



Ten Ways to Improve Getting a Scientific Manuscript Accepted

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Abstract

Background Scientific publication is the cornerstone to academic and private practice advancement in patient management and outcomes. Writing a manuscript requires a certain discipline and skill set that can be achieved with diligence and hard work.

Methods Anecdotal and review.

Results Several factors must be considered in scientific writing and journal manuscript submission and acceptance. Choosing where to submit the manuscript; understanding the instructions to authors; disclosing ethically; formatting correctly; never plagiarizing; supplying high quality appropriate images; creating meaningful tables; curating a pertinent but thorough bibliography; having valid, supported conclusions; and respecting timelines.

Conclusion A discussion of relevant components in manuscript writing and journal submission to improve your chances of acceptance.

Keywords Manuscripts · Writing · Publication components · Authorship · Quality

Introduction

Scientific writing is a unique form of information dissemination, different from lectures, textbooks, general literature and one-on-one teaching sessions. The goal of most medical publications is to improve patient care with better outcomes. Still, writing academic manuscripts does not come naturally to most clinicians and the often convoluted labyrinth of requirements must be successfully navigated to generate such a work. There are innumerable resources available to aid the writer, but at times so overwhelming as to defeat the purpose. It is the goal of this work, as part of the ongoing series “Beyond the Scope”, to suggest several key considerations that achieve successful scientific publication.

Materials and Methods

Anecdotal evidence from my personal experience as an author of more than 400 publications over the past 30 years (<https://www.ncbi.nlm.nih.gov/myncbi/1rKqDv6Kvxukq/bibliography/public/>), additional work performed as a reviewer for many journals, personal review of more than 3765 manuscripts submitted to Head and Neck Pathology while serving as co-editor, and working as a content and scientific editor with the World Health Organization (<https://tumourclassification.iarc.who.int/>) and International Collaboration on Cancer Reporting (www.iccr-cancer.org), has been incorporated into formulating this commentary. Review of pertinent literature was undertaken along with selected websites to augment the information provided herein. There was no formal search criteria, but a web- and PubMed-based search was employed to obtain key references. No institutional review board was required as this is not a clinical evaluation with treatment goals in mind. As such, no private health information is disclosed. The photographs of faces are reproduced with the written permission of the depicted.

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Key Considerations

Choose Where to Submit Your Manuscript

Publication of your unique research represents the culmination of scientific activity [1], with many factors going into the decision of where to submit your findings. It goes without saying that reviewing publications on the topic of your research prior to embarking on it should reveal the journal known to have published the most manuscripts on the topic previously or those closest to your work. Considerations about where to publish include: the scope of the journal, journal audience, reputation, speed of publication, cost of publication, reviewer integrity, quality of the final product, type and breadth of manuscript dissemination, and impact on the discipline through readership and citation, among others [2]. There are often conflicting goals between authors at different stages in their academic careers, requiring determination of which objectives are more important: (i) maximizing citations; (ii) minimizing time-to-decision; and (iii) minimizing the number of resubmissions for reviewer suggestions or journal formatting issues [3]. It is important to verify the indexing of the journal in key databases, such as PubMed, Scopus/Scimago (quartiles), and Journal Citation Reports (impact factor) [4], as the ability to search for your publication contributes meaningfully to its usefulness in clinical practice and other researchers' ability to use it or reference it. The type of scientific paper (original research, case-control study, clinical trial, case report, technical paper, review article, editorial, etc.) submitted also influences the journal selection [5]. Examine the listed editorial board members to make certain an appropriate review can be achieved: not just scientific experts on the topic, but also technology, ancillary techniques, collaborating fields of discipline, statistics, and even language editors who can accurately and comprehensively evaluate your submission [6]. If there remains a question, a call, letter, email or even text to the journal itself to find helpful advice on suitability of the manuscript can often be rewarding. Many times authors will receive unsolicited invitations to submit their research to a journal, often multiple times a year, and frequently sent from potentially predatory journals [7] that charge fees to publish, do not utilize peer review, are rarely indexed by publication databases, do not actually disseminate scientific knowledge, and may not publish in a timely manner [8]. As such, consider a simple search of Beall's online blog of such potentially predatory open-access publishers and journals (<https://beallslist.net/>; accessed December 2023), and decide accordingly.

