four of the following conditions: **(1) a. conception or design of the work, or b. acquisition, or c. analysis and interpretation of data for the work; AND (2) a. drafting or b. reviewing the manuscript critically for important intellectual content; AND (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.** General supervision of the research, advising or editing, collection of data, funding acquisition or statistical analysis do not constitute authorship. Artificial intelligence (AI)-assisted technologies (such as Large Language Models [LLMs], chatbots, or image creators) should not be listed or be cited as authors, because they cannot be responsible for the accuracy, integrity, and originality of the work, and these responsibilities are required for authorship.

CONFLICT OF INTEREST NOTIFICATION

To prevent information on potential conflict of interest for authors from being overlooked or misplaced, it is necessary for that information to be part of the manuscript. Each author is expected to disclose any type of financial or proprietary interest related to the manuscript, including (but not limited to) stock in or ownership of an entity connected to a product described in the paper, consultancy for the company or competing companies, honoraria, travel support or patent rights to a drug, instrument or equipment, or benefits derived from the use thereof. Conflict of Interest also includes "intellectual passion," (the tendency to favor positions that one has already espoused or perhaps even established); personal relationships (the tendency to judge the works of friends/colleagues or competitors/foes differently because of the relationship); political or religious beliefs (the tendency to favor or reject positions because it affirms or challenges one's political or religious beliefs); and institutional affiliations (the tendency to favor or reject results of research because of one's institutional affiliations). Where no conflict of interest exists, a written statement should be made to that effect.

COPYRIGHT TRANSFER

AND CREATIVE COMMONS BY-NC-ND 4.0 LICENSE

1. Copyright transfer ensures maximum international protection and facilitates efficient processing of requests for reprints. It includes inclusion in document delivery services, electronic journal databases and online journal versions.

2. A Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) license is granted, which means that readers are free to share (copy and redistribute) the material in any medium or format under the following terms:

Attribution – they must give appropriate credit, provide a link to the license, and indicate if changes were made. They may do so in any reasonable manner, but not in a way that suggests the licensor endorses them or their use.

NonCommercial – they may not use the material for commercial purposes.

NoDerivatives – if they remix, transform or build upon the material, they may not distribute the modified material.

3. Each author retains moral rights to his/her/their article(s), including the right to be identified as the author(s) whenever or wherever the article is cited or published.

4. Assigning the copyright does not forfeit author(s)' rights to reprint their article(s) or contribute them elsewhere after obtaining written permission from the editors, or without such permission as long as the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) license are met, provided that the PJOHNS is acknowledged as the original source.

5. Where in special cases, a contributor's employer (such as the government) holds the copyright to an article, written non-exclusive permission to deal with reprint requests from third parties should be provided the editors.

6. By signing the copyright transfer, authors certify that the submitted article is their original work, that it has not been previously published nor is it being considered for publication elsewhere; that they have obtained permission for and acknowledged the source(s) of quoted excerpts or paraphrased references in the text, tables, figures and algorithms. Further, authors certify that to the best of their knowledge, their article is free of libelous, unlawful or actionable contents.

DATA AVAILABILITY AND SHARING

For purposes of transparency and scientific integrity, authors must provide a statement in the manuscript submission on the availability of data. One of the following data availability and sharing statements may be selected:

- Datasets generated and analyzed are included in the published article.
- No datasets were generated or analyzed for this study.
- Datasets for the study are publicly available in the data repositories* listed.
- Datasets analyzed in the study are under license and not publicly available for sharing.

If none of the above statements are appropriate, the authors are asked to contact the Editorial Assistant at pjohns@pso-hns.org.

Repositories for deposit of datasets may include institutional repositories or third-party repositories, such as (but not limited to):

- Figshare [https://figshare.com/]
- Dryad [https:// datadryad.org/]
- Zenodo [https://zenodo.org]
- Open Science Framework [https://osf.io/]
- Dataverse [https://dataverse.harvard.edu]

NOTE: Deposited datasets should bear a persistent identifier (e.g., Digital Object Identifier or DOI; or accession number) and be publicly available through a license (at least CC-BY 4.0).

