ACFS ARCHIVES OF CRANIOFACIAL SURGERY
Arch Craniofac Surg Vol.23 No.2, 51-52
https://doi.org/10.7181/acfs.2022.00122

Editorial

Asian Pacific Craniofacial Association and *Archives of Craniofacial Surgery*

Mark Moore

Head of Unit, Cleft and Craniofacial South Australia (formerly Australian Craniofacial Unit), Women's and Children's Hospital, Adelaide, Australia

More than 25 years ago, Asian Pacific Craniofacial Association (APCA) was founded by 20 surgeons from seven countries with the aim of furnishing leadership and fostering advances in craniofacial surgery in our region. As one of those founding members of APCA, it has been exciting and inspiring to contribute to and observe the growth and development of our specialty in the intervening years. The recent agreement between APCA and the journal *Archives of Craniofacial Surgery* (ACFS) is a natural and necessary progression which affords us an official journal that provides a forum in which to publish and showcase the knowledge and excellence evolving in the multidisciplinary management of craniofacial deformities within the Asian Pacific region.

At the inception of APCA, the techniques of craniofacial surgery were already largely defined through the pioneering work of Paul Tessier and the first generation of craniofacial surgeons principally based in North America and Europe. Only in Taiwan, Japan, and Australia, where teams, led respectively by Dr. Yu Ray Chen, Dr. Kitaro Ohmori, and Dr. David David were in place, was the emerging specialty of craniofacial surgery being successfully practiced. The availability of similarly established multidisciplinary teams subsequently followed in the larger more affluent nations of East Asia. With the increasing availability and affordability of sophisticated healthcare delivery across our region, we now have well-regarded multidisciplinary craniofacial clinics functioning in most of the larger nations. This has been in no small part facilitated by the more experienced teams actively teaching and training across the region over the last few decades. Even during the coronavirus disease 2019 (COVID-19) pandemic this has been possible via online teaching and webinars, so that despite the global restrictions imposed on us all, skills transfer has been ongoing, and in some circumstances accelerated.

The Asian Pacific region demonstrates a number of special features relating to the fields of cleft and craniofacial deformity—including high numbers of cleft lip and palate, a special predilection for fronto-ethmoidal meningoencephalocele, and others. The large population of East Asia over the last few decades has shown significant upward movement on the socioeconomic ladder, with improving access to and demand for higher-quality healthcare. Similarly, our research institutions have shown an increasing interest in both clinical and basic science studies relating to craniofacial growth and development, genetics, bone biology, and clinical outcome audits. The opportunity for multicenter collaborative studies, involving both high-income countries and low and middle-income countries as equal partners, is an increasingly attractive proposition if we are to better understand these conditions and advance our management of these clinical challenges. The era of big data and artificial intelligence is already with us, and applying these tools should accelerate our understanding of cleft and craniofacial disorders, and we can utilize ACFS to rapidly report advances in this domain. The longstanding craniofacial centers in high-income countries have an obligation to audit and report the long-term outcomes of these complex conditions if the next generation is to avoid repeating the same mistakes. This is an

Correspondence: Mark Moore
Cleft and Craniofacial South Australia, Women's and Children's Hospital, 72 King William Road, North Adelaide, South Australia 5006, Australia
E-mail: mark.moore@sa.gov.au

How to cite this article:
Moore M. Asian Pacific Craniofacial Association and Archives of Craniofacial Surgery. Arch Craniofac Surg 2022;23(2):51-52. https://doi.org/10.7181/acfs.2022.00122

Received March 22, 2022 / Revised March 22, 2022 / Accepted April 4, 2022

Copyright © 2022 Korean Cleft Palate-Craniofacial Association
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

www.e-acfs.org
pISSN 2287-1152
eISSN 2287-5603

essential step forward if we are to more efficiently deliver health care and reduce the burden of care for children with cleft and craniofacial deformities and their families.

Whilst it is clear that analysis of large clinical datasets is essential if we are to make progress in our multicenter outcome studies for complex craniofacial conditions, surgeons will also continue to modify and evolve their techniques, incorporating new technologies wherever possible. In the craniofacial arena, endoscopic-assisted surgery has sought to find a place in infant craniosynostosis surgery incorporating other helmet technologies. Only by careful study and comparison with established reports from the previous generation's surgical activity can we truly confirm whether these advances have real advantages, or merely shift the burden of care elsewhere in the multidisciplinary treatment pathway. Similarly, the wider usage of fat grafting in the face for established craniofacial deformities is assuming an increasing role and requires careful study as to its short- and long-term efficacy for either total or facade correction, with consequent modification of existing protocols.

The combination in our region of a large clinical caseload and increasingly active, highly trained multidisciplinary teams who are looking to report their outcomes with scientific rigor makes this partnership between APCA and ACFS an ideal outcome for the further evolution of our specialty in our region.

NOTES

Conflict of interest

No potential conflict of interest relevant to this article was reported.

ORCID

Mark Moore https://orcid.org/0000-0003-2136-0315