Finally, most editors in the medical field are unpaid and the work is part of the wider culture of service [9, 10],

and therefore, show respect to the editor, editorial board, and technical assistants and affiliated staff. Inflammatory and derogatory comments are likely held in long-term memory and shared with other editors or as part of corporate knowledge disseminated through "back channels". A few examples I have experienced over the decades: "How did **YOU** become editor of this journal?"; "My resident/postdoc is not going to get a job because of you;" "I'm not going to make tenure because of this;" "I'll never publish in your journal again" (how true!); "I'm the endowed chair at a prestigious university with more than 200 papers. You must publish this one;" and my favorite: "Without this publication, patients will die." Humor aside, professionalism is always the best long-term course.

Read and Understand Instructions to Authors

After deciding on the journal, you would think that following the guidelines is a given, but a surprisingly few actually review the guidelines prior to submission, shocked when the manuscript is technically rejected [11]. Even though the listed requirements may be voluminous, following them removes technical reasons for a rejection and allows the staff, editors and reviewers to focus on the scientific merit and content. This cannot be overemphasized. Often journal submissions are rejected due to these issues prior to the work being read. This unnecessarily delays the time to publication. Additionally, as a reviewer, a manuscript in the incorrect format with spelling errors or other errors often leads to a rejection of the work even if the underlying idea is superb. Suffice it to say, the manuscript should be written in polished, fluent, grammatically correct and concise scientific English: English editing is not the journal's responsibility. One interesting way to improve your technical and scientific writing is to rewrite already published scientific papers in your discipline, learning how you improved the publication [12]. There are several online resources to aid publication (such as Goodreports.org) [13], recognizing if the resources are accessed early in the writing and research process rather than at the time of submission, they may prove more helpful. Scientific quality is the most important consideration, but clear and concise writing often makes the difference between acceptance and rejection [1]. Finally, keep the journal apprised of any changes: your move between institutions is not known to the journal: keep your contact information current!

Disclose Ethically

Every journal has ethical guidelines and expect the authors, especially the corresponding author who does the submitting, to adhere to these principles [14]. Competing interests include financial, academic, idealistic, and personal [15],

with disclosure of any potential conflict considered an ethical imperative. As such, obtaining ethical approval should be a moral reflex for researchers, with Institutional Review Board (IRB) approval necessary for any research involving human or animal participants [16, 17]. Nobody is deterred by a commercial relationship to industry, but if it is not disclosed, then ethical questions or research integrity concerns will arise.

Authorship integrity is one of the most significant, where authorship should be determined through meaningful contribution based on research, study design, data acquisition and analysis and/or interpretation of the findings, drafting and revising the manuscript, and final consent for publication, with everyone else included in the Acknowledgements. These principles are included in the Guide for authors and the recommendations of the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org>) [18–21].

Additional guidelines are available for authorship when multidisciplinary and multinational consortia, groups, or societies are involved in research projects both in resource-poor and resource-rich countries [22]. Ghostwriting occurs when someone makes substantial contributions to a manuscript without attribution or disclosure and is unethical [4]. It is different from professional medical writers, who help non-native English speakers or those with inexperience in medical writing [21].

Ethically disclose your research's level of evidence, based on prognostic factors in the National Health and Medical Research Council (NHMRC) levels of evidence [23], avoiding any temptation to upgrade. Levels of evidence range from single case reports, through systematic reviews, to properly-designed randomized controlled clinical trials, to meta-analyses of relevant randomized controlled trials. Ensure methodological accuracy with specifically stated inclusion and exclusion criteria, study period, variables, outcome measures, evaluation tools, length of follow-up and participant number. Further, provide power analysis (use online power analysis calculators, such as <https://clincalc.com/stats/samplesize.aspx> or <https://powerandsamplesize.com/>) based on participant numbers so that differences are real and not underpowered [17].