OPEN ACCESS STATEMENT

This is an open access journal which means that all content is freely available without charge to the user or his/her institution. Users are allowed to read, download, copy, distribute, print, search, or link to the full texts of the articles, or use them for any other lawful purpose, without asking prior permission from the publisher or the author, as long as the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) license are met. This is in accordance with the BOAI definition of open access.

HEALTH RESEARCH REGISTRATION

All clinical trials should be registered in a public trials registry at or before the time of first patient enrolment as a CONDITION for publication in the Philippine Journal of Otolaryngology Head and Neck Surgery. The ICMJE defines a clinical trial as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioural treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes. Health outcomes are any biomedical or health- related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

We accept registration in the Philippine Health Research Registry (PHRR) https://registry.healthresearch.ph/index.php/registry, a publicly-available database of newly-approved health researches from 2012 onwards, or in any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) https://www.who.int/clinical-trials-registry-platform, such as ClinicalTrials.gov https://clinicaltrials.gov, which is a data provider to the WHO ICTRP. Registration should be made immediately after Institutional Review Board or Ethics Review Board approval is obtained.

TITLE PAGE

The title page should include:

1. The title of the article, which should be informative and concise, usually limited to 150 characters. The title should fully reflect the contents of the article and include keywords that will make electronic retrieval both sensitive and specific.

2. Full name of each author (given, middle initial, last) with highest academic degree(s) and the name and address of the department(s) / institution(s) with which each author is affiliated or to which the work should be attributed.

3. The ORCID ID of each author should also be submitted. When you click the "Authorize" button in the ORCID popup, we will ask you to share your iD using an authenticated process: either by registering for an ORCID iD or, if you already have one, to sign into your ORCID account, then granting us permission to get your ORCID iD. We do this to ensure

that you are correctly identified and securely connecting your ORCID iD. Authors can register for an ORCID ID at https://orcid.org/register ORCID provides a persistent digital identifier that distinguishes you from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between you and your professional activities ensuring that your work is recognized. Please select "Everyone" under Visibility Settings when registering for an ORCID ID. To acknowledge that you have used your iD and that it has been authenticated, we display the ORCID iD icon alongside your name on the article page of your submission and on your public user profile.

4. Corresponding author's name and contact details(mailing address, phone/ fax numbers and email address, including a statement whether the email address may be published). The corresponding author (who does not need to be the first author on the manuscript, and preferably occupies a more permanent position in the institution) will be responsible for all inquiries about the manuscript.

5. Disclosure, including financial or funding support (including grants, equipment, drugs). Provide the agency or company name and location, fellowship name, and grant number.

6. The number of tables and figures. It is difficult for editorial staff and reviewers to tell if the tables and figures that should have accompanied a manuscript were actually included unless the numbers of figures and tables that belong to the manuscript are noted on the title page.

7. List of meeting(s) where the material has been previously presented or is under consideration for presentation. Indicate name, place, date of meeting and any prizes or awards (if presented in a contest).

ABSTRACT AND KEYWORDS

A structured abstract should provide the context or background for the study and state the study's purposes, basic procedures (selection of study participants or laboratory animals, settings, measurements, observational and analytical methods), main findings (giving specific effect sizes and their statistical and clinical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations without overinterpreting findings, and reflect the content of the article. Generally, it should have the following headings:

1. **Objective:** State the purpose or objective of the study.
2. **Methods:** Generally, the following are included:
   a. **Study Design:** use phrases such as randomized or nonrandomized clinical trial, case-control or cross-sectional study, cohort study, case series or report, systematic review, meta-analysis, review, experimental study, historical manuscript.
   b. **Setting:** Multicenter, Institution (Tertiary Private Hospital; Tertiary Government Hospital), Clinical Practice
   c. **Subjects, Participants, Patients or Population:** Number of patients, selection procedures, inclusion/exclusion criteria, randomization procedure, masking.
3. **Results:** Summary of principal outcome measures or data obtained, accompanied by data with confidence intervals and levels of statistical significance when applicable.
4. **Conclusions:** Concise and directly supported by data.

Clinical Trial Registration Number: List the clinical trial registration (if applicable).

Keywords: Provide 3 to 10 key words or short phrases that capture the main topics of the article to assist in cross-indexing. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; except when suitable MeSH terms are not yet available for recently introduced terms.

