EDITORIAL



10 years of EJOI

After 10 years of EJOI, maybe it is time to reflect.

We are doing well, we publish regularly, we receive many manuscripts and we are somewhat popular, as witnessed by the most recent impact factor report which, with a score of 3.567, placed us in seventh position for journals in dentistry.

We receive a few excellent papers, many papers out of the scope of the journal (*in vitro* studies, animal studies and case reports), several manuscripts with a poor study design, which are normally rejected immediately, and sometimes even some fake manuscripts, where authors have multiplied the data of a couple of patients used to illustrate the study, to present numbers and follow-ups that are pure fantasy. We use any means to try to identify these studies, and accurate data checking/proving is requested if manuscripts are suspicious.

The recipe for a good study is to have an intelligent and useful question to answer, not to demonstrate strong views or prejudices (many studies are designed with the aim of proving that the authors' opinion is right, which is not always the case), the choice of a proper study design to answer the question, properly trained and, whenever possible, blinded outcome assessors, and an honest and complete reporting of the actual data. It looks so easy and logical, but for many authors this is so complicated. The key is to design a proper research protocol. From a properly designed protocol, a proper study can be generated. From a poorly designed protocol, you cannot produce a reliable study.

Another mistake commonly seen in manuscripts is to concentrate the study's aims on a secondary outcome measure – for instance, peri-implant marginal bone levels – and not reporting more relevant outcomes, such as the success of the procedure, complications, patients' views on the treatment, and aesthetics. Authors should try to be open-minded and not focus exclusively on outcomes that may have a little or no clinical impact. The most difficult studies to design and conduct are systematic reviews. Many people believe this to be a simple job, but on the contrary it is a very difficult job requiring experienced investigators with a strong methodological background and not, as often seen, a young, final-year student.

EJOI is open to good and honest clinical trials in any field of dentistry, but with a special interest in implant dentistry. These trials should have been designed to answer questions aimed to improve patients' lives and not to please a manufacturer's marketing needs. There is no problem if a company sponsors a study. Most likely, that study would have never been conducted without sponsorship. But it is the authors' responsibility to honestly report all the data, and not to hide or exclude failures, complications or any other negative data.

Finally, when submitting a manuscript to EJOI (as with any other scientific journal), authors are expected to have read and followed the journal instructions, but this is rarely the case. This is not a good start since it denotes superficiality and most likely the entire manuscript is flawed by the same problem.

What about the next 10 years of EJOI? We hope to further improve the quality of the published articles and their relevance to clinical practice. This is a journal directed at dentists who treat patients with problems and who need solid and reliable science to back up their experience and knowledge. We are not interested in manuscripts aimed at showing how skilled or creative a certain clinician could be. We do not believe in studies with 100% success rates, zero complications and no dropouts. We want to know and share the truth with our readers. Anyone who agrees with this philosophy is warmly welcomed. And those who do not have the chance to choose from several other implant journals.

Happy reading. Marco