

## ***SCOPE***

*Dentistry 3000* publishes papers of excellence, wide interest, and broad significance in all aspects of dentistry. The emphasis of the journal is on full research papers of any length required for concise presentation and discussion of the data. Succinct and carefully prepared papers are favored in terms of impact as well as readability.

Areas of interest include the molecular basis of human oral and craniofacial disease, craniofacial development, craniofacial regeneration, technology development, translational dental research, the impact of oral health on overall health, and epidemiological studies.

Genetic association studies are also of interest. These studies should include power calculations and replication data sets. Associations to diseases or quantitative traits should be reported in conjunction with experiments that explore the biological mechanisms underlying such associations. Convincing non-replications of associations with strong prior evidence of validity are also of interest.

## ***INSTRUCTIONS FOR AUTHORS***

### **Guidelines for Acceptable Papers**

*Dentistry 3000* is designed specifically as a medium for primary, scientific research. As such, it is not suitable for the publication of reviews, mini-reviews, opinion pieces, hypothesis papers, commentaries, essays or other items of secondary literature.

Individual case reports may be considered if they are highly original and may make an important contribution or provide new insight. Also, papers describing the results of studies involving only one individual (i.e., n-of-1 studies) can be considered for publication in *Dentistry 3000* if evidence is provided that the paper describes the results of a preplanned research project, rather than a description of the clinical care received by an individual patient.

### **Reporting Clinical Trials**

We follow the WHO definition of a clinical trial (<http://www.who.int/ictrp/en/>)

"A clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioral treatments, process-of-care changes, preventive care, etc."

*Dentistry 3000* supports the position of the International Committee of Medical Journal Editors (ICMJE) on trial registration. All trials initiated after July 1, 2005 must be

registered prospectively in a publicly accessible registry (i.e., before patient recruitment has begun), or they will not be considered for publication. For trials initiated before July 1, 2005, all trials must be registered before submission to our journal. The WHO's list of approved registries is listed here:

<http://www.who.int/ictrp/network/primary/en/index.html>.

Authors of trials must adhere to the CONSORT reporting guidelines appropriate to their trial design. Please check the CONSORT statement website (<http://www.consort-statement.org/>) for information on the appropriate guidelines for specific trial types. Before the paper can enter peer review authors must: 1) name in the paper trial registry, trial registration number, and IRB and 2) provide a copy of the trial protocol and a completed CONSORT checklist as supporting files (these documents will also be published alongside the paper, if accepted). The CONSORT flow diagram must be included as Figure 1. Any deviation from the trial protocol must be explained in the paper. Authors must explicitly discuss informed consent in their paper, and submit a copy of the patient consent form. Information on statistical methods or participants beyond what is indicated in the CONSORT statement should be reported in the Methods section. The CONSORT checklist can be downloaded from:

<http://mc.manuscriptcentral.com/societyimages/jdr/CONSORT+2010+checklist%5b1%5d.doc>

*Dentistry 3000* supports the public disclosure of all clinical trial results, as mandated for example by the FDA Amendments Act, 2007. Prior disclosure of results on a public website, such as [clinicaltrials.gov](http://clinicaltrials.gov), will not affect the decision to peer review or accept papers at *Dentistry 3000*.

### **Systematic Reviews and Meta-Analyses**

Systematic reviews are considered for publication in *Dentistry 3000*, but are limited to areas where appropriate standards for conduct and reporting apply, and where the methods ensure the utmost rigor in the comprehensive and unbiased sampling of existing literature. As defined by the Cochrane Centre (<http://ukcc.cochrane.org/>), this kind of manuscript is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyze and summarize the results of the included studies.

Please see PRISMA (<http://www.prisma-statement.org/>) when planning to submit such articles. PRISMA stands for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. The aim of the PRISMA Statement is to help authors improve the reporting of systematic reviews and meta-analyses. PRISMA has focused on randomized trials, but PRISMA can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions.

The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. It is an evolving document that is subject to change periodically as new evidence emerges.

In fact, the PRISMA Statement is an update and expansion of the now-out dated QUOROM Statement. The website above contains the current definitive version of the PRISMA Statement.

Authors must also state within the Methods section of their paper whether a protocol exists for their systematic review, and if so, provide a copy of the protocol as supporting information. The journal supports the prospective registration of systematic reviews. Authors whose systematic review was prospectively registered (e.g. in a registry such as [PROSPERO](#)) should also provide the registry number in their abstract. Registry details and protocols will be made available to editors and reviewers, and included alongside the paper for readers if the report is ultimately published.

## **Other Studies**

### *Reporting Diagnostic Studies*

Reports of studies of diagnostic accuracy should conform to the STARD requirements: <http://www.stard-statement.org/>.