Laymanized Abstract: Provide a brief laymanized write-up of your abstract for non-medical readers, that can be linked to your article on social media. A short title that can be tweeted should accompany this version of the abstract.

TEXT

The following sections should generally be included:

1. **Introduction: without a heading,** provide a context and brief background for the study, giving only pertinent references in the literature review. State the gap or nature of the research problem and its significance, major hypothesis or rationale, and objectives or purpose of the study or observation.

2. **Methods:** should only include information available at the time the study plan or protocol was written; all information obtained during the course of the study belongs in the Results section. Provide sufficient

detail to permit replication by others. Generally, it should contain the following:

a. Study Design: use phrases such as randomized or nonrandomized clinical trial, case-control or cross-sectional study, cohort study, case series or report, systematic review, meta-analysis, review, experimental study, historical manuscript. Additional modifiers may be used (e.g. retrospective, prospective, double-masked). Where applicable, reporting guidelines (such as CONSORT, STROBE, PRISMA, STARD, SRQR, AGREE, CARE) should be followed, and may be accessed from the EQUATOR Network, available from: https://www.equator-network.org

b. Setting: Multicenter, Primary, Secondary, Tertiary, Public or Private, Hospital, University Hospital or Clinical Practice (e.g. Tertiary Public University Hospital)

c. Subjects or Participants: Number of patients, selection procedures, eligibility and exclusion criteria, randomization procedure, masking. Do not use patients' names, initials, or hospital numbers

For studies involving human participants, indicate whether Institutional Review Board (IRB) / Ethics Committee approval was granted (indicating the approval number), if procedures were in accord with the Helsinki Declaration revised in 2013 (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/), and whether informed consent was obtained. In addition to informed consent from parents or legal guardians, state whether assent was obtained from pediatric participants. For animal subjects, indicate whether the institution's or National Research Council's guide for the care and use of laboratory animals were followed.

d. Intervention or observation procedure(s) should be identified in sufficient detail to allow reproducibility of results. Identify methods, instruments and equipment with the manufacturers name and address in parenthesis, e.g. (Zeiss Corporation, San Leandro, CA, USA). Identify all drugs and chemicals including generic name(s), dosage(s) and route(s) of administration. Use milligram per kilogram dosages for pediatric patients. For metaanalyses or systematic reviews, cite methods used for locating, selecting, extracting and synthesizing data.

e. Main and secondary outcome measure(s)

f. Data and Statistical analysis: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fail to convey important information about effect size. References for the study design and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify computer software and statistical packages used, eg MS Excel (Microsoft Corporation, Redmond, WA, USA) or Statistical Analysis System (SAS) version 6.12 (SAS Institute, Cary, NC, USA).

3. **Results:** Provide demographic data of the study population. Describe outcomes and measurements in a logical sequence with minimum discussion. Do not repeat in the text what can be summarized in tables and figures. When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers (for example, fractions) from which the derivatives were calculated, and specify the statistical methods used to analyze them. Unless absolutely necessary, limit numeric results to a maximum of two (2) decimal places, but avoid using decimal places or fractions that are not meaningful (such as age of 56.33 years). Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample." Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

4. **Discussion:** Restrict to what the significant findings presented mean, emphasizing new and important aspects of the study. Compare and contrast these findings with those of previous studies. Offer plausible explanations from basic science mechanisms or pathophysiology. Avoid excessive generalization, undue speculation, digressions and theorizing. Elucidate but do not repeat data in the results section, discuss implications and limitations and relate these to other and contradictory literature. **Incorporate conclusions** supported by the data into the end of the discussion, **without a separate heading.** State new hypothesis when warranted, but clearly label them as such. Avoid making statements on economic benefits and costs unless the study includes economic data and analysis. Avoid claiming priority of content unless you provide the literature search protocol used. Include recommendations when appropriate.