Format the Manuscript Correctly

Would you believe correct formatting actually costs time and money—real money, with an estimate of US\$477.00 per manuscript or US\$1,908 per person per year [24], based on a median formatting time of 14 hours per manuscript! So, do it correctly up front, once, saving you time while not wasting public funds [25]. While it would be nice for all journals to

agree to one format [26], this is not going to happen in our academic lifetime [27].

There are many different approaches to writing, but the International Committee of Medical Journal Editors has published a general guide [28], which aids significantly in creating and processing scientific manuscripts. The actual order of how you write makes a world of difference, writing the parts that are easiest first: write the *Materials & Methods* section first (what you did) followed by the *Results* (what you found). These sections focus on the study itself without interpretation or integration with previous studies. Then compose the *Introduction* (why you did the study), citing pertinent literature that supports the need for the study [17], limiting information to context and background of why your study was undertaken. Next, write the *Discussion* (what it means), integrating previous referenced knowledge with new insights from your results. Try to avoid using abbreviations you created or using uncommon acronyms: they are not easy to remember and often difficult to read or follow [29]. The penultimate task is writing a concise (up to 150 words), structured *Abstract* based on the four main parts of the manuscript, obviously excluding references [26]. Finally, develop an appropriate *Title* [30]. A well-chosen title attracts readers, is relative to article type, and conveys informative and specific findings in about 100 characters (spaces included!): be short and to the point using keywords other authors have used [26]. Be informative, accurate, attractive (sometimes using clever word play if that matches the article type), concise, clear and specific [4], recognizing many assume a poor title equivalent to a poor manuscript [31]. With the explosion of literature and journals in the last decade, most readers will hurry through a journal looking for titles that interest them and skip others, in spite of their quality.

Additional components include selected keywords (sometimes also short phrases), used by search engines to hone in on the key elements of your manuscript. Put your abstract into the Medical Subject Headings (MeSH, National Library of Medicine: <https://meshb.nlm.nih.gov/MeSHonDemand>) and search for keywords. If other articles pulled don't match references you are including, then rework the abstract until several articles are found, using the keywords up to the limits prescribed in the instructions to authors.

The Acknowledgements section includes specifics around funding, sponsorship or support and clearly identifying the sources. Thanks to people who are not authors and why they are not an author, should be stated, along with previous presentation/inclusion in society proceedings, platforms, presentations or abstracts.

Statistical analyses are one of the components of the Materials and Methods, and must be included, specifically including software employed along with versions or release numbers. Online calculators should be cited if used. The

A

INTRODUCTION: Oral-facial-digital syndrome (OFD) is the collective name of a group of rare inherited syndromes characterized by malformations of the face, oral cavity, hands and feet.¹ Mohr is credited with the first description of patients with oral-facial-digital syndrome.² Although a case of apparent Mohr syndrome appears in the older literature (Case 460 of *Otto monstorum sexcentorum descriptio anatomica*, 1841; Beckwith personal communication). Gorlin and Psaume published the first English report of the disorder with a detailed description.³

Socialstyrelsen

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Oral-facial-digital syndrome I and II

Contact
The Swedish Information Centre for Rare Diseases

See also
Oral-facial-digital syndrome I and II in Swedish
Rare diseases in Swedish

The disease Print

Oral-facial-digital (OFD) syndrome is the collective name of a group of rare inherited syndromes characterised by malformations of the mouth, face, hands and feet. The Norwegian geneticist Otto J Mohr published the first case report describing this combination of symptoms in 1941 and the condition became known as Mohr syndrome (now known as OFD II). In 1954, the French dentists Jean Psaume and Éline Papillon-Léage described another OFD syndrome, now known as OFD I (Papillon-Léage-Psaume syndrome).