### *Reporting Epidemiological Studies*

Authors of human observations studies in epidemiology are advised to follow the STROBE guidelines. The STROBE checklists can be found here: <http://www.strobe-statement.org/index.php?id=available-checklists>

### *Reporting Microarray Experiments*

Reports of microarray experiments should conform to the MIAME guidelines: <http://www.mged.org/Workgroups/MIAME/miame.html>. The data from the experiments must be deposited in a publicly accessible database.

### *Reporting Animal Research*

Manuscripts reporting animal research should follow the Animal Research: Reporting In Vivo Experiments (ARRIVE) guidelines. The ARRIVE guidelines can be found here: <http://www.nc3rs.org.uk/downloaddoc.asp?id=1206&page=1357&skin=0>.

## **Ethics**

### **Ethical Treatment of Animals**

For studies involving animals, all work must have been conducted according to relevant national and international guidelines. Approval must have been obtained for all protocols from the author's institutional or other relevant ethics committee and the institution name and permit numbers provided at submission (see example). For research involving non-human primates, all studies must be performed in accordance with the recommendations of the Weatherall report, "The use of non-human primates in research" (<http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC003440>).

If unregulated animals are used or ethics approval is not required by a specific committee, the article should include a clear statement of this and the reasons why ethical approval is

not required. A statement should also be provided confirming that all efforts were made to ameliorate suffering of animals (and details should be provided in the methods).

*Example: This study was carried out in strict accordance with the recommendations in the Guide for the Care and Use of Laboratory Animals of the National Institutes of Health. The protocol was approved by the Committee on the Ethics of Animal Experiments of the University of Pittsburgh (Approval Number: 27-2956). All surgery was performed under sodium pentobarbital anesthesia, and all efforts were made to minimize suffering.*

To ensure accurate indexing, the organism(s) studied should always be described in the abstract. If the research may be confused as pertaining to clinical research, the animal model should also be noted in the title.

### **Ethical Treatment of Human Subjects and Patient Consent**

All research involving human participants or human samples must have been approved by the authors' institutional review board or equivalent committee(s), and that board must be named by the authors in the manuscript. For research involving human participants, informed consent must have been obtained (or the reason for lack of consent explained, e.g. the data were analyzed anonymously) and all clinical investigation must have been conducted according to the principles expressed in the Declaration of Helsinki (<http://www.wma.net/en/30publications/10policies/b3/index.html>). It must be stated in the Methods section of the paper whether informed consent was written or oral. If informed consent was oral, it must be stated in the paper: (a) why written consent could not be obtained, (b) that the IRB approved the use of oral consent, and (c) how oral consent was documented.

Authors should submit with the paper a statement from the research ethics committee or institutional review board indicating approval of the research. The approved subject consent form should also be submitted.

For studies involving humans categorized by race/ethnicity, age, disease/disabilities, religion, sex/gender, sexual orientation, or other socially constructed groupings, authors should, as much as possible:

- make explicit their methods of categorizing human populations;
- define categories in as much detail as the study protocol allows;
- justify their choices of definitions and categories, including, for example, whether any rules of human categorization were required by their funding agency;
- explain whether (and if so, how) they controlled for confounding variables such as socioeconomic status, nutrition, environmental exposures, etc.

In addition, outmoded terms and potentially stigmatizing labels should be changed to more current, acceptable terminology. Examples: "Caucasian" should be changed to "white" or "of [Western] European descent" (as appropriate); "cancer victims" should be changed to "patients with cancer."

### **Patient Privacy and Informed Consent for Publication**

Our human participant policy conforms to the Uniform Requirements of the International Committee of Medical Journal Editors (<http://www.icmje.org/>):

"Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published.

“Complete anonymity is difficult to achieve, and informed consent for publication should be obtained if there is any doubt. If data are changed to protect anonymity, authors should provide assurance that alterations of the data do not distort scientific meaning.

“When informed consent has been obtained it should be indicated in the published article.”

### **Organization of the Manuscript**

Articles published in *Dentistry 3000* are organized in the following fashion: Title, Authors, Affiliations, Abstract, Introduction, Methods, Results, Discussion, Acknowledgments, References, Figure Legends, and Tables.

We advise that abstracts should not exceed 250–300 words. There are no specific length restrictions for the remaining sections of the manuscript, however, we urge authors to present and discuss their findings concisely.

You should include continuous line numbering throughout your manuscript.

### **Title (150 characters or fewer)**

The title should be specific to the project, yet concise. It should be comprehensible to readers outside of your field. Avoid abbreviations. Titles should be presented in title case, meaning that all words except for prepositions, articles, and conjunctions should be capitalized.