ACKNOWLEDGEMENTS

All contributors who do not meet the criteria for authorship may be listed in the acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, statistical analysis, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had writing assistance and identify the entity that paid for this assistance. Financial and material support should also be acknowledged. Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as "clinical investigators" or "participating investigators," and their function or contribution should be described—for example, "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients." Because readers may infer their endorsement of the data and conclusions, all persons so named must give written permission to be acknowledged. Authors must disclose whether they used artificial intelligence (AI)-assisted technologies (such as Large Language Models [LLMs], chatbots, or image creators) in the production of submitted work. Authors who use such technology should describe, in both the cover letter and the submitted work, how they used it. Humans are responsible for any submitted material that included the use of AI-assisted technologies. Authors should carefully review and edit the manuscript because AI can generate authoritative-sounding output that can be incorrect, incomplete, or biased.

REFERENCES

Provide direct references to original research sources whenever possible but avoid extensive lists of references to original work on a topic. Small numbers of references to key original papers will serve as well as more exhaustive lists, since electronic literature searching allows readers to retrieve published literature efficiently. Where available, Digital Object Identifiers (DOIs) or URLs for the references should be provided Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication. To minimize citation errors, authors should verify references against original documents. Authors are responsible for checking that none of the references cite retracted articles except in the context of referring to the retraction. For articles published in MEDLINE-indexed journals, the ICMJE considers PubMed (https://pubmed.ncbi.nlm.nih.gov) the authoritative source for information about retractions. Do not cite references listing AI as an author, because AI cannot fulfil authorship criteria. Authors should be able to assert that there is no plagiarism in their paper, including in text and images produced by the AI. Humans must ensure there is appropriate attribution of all quoted material, including full citations.

References should be cited as follows:

1. In the text, tables and legends references should be indicated using Arabic numerical superscripts , numbered consecutively beginning with 1, and corresponding to their listing at the end of the manuscript. For instance:

   Airway problems often manifest with audible symptoms like stertor and stridor.[1]

   Previous studies[2,3] have alerted physicians to special issues associated with airway problems in children of hearing-impaired parents or caregivers.

   All non-original material should acknowledge the source reference; direct quotations should be enclosed in quotation marks and cited. Paraphrasing does not render material original and should be avoided.

2. At the end of the manuscript, references should be numbered consecutively in the order in which they are first mentioned in the text.

3. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

REFERENCE STYLE AND FORMAT

The Samples of Formatted References for Authors of Journal Articles available from https://www.nlm.nih.gov/bsd/uniform_requirements.html) should be followed by authors.

Reference Types include:

- **Articles in Journals**

https://www.nlm.nih.gov/bsd/uniform_requirements.html#journals

- **Books and Other Monographs**

https://www.nlm.nih.gov/bsd/uniform_requirements.html#books

- **Other Published Material**

https://www.nlm.nih.gov/bsd/uniform_requirements.html#other

- **Unpublished Material**

https://www.nlm.nih.gov/bsd/uniform_requirements.html#unpublished

- **Electronic Material including Datasets**

https://www.nlm.nih.gov/bsd/uniform_requirements.html#electronic

The recommended style for references is based on the National Information Standards Organization NISO Z39.29-2005 (R2010) Bibliographic References as adapted by the National Library of Medicine for its databases. Details, including fuller citations and explanations, are in Citing Medicine. (Note Appendix F which covers how citations in MEDLINE/PubMed differ from the advice in Citing Medicine.) For datasets (Item 43) and software on the Internet (Item 44), simplified formats are also shown.

TABLES AND FIGURES

1. **Tables** should be self-contained and complement textual information without duplicating it. Raw data should not be presented. Construct each table with double spacing on a separate page from the main text. Do not embed tables in the text. Number tables consecutively with Arabic numerals in the order of their first citation in the text, followed by a brief title. Column headings should be brief, with units of measurement in parenthesis. Abbreviations and explanatory matter should be defined in footnotes (not in the heading) using symbols *,†,‡,§,||,¶,**,††,‡‡ in that order. Identify statistical measures of variations such as standard deviation and standard error of the mean. Be sure each table is cited in the text.

   If a table is taken or adapted from a published source, acknowledge the original source and submit written permission from the copyright holder to reproduce or adapt the material. Permission is required irrespective of authorship or publisher except for documents in the public domain.

2. **Figure legends should be typed** starting on a separate page, double spaced, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend, without indicating color (e.g. green arrow).