B

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Calcifying epithelial odontogenic tumor

From Wikipedia, the free encyclopedia

The **calcifying epithelial odontogenic tumor**, also known as a **Pindborg tumor** or **CEOT**, is an odontogenic tumor first recognized by the Dutch pathologist **Jens Jørgen Pindborg** in 1955.^[1] It was previously described as an *adenoid adamantoblastoma*, *unusual ameloblastoma* and a *cystic odontoma*.^[1] Like other odontogenic neoplasms, it is thought to arise from the epithelial element of the enamel origin.^[1]

Introduction:

The calcifying epithelial odontogenic tumor, also known as a Pindborg tumor or CEOT, is an odontogenic tumor first recognized by the Dutch pathologist Jens Jørgen Pindborg in 1955 [1]. It was previously described as an adenoid adamantoblastoma, unusual ameloblastoma and a cystic odontoma [1]. Like other odontogenic neoplasms, it is thought to arise from the epithelial element of the enamel origin [1].

Fig. 1 **A** The top part of the illustration demonstrates the submitted text in the manuscript, while right below is the website where the exact information was copied from verbatim without attribution. **B** In this example of plagiarism the Wikipedia was actually incorrect stating Pindborg was a **Dutch** pathologist, when in fact he was **Danish**. As you can see, even though attribution was given to the website, the data were incorrect and shows a lack of understanding of the subject matter by the authors

number of decimal places to be reported for common statistics (i.e., mean, median, standard deviation, etc.) should not exceed that of the precision of the measurement in the raw data [29, 32–34]. Further, make sure that all data are in this format. Once citing 0.001 when only 2 decimal places is correct, shows a lack of attention to detail and calls into question all other data elements. This is especially true for percentages: if a denominator is less than 100, it is unnecessary to report any digits after the decimal point; when the denominator is less than 20, it is better not to report percentages at all [35]. Especially for main outcome variables, report 95% confidence intervals (CI); p values should be presented when hypotheses are being tested [32]. Specific units of measurement must be including, with a bias to international system of units (SI) [36]. Use the correct and current gene nomenclature [37] and standardized terminology for syndromes or inherited disorders (examples include: <https://www.omim.org/>; <https://www.genenames.org/>; <https://varnomen.hgvs.org/bg-material/refseq/>; <https://variantvalidator.org/service/gene2trans/>; <https://variantvalidator.org/>). Specific suggestions about figures and figure legends, tables, and references are discussed in greater detail below, recognizing that supplementary materials and a cover letter are important components that accompany the manuscript.

It is customary to suggest reviewers, since as an author you should be extremely aware of those working on similar topics in your discipline. Select potential reviewers who are the leaders in the field, authors who have written on the topic previously, or individuals you believe will be the most impartial and scientifically critical of the manuscript so as to improve it the most meaningfully.

