GENERAL INFORMATION

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

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Manuscripts to be considered for publication should be submitted online at www.cpcjournal.org. Manuscripts submitted for consideration must not have been previously published (except as an abstract), and must not be currently under consideration for publication elsewhere.

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

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

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

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MANUSCRIPT PREPARATION

SUBMISSION CATEGORIES

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

Clinical Reports: Case reports presenting new clinical information.

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

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

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

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

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

MANUSCRIPT FILES

Title Page

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

- Title (maximum 20 words) should be informative, relevant, and concise
- Author names with no more than three highest attained degrees, in the order that they will appear in print
- Academic rank or position, and institutional affiliation for each author
- Name, address, telephone number, fax number, and email address of the corresponding author, who will receive all editorial communication and reprint requests.
- If applicable, statement that manuscript was presented orally at a professional meeting, including the name, date, and location of the meeting.
- Credits and appropriate grant numbers if the study was supported by an agency.
- Running title (less than 8 words).
To ensure that the article is blinded, please do not include author names or affiliations, or any other identifying information in any portion of the manuscript other than this Title Page.

**Manuscript**

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

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

**Structured Abstract:**
*Objective*: State the main question or objective of the study and the major hypothesis tested, if any.
*Design*: Describe the design of the study indicating, as appropriate, use of randomization, blinding, criterion standards for diagnostic tests, temporal direction (retrospective or prospective), etc.
*Setting*: Indicate the study setting, including the level of clinical care (for example, primary or tertiary; private practice or institutional).
*Patients, Participants*: State selection procedures, entry criteria, and numbers of participants entering and finishing the study.
*Interventions*: Describe the essential features of any intervention, including the methods and duration of administration.
*Main Outcome Measure(s)*: The primary study outcome measures should be indicated as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, this fact should be clearly stated.
*Results*: Describe measurements that are not evident from the nature of the main results and indicate any blinding.
  If possible, the results should be accompanied by confidence intervals (most often the 95% interval) and the exact level of statistical significance. For comparative studies, confidence intervals should relate to the differences between groups. Absolute values should be indicated when risk changes or effect sizes are given.
*Conclusions*: State only those conclusions of the study that are directly supported by data, along with their clinical application (avoiding overgeneralization) and/or whether additional study is required before the information should be used in clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.
*Key Words*: A short list of the key words that reflects the article’s content.

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

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

**Units of Measure/Abbreviations**
The metric system is preferred for expressing units of measure. Abbreviations may be used for terms. The full term for each abbreviation should appear at its first use in the text, unless the abbreviation is a standard unit of measure. Abbreviations used in a table must be explained in a footnote below the table. For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814; http://www.councilscienceeditors.org/) or other standard sources.
The table below lists standard accepted abbreviations for typical cleft type classifications and study groups. Other abbreviations may be proposed for classifications and groups not listed.

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

TERMS THAT MAY BE ADDED TO THE ABBREVIATIONS ABOVE (IF APPROPRIATE):
- i: isolated
- I: incomplete
- U: unilateral
- B: bilateral
- SM: submucous

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**Acknowledgement**

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

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


**Two Author Article**

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

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

Two or more works by the same first author in the same year
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Citation: Dowden (1992)

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

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

Website
Citation: World Health Organization (2005)

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