3. **Figures** include all illustrations, line drawings and photographs. Do not embed figures in the text. Figures should be professionally drawn or photographed, submitted in electronic JPEG format with at least 300 dpi. Low resolution images will not be reproduced. High resolution color images may be published if authors agree to shoulder extra costs, otherwise they will be published in grey-scale. All figures should be properly labeled. Diagnostic Images should identify the modality (X-ray, CT scan, MRI, Ultrasonogram), view (Lateral, Axial, Sagittal), type of study (Soft Tissue, Contrast, Weighted). Histopathology figures should specify the view (low, high power) stain (H&E, Congo red) and magnification (40x, 100x).

4. **Letters, numbers, and symbols on Figures** should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. Figures should be made as self-explanatory as possible. Titles and detailed explanations belong in legends, not on the illustrations themselves.

5. **Photomicrographs** should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background. If photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.

6. **Figures** should be numbered consecutively according to the order in which they have been first cited in the text, and submitted individually as separate supplemental attachments. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher except for documents in the public domain.

Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required by the journal. Report other laboratory values in both local and International System of Units (SI). Drug concentrations may be reported in either SI or mass units, but the alternative should be provided in parentheses where appropriate.

Abbreviations

Use only standard abbreviations. Avoid abbreviations in the title. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Submission Preparation Checklist

As part of the submission process, authors are required to check their submission's compliance with all of the following items, and submissions that do not adhere to these guidelines will be rejected. In addition, compliance with guidelines for certain types of articles must be checked using the appropriate checklist (CONSORT, PRISMA, etc.)

1. **Accomplished author statements,** signed by ALL authors, with:

- A list of authors' names in the correct order of listing.
- A full statement that the manuscript is original material that is not being considered for publication or has not been published or accepted for publication elsewhere, in full or in part, in print or electronic media;
- A statement that the manuscript has been read and approved by all the authors, that all four criteria for authorship have been met by each author;
- A disclosure statement of financial or other relationships, intellectual passion, political or religious beliefs, and institutional affiliations that might lead to a conflict of interest;
- A copyright transfer statement signed by all authors; and
- Acknowledgement by the corresponding author that IRB or ERB approval and informed consent (and assent) have been obtained (with a copy of the IRB or ERB approval or exemption from approval), that clinical trial registry has been complied with (with a link to the clinical trial registry), that copies of permission to reproduce published material, to use illustrations or report information about identifiable people, to name people for their contributions have been secured (with copies of such permissions), and that all manuscript data is complete, valid and reliable.

2. Manuscripts must also contain:

- A Use of Artificial Intelligence Declaration stating whether artificial intelligence (AI-assisted technologies, such as Large Language Models [LLMs] chatbots, or image creators), were used in the production of the submitted work, identifying exactly what AI or LLM was used, and describing how it was used. If no AI or LLM was used, it should also be clearly stated;
- An appropriate Data Availability and Sharing Statement identifying the repository where deposited datasets are available, bearing a persistent identifier (Digital Object identifier or DOI; or accession number), and publicly available through at least a CC-BY-4.0 license;
- A declaration of previous Presentations in contests or conferences.

3. Manuscripts are neatly prepared in correct U.S. English using Microsoft Word, RTF or Word Perfect software on A4 format in Times New Roman font size 12, double spaced, with a 1 inch margin on all sides. If the MS Word "Track Changes" tool has been used in manuscript preparation, all changes in the document have been accepted and the "Track Changes" feature has been turned off before submission. Citations and references are typed manually (i.e., do NOT use automatic numbering or tools such as EndNote).

4. Manuscripts are correctly ordered as follows: (1) title page (2) abstract including keywords and laymanized version (3) text – introduction, methods, results, discussion (4) acknowledgements (5) references (6) tables (7) figure legends and (8) individual figures (each attached separately in .jpeg format). The pages of the manuscript are numbered consecutively, beginning with the title page as page one.

5. Submission Metadata matches elements from part (1) title, authors and affiliations, and (2) abstract and keywords – in Step 2 (Entering the Submission's Metadata) of the 5-step online submission process. Following this, Parts (1) to (7) have been fully uploaded under Step 3 (Upload Submission) portion. Each figure (8) has been uploaded separately as a supplementary file. The author statement forms have also been uploaded separately as supplementary files.

6. Instructions to Authors detailed in this section have been fully complied with.