Do Not Plagiarize

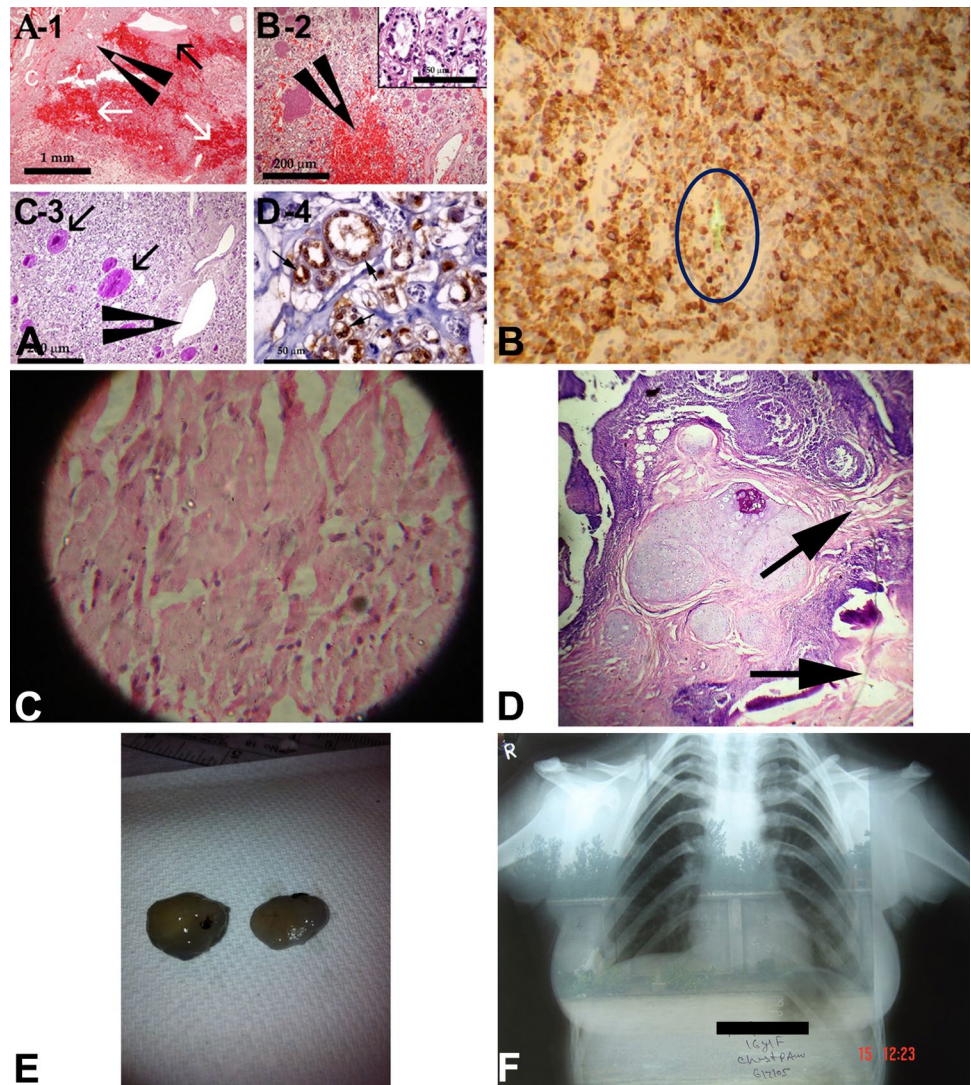
While it should go without saying that authorship integrity is essential [38], alas, it has to be stated. Corrections, retractions, and resources expended on policing expands yearly with the many forms of plagiarism spoiling scientific integrity [38]. Plagiarism consists of the adoption of ideas, procedures, results or words of others without granting the correct credit (Federal Office of Science and Technology Policy, 1999). This includes quoting your own works in a repetitive manner [39]. Do not “cut and paste” into your manuscript anything from the published literature that you find on the internet (Fig. 1), at all: ever! It may be useful to use an

on-line plagiarism-checker just to be certain before submission (e.g.: <https://www.grammarly.com/plagiarism-checker/>; <https://www.scribbr.com/plagiarism-checker/>; <https://www.quetext.com/plagiarism-checker/>), although sign-up, subscription models, and limitations of how many words you can check, are potential limitations. Submitted manuscripts are routinely searched for copied text as it is easy to detect [29], with iThenticate one of the most widely used to assure there are not duplicate submissions and/or significant self-plagiarism in original research [39]. If you are wondering whether an idea is close to plagiarism, ask a colleague to look at it. Better safe than sorry. The discussion may lead to a fruitful exchange that enhances the manuscript.