### **Authors and Affiliations**

Provide the first names or initials (if used), middle names or initials (if used), surnames, and affiliations—department, university or organization, city, state/province (if

applicable), and country—for all authors. One of the authors should be designated as the corresponding author. It is the corresponding author's responsibility to ensure that the author list and the summary of the author contributions to the study are accurate and complete. If the article has been submitted on behalf of a consortium, all author names and affiliations should be listed at the end of the article.

### **Abstract**

The abstract succinctly introduces the paper and should not exceed 300 words. It should mention the techniques used without going into methodological detail and should summarize the most important results. Please do not include any citations in the abstract. Avoid abbreviations.

### **Introduction**

The introduction should put the focus of the manuscript into a broader context. As you compose the introduction, think of readers who are not experts in this field. Include a brief review of the key literature. If there are relevant controversies or disagreements in the field, they should be mentioned so that a non-expert reader can delve into these issues further. The introduction should conclude with a brief statement of the overall aim of the experiments and a comment about whether that aim was achieved.

### **Materials and Methods**

This section should provide enough detail to allow full replication of the study by suitably skilled investigators. Protocols for new methods should be included, but well-established protocols may simply be referenced. We encourage authors to submit, as separate supporting information files, detailed protocols for newer or less well-established methods. These are published online only, but are linked to the article and are fully searchable.

### **Results**

The results section should provide details of all of the experiments that are required to support the conclusions of the paper. There is no specific word limit for this section. The section may be divided into subsections, each with a concise subheading. Large datasets, including raw data, should be submitted as supporting information files; these are published online alongside the accepted article. We advise that the results section be written in past tense.

### **Discussion**

The discussion should spell out the major conclusions of the work along with some explanation or speculation on the significance of these conclusions. How do the conclusions affect the existing assumptions and models in the field? How can future research build on these observations? What are the key experiments that must be done? The discussion should be concise and tightly argued. Conclusions firmly established by the presented data, hypotheses supported by the presented data, and speculations suggested by the presented data should be clearly identified as such. The results and discussion may be combined into one section, if desired.

## **Acknowledgments**

People who contributed to the work but do not fit the criteria for authors should be listed in the Acknowledgments, along with their contributions. You must also ensure that anyone named in the Acknowledgments agrees to being so named.

Details of the funding sources that have supported the work should be included here.

## **References**

Only published or accepted manuscripts should be included in the reference list. Meeting abstracts, conference talks, or papers that have been submitted but not yet accepted should not be cited. Limited citation of unpublished work should be included in the body of the text only. All personal communications should be supported by a letter from the relevant authors.

*Dentistry 3000* uses the numbered citation (citation-sequence) method. References are listed and numbered in the order that they appear in the text. In the text, citations should be indicated by the reference number in brackets. Multiple citations within a single set of brackets should be separated by commas. Where there are three or more sequential citations, they should be given as a range. Example: "...has been shown previously [1, 4-6, 22]." Make sure the parts of the manuscript are in the correct order before ordering the citations.

Proper formatting of the references is crucial. Please copy your references straight from your PubMed list. References will then be listed by: (1) Title of article; (2) Authors; (3) Journal title, year, month, volume number, issue number, pages, and electronic publication date; and (4) PMID number.

Examples:

Heritability of Face Shape in Twins: A Preliminary Study using 3D Stereophotogrammetry and Geometric Morphometrics. Weinberg SM, Parsons TE, Marazita ML, Maher BS. *Dent 3000*. 2013;1(1). pii: 14. PMID: 24501696.

A quantitative comparison of the fill density of MTA produced by two placement techniques. Yeung P, Liewehr FR, Moon PC. *J Endod*. 2006 May;32(5):456-9. PMID: 16631848.

Accepted Papers: Same as above, but "in press" appears instead of the information beyond journal title and year.

Books: 1. Bates B (1992) *Bargaining for life: A social history of tuberculosis*. Philadelphia: University of Pennsylvania Press. 435 p.

Book Chapters: 1. Hansen B (1991) *New York City epidemics and history for the public*. In: Harden VA, Risse GB, editors. *AIDS and the historian*. Bethesda: National Institute of Health. pp. 21-28.

## **Figure Legends**

The aim of the figure legend should be to describe the key messages of the figure, but the figure should also be discussed in the text. The legend itself should be succinct, while still explaining all symbols. Abbreviations should be avoided. Avoid lengthy descriptions of methods.

### **Tables**

Tables should be included in the text file, at the very end of the manuscript. All tables should have a concise title. Footnotes can be used to provide explanations. Abbreviations should be avoided. Citations should be indicated using the same style as outlined above. Tables occupying more than one printed page should be avoided, if possible. Larger tables can be published as online supporting information.