

**J Rhinol** published three times per year in March, July, and November. The journal reports clinical and basic investigations and researches related to the field of 'Rhinology' and its allied sciences, publishing reviews, full-length original papers, and clinical case reports.

To submit a manuscript to the **J Rhinol**, 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 according to the following instructions. **J Rhinol** 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.

### **Table of Contents**

- Research and publication ethics
- Copyrights, Open access, and Clinical data sharing policy
- Submission and peer review processes
- Manuscript preparation
- Manuscript accepted for publication
- Article processing charges
- Feedback after publication
- Contact information

### **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 **J Rhinol**. All other persons who have made substantial contributions to the work reported in this manuscript (e.g., data collection, analysis, or writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions and affiliations in an Acknowledgment in the manuscript. Written permission to include the names of individuals in the Acknowledgment section must be obtained.

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 in writing to the editor in a letter or email from all authors. This letter must be signed by all authors of the paper. Copyright assignment must also be completed by every author.

Correction of authorship: **J Rhinol** 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.

Corresponding author(s): The corresponding author(s) is(are) the one individual(s) who take(s) primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author(s) should be available throughout the submission and peer review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication [<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>].

## **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, 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 copyrighted materials 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 **J Rhinol**. 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](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 con-

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 (<https://www.who.int/clinical-trials-registry-platform/network/primary-registries>) 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 Rhinologic Society**.

Upon acceptance of an article, authors will be asked to transfer the copyright for their content to the **Korean Rhinologic Society**. 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 J Rhinol 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 J Rhinol has been archived in National Library of Korea (<https://www.nl.go.kr/>) from the first volume, 1994. 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. J Rhinol provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in 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 J Rhinol 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 May 1 2020, manuscripts submitted to J Rhinol 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.ksrhino.or.kr/>). 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 ([rhino@ksrhino.or.kr](mailto:rhino@ksrhino.or.kr)).

**Author's checklist:** You will be provided the Author's checklist. 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 cor-

responding author must be submitted with the manuscript.

- English proof-reading: 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 (<http://www.ithenticate.com/>), 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 during a review 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 **"Accept without revision," "Acceptance with minor revision," "Major revision," and "Reject."** 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. 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 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 4 weeks 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.

If manuscripts from Editor-in-Chief or Associate Editors are submitted, it is also treated through same process with other manuscripts. However, those authors are not involved in the peer reviewer selection, review process, or final decision.

## 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 edi-

tor does not agree, the appeal will be discussed at a full editorial meeting. **J Rhinol** does not consider any second appeals and will reject any that are submitted regarding a manuscript.

## Manuscript preparation

### 1. General requirements

**Format:** Write submissions with characteristic double line-spacing on one side of single A4 sheets (210×297 mm) with a margin of 3 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 System International (SI) units with some exceptions such as seconds, mL, 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](https://www.nlm.nih.gov/services/research_report_guide.html)).

### 2. Publication type

**J Rhinol** publishes review articles, original articles, short communication, case reports, and letters to the editor.

### 3. Review articles

Review articles are submitted and published only at the invitation of the editorial board. 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, main text (introduction, text, and conclusion), acknowledgments, ORCID iDs, author contributions, references, tables, figure legends, and figures. There should be an unstructured abstract of no more than 300 words. Maximum length of the submitted manuscript is 4,500 words. The review articles are accepted after reviewers' review and editorial evaluation.

### 4. 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). A combined total of 7 tables and images is allowed; additional tables and figures may be provided as Supplementary Data.

**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 (50 characters or less including blank) should not be inclusive of declarative or interrogative sentences. And conflict of interest, financial support, and author contributions must be mentioned.

**Structured abstract & keywords:** The abstract should be concise, less than 300 words, and describe the subject of research concisely. Use the following subheads: Background and 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 five 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/>).

### **Main text**

Submitted texts should be organized with the manuscript divided into four main headings: Introduction, 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.

**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 preparations should be given along with their location (name of company, city and state, and country). Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance. 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.