Supply High-Quality Appropriate Images

One of the most effective ways of conveying information is through images, graphics, videos and even audio files. Humans can digest information graphically 60,000 times faster than in the form of text (<https://www.vanguard86.com/blog/why-are-visuals-so-important>; published 02MAY2019, accessed December, 2023), and so the adage of “a picture tells a thousand words” certainly applies in the discipline of pathology. Each figure should convey as much information as possible. In general, between four and six is a good number, as too many or too many parts are just too difficult to understand [26]. Figures should include labels and arrows/arrowheads to accent specific features, taking care not to include so many that it overwhelms the photo and never use the in-microscope arrow (Fig. 2). Again, it cannot be stated enough to check the instructions for authors and make sure the pictures and legends conform to those guidelines. Clean the slide to remove dirt, glue, or hair that may be on it (Fig. 2). The image should be in focus, without a penumbra, correctly white balanced, and clearly illustrate the feature(s). Hand-written legends are not acceptable. A declarative, summary caption should yield the “take-home message” of that figure and support the results and conclusions of the paper [30], with orientation (body site, side, technique, stain, study, etc.) about image specifics [17]. Submitting images at the correct number of pixels per inch (cm) and at the correct output size makes a significant difference in the quality of the image (Fig. 3). With an output size of 5 × 4 inches, 300 pixels per inch, and four bits per pixel representing 16 possible colors would result in the following: An image width 1500, height 1200 pixels, and color depth 16 bits = 1500 × 1200 × 16 = 28,800,000 bits; 28,800,000/8 = 3,600,000 bytes; 3,600,000 bytes/1000 = 3600 kilobytes or 3.6 MB (megabytes), the approximate size guide to use for such an image if correctly taken.

Fig. 2 There are several issues about image errors illustrated in this composite image. **A)** There are way too many arrows, scale bars, and letters used in this image. **B)** A green arrow from the microscope has been left on (blue circle) and is not pointing at anything of note. **C)** Taken with a cell phone lens, there is black penumbra surrounding the image, and there are pieces of dirt on the glass slide and glue causing refraction. **D)** The image is out of focus, and a piece of hair (black arrows) is on the surface of the histology glass slide. **E)** This gross image lacks any scale, lacks white balance, and has no contrast to suggest what is actually being illustrated. **F)** A chest X-ray was held up against a window and photographed, resulting in the buildings and ground outside being included in the image. Worse yet, the patient's information and demographics were left on the image violating health privacy



Create Meaningful Tables

Tables give the opportunity to concisely convey a lot of data in a clear manner. Generally, material found within the paper would not be repeated in a table and be self-explanatory and stand-alone [4]. Columns and rows should be clearly identified with data grouped in a meaningful and logical fashion. When statistics are included, numbers, mean, median, standard deviation, and 95% confidence intervals should be expressed following standard statistical significance guidelines [40]. Importantly, all mathematical results must be consistent throughout the paper and the tables (columns and rows), confirming all percentages add up to 100 and that percentages are correct and appropriately reported to the correct significant figure(s). Any abbreviations must be included in a legend below the table [17, 41]. Needless to say, there are many different ways of presenting data, each with a bias towards how effectively the data are conveyed

(see Table 1) [42]. As illustrated, certain modes have an overall different effect than others, and selecting how your data are presented based on these principles enhances your effectiveness (Fig. 4). Finally, in some instances, supplementary material may be included, recognizing that such data may be accessed electronically/online only [26].

Curate a Pertinent but Thorough Bibliography

Although an often forgotten step, it is most important to read the main papers that have been previously published on the subject prior to embarking on the research so new data can be obtained for previously unanswered questions [41]. These articles provide the initial basis for a pertinent, selective, but still complete bibliography to support statements, previous findings, or differences in results. Cite the original research manuscript when appropriate, include initial or landmark articles to give context using manuscripts easily found by the

Fig. 3 The same image is shown at four different resolutions, all at the same output size of 2.5×2 inches. **A** 50 pixels per inch; **B** 72 pixels per inch; **C** 150 pixels per inch; and **D** 300 pixels per inch (the latter is the required standard for print-quality images)



reader, and then include all manuscripts that were read and influenced your study, along with those providing discussion material [14, 17]. If you are reporting a new finding regarding a topic that has a lot of research (i.e., a new molecular finding in oral dysplasia), citing a comprehensive recent review article rather than dozens of individual papers may be more helpful to the reader. Generally, references are numbered based on citation order [26], avoiding using an overwhelming number at the end of a sentence, especially when in support of only a minor or obvious point [29]. If multiple citations fit at the end of a thought consider using some of them elsewhere. There are several freely and commercially available programs (i.e., EndNote, Zotero, or Mendeley) that facilitate the citations process and the generation of the bibliography, including the means for multiple different citation output styles. These programs help organize, store, download—and most importantly—format the references to the style requirements of the journal [4].

Have Valid Supported Conclusions

One of the most important considerations for manuscript acceptance is that the study conclusions are justified, while other factors included accurate statistical analysis, if the findings would change practice, and if the manuscript was understandable and well written [43]. It is important to not draw too many conclusions: focus on a few selected major issues for which your data/findings can succinctly and concisely

be shown to be meaningful, especially as it relates to clinical impact or change [17]. Do not repeat material already contained in the other sections of the manuscript, although a focused repetition of pertinent findings is helpful. Compare your results with those in the literature, and explain why they are similar or different: no more, no less [17]. As you read through the document, if a sentence doesn't add anything, delete it [41]. Importantly, list limitations of the study, set within the context of strengths, maintaining transparency, integrity, and honesty, so others could easily replicate your findings [4], supporting the credibility of the science, particularly significant when research is supported by public resources [44]. As suggested above, consider sharing a draft with a colleague to read through and critique. Often ideas and trains of logic that “make sense in our heads” are not readily understandable to others and need to be reworked.

Expect Timelines to be Followed

It is most important to respect and expect an impartial peer review. This is an opportunity to have fresh eyes review the findings, noting any errors, inconsistencies, ambiguities, or areas that need further elaboration, including making sure human/animal subjects are protected [45, 46]. If the reviewers have done a thorough and good job, expect recommendations and suggestions for minor and/or major revisions. Reviewers and editors want to see consequential science added to the discipline. As such, significant changes may

Table 1 Sample of an informative, self-explanatory table

Characteristics of various data presentation modes	Text/Numbers	Table	Graph	Infographic*	Image	Video (motion images)	Audio (sound/music)
Content	👍👍👍	👍👍👍👍	👍👍	👍👍👍👍	👍	👍👍👍	👍
Precision	👍👍👍👍	👍👍👍	👍👍	👍👍	👍👍	👍	👍
Simplicity	👍👍	👍👍	👍👍👍👍	👍👍	👍👍👍👍	👍	👍
Clarity (understandability)	👍👍👍👍	👍👍👍	👍👍👍	👍👍👍👍	👍👍	👍	👍
Impact	👍	👍👍	👍👍👍👍	👍👍👍👍	👍👍👍	👍👍👍👍	👍👍
Interest	👍	👍👍	👍👍	👍👍👍👍	👍👍	👍👍👍👍	👍👍👍👍

*An infographic uses pictures or icons relating to the main topic to visualize the data
 Modified from Rosenfeld et al. [42]