### **Author contributions**

What authors have done for the study should be described in this section. To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, data curation), as well as at least one of the writing contributions (original draft preparation, review and editing). Authors may also satisfy the other remaining contributions; however, these alone will not qualify them for authorship. Contributions will be published with the final article, and they should accurately reflect contributions to the work. The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time. At the first submission, this information should be included in title page.

### **Examples of authors' contributions are as follows:**

**Conceptualization:** Ji-Hun Mo, Seung-Heon Shin. **Data curation:** Ki-Il Lee, Gwanghui Ryu, Shin Hyuk Yoo. **Formal analysis:** Ki-Il Lee. **Funding acquisition:** Yong Min Kim, Ji-Hun Mo, Seung-Heon Shin. **Investigation:** Ki-Il Lee, Gwanghui Ryu, Shin Hyuk Yoo. **Methodology:** Ki-Il Lee. **Project administration:** Ji-Hun Mo, Seung-Heon Shin. **Resources:** Ji-Hun Mo, Seung-Heon Shin. **Software:** Ki-Il Lee. **Supervision:** Yong Min Kim, Ji-Hun Mo, Seung-Heon Shin. **Validation:** Gwanghui Ryu, Shin Hyuk Yoo, Yong Min Kim, Ji-Hun Mo, Seung-Heon Shin. **Visualization:** Ki-Il Lee. **Writing—original draft:** Ki-Il Lee. **Writing—review & editing:** Ki-Il Lee, Ji-Hun Mo.

### **ORCID (Open Researcher and Contributor ID)**

Authors are recommended to provide an ORCID. To obtain an ORCID, authors should register in the ORCID website: <http://orcid.org>. Registration is free to every researcher in the world.

### **Funding Statement**

The information concerning sources of financial support should be included in this section. 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. At the first submission, this information should be included in title page.

### **References**

In the text itself, references should be cited with Arabic numerals in parentheses as [1], [1,4], or [5-8] 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 (except for preprint) 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] Jang TY, Kim YH. Effect of endonasal dilator on nasal airflow and sleep test index on sleep apnea patients. *J Rhinol* 2019;26(1):8-15.
  - [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;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: Livingston 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.

Tables 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: \*, †, ‡, §, ¶, \*\*, ††, ‡‡, etc. 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. There is no additional fee for color figures.

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 600 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.

### **5. Short communication**

A short communication, which is a brief article as a form of a letter, provides information about a selected significant analysis or discovery, without an extensive literature review. The maximum length of the submitted manuscript is 1,500 words (excluding the Abstract, References, and Figure/Table Legends). A combined total of 2 tables and images is allowed. Additional figures or tables may be placed in the article's Online Repository which is only for essential information such as expanded methods, additional tables or supplemental figures and should not be used as a data storehouse mechanism. A Short Communication begins with an unstructured abstract and the manuscript should consist of structured subdivisions including Introduction, Methods, Results, and Discussion.

### **6. Case report**

The case report does not follow the format mentioned above. Instead, write in the order of the abstract, introduction, case report, and discussion.

### **7. Letter to the editor**

Letter to the editor concerning recent publications in the J Rhinol will be published through review and approval when its scientific quality is acceptable and space in the J Rhinol is available. If having ideas or comments on current medical issue, authors can submit it in the form of a letter to the editor. A Letter to the Editor should be concise and no longer than 500 words (2 printed pages). It should have a title, distinct from the title of the referenced article, an unstructured main content, and a list of references. Only one graphic presentation or table would be accepted.

## **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 publication. 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 publication 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

J Rhinol 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 proofread 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 2 days, it may be necessary to reschedule the paper for a subsequent issue.

## Article processing charges

There is no submission fee to the publisher. But article processing charges are required for manuscripts that are considered for publication in J Rhinol. These fees cover some of the costs of publication as well as open access online editions in the journal [website](#).

## 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 J Rhinol 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

**\*Editor-in-Chief:** Se Hwan Hwang, MD, PhD

E-mail: [yellobird@catholic.ac.kr](mailto:yellobird@catholic.ac.kr)

**\*Editorial Office:** Korean Rhinologic Society

101 Hyundai ESA Apt., 20, Hyoryeong-ro 77-gil, Seocho-gu, Seoul, Republic of Korea

Tel: +82-2-3461-9945, Fax: +82-2-3461-9947