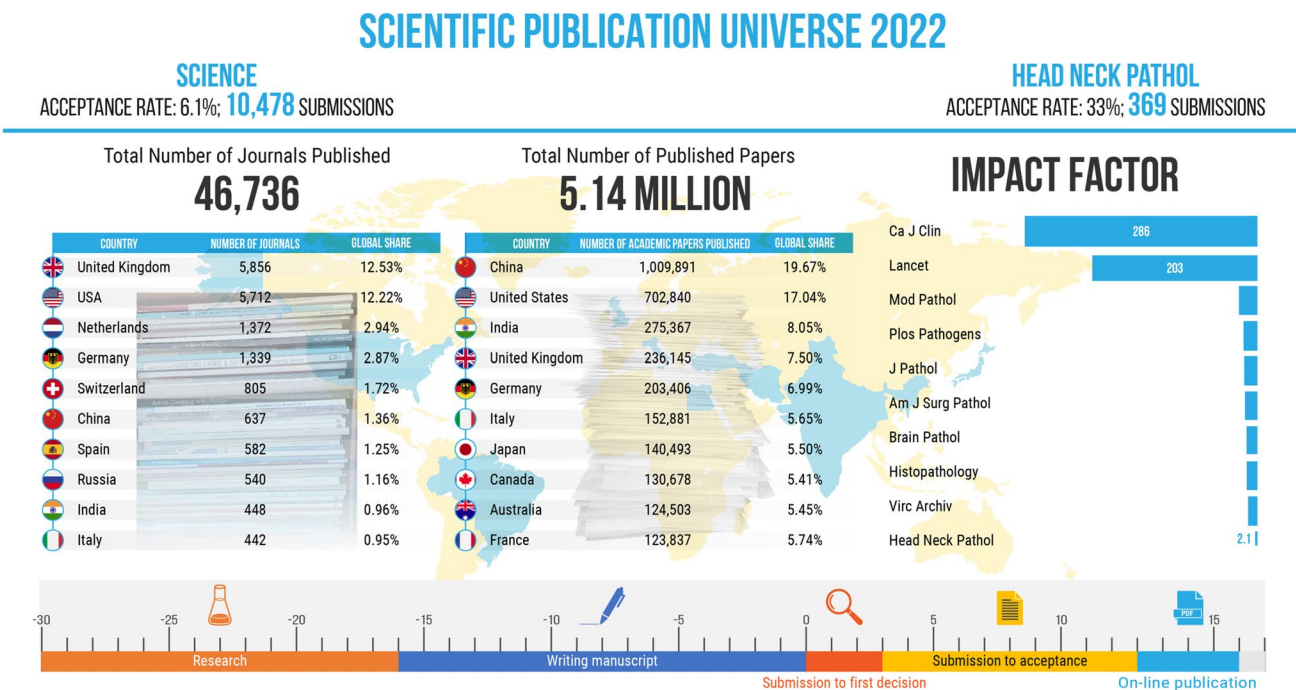


Fig. 4 An infographic of the scientific publication field in 2022, with specifics for Head and Neck Pathology (Head Neck Pathol) journal

be required to achieve this goal. Even though you may be a content expert, you may not be an expert in writing for publication [45]. Use the resubmission to improve, hone and polish the manuscript using the constructive criticism from the editors, reviewers, and even supporting staff [47], and most significantly, to complete the process in the requested timeframe. Success comes with effort, repetition, and commitment [1], responding to and addressing each query or comment [4] in a thoughtful and complete point-by-point

manner. One of the best opportunities to improve your own writing comes from being a reviewer and/or an editorial board member, exposing you to new findings in your discipline and developing your own critical thinking skills as you see what other reviewers thought of the same work [1]. You can expect confidentiality and scientific integrity by those reviewing your paper with protection from predatory reviewers who try to steal data and publish their findings before you [48, 49]. Rejection is inevitable, with some journals

reporting rejection rates of > 90% [50]. After the initial shock or anger, take the critiques to improve the manuscript, and submit to a different journal with a different scope, different readership, or different expertise [51]. Once accepted, keep current with contact information, review and correction of galley proofs, and any copywrite transfer, open-access agreements, or payments that may be required. Then, enjoy the fruits of your labor upon publication, widely sharing your findings through active social media dissemination or other content channels.

Conclusions

Scientific manuscript creation is just as much an art as a science. Avail yourself of all possible resources prior to embarking on the research and writing. Read your final work as a neutral third party, reviewing the images and tables critically. Practice and repetition will improve your scientific writing and result in acceptance of significant scientific findings as journal publications.

Author Contributions LDRT is the sole author.

Funding None.

Data Availability Not applicable.

Code Availability Not applicable.

Declarations

Competing interests The author declares no competing interests.

Ethical Approval No human participants were included in this invited review, but all materials were treated in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Consent to Participate Not applicable.

Consent for Publication Peter M. Sadow, M.D., Ph.D., Brenda L Nelson, D.D.S., M.S., and Lester D. R. Thompson, M.D., editors of *Head and Neck Pathology Journal* gave written consent for their likeness' to be published.

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