

# INTERNATIONAL JOURNAL OF ORAL IMPLANTOLOGY

## Guidelines for authors

The aim and scope of *IJOI* (*International Journal of Oral Implantology*) is to publish clinical articles related to the science and practice of oral implantology and related areas. The goal is to provide updated evidence-based information to help clinicians in making the best decision for their patients. The focus is on reliable clinical articles. Manuscripts describing clinical conditions, patient management, clinical experience, treatment and diagnostic procedures or techniques, economic evaluation, new products and methods are welcome. All manuscripts go through an initial screening process. Manuscripts that are suitable for the journal will then be peer reviewed. However, please note that manuscripts that do not follow the guidelines as explained in this document may be rejected immediately (a brief explanation for the rejection reason(s) will be provided).

Priority is given to high-quality studies. Please, when preparing any manuscript consult the EQUATOR website (<http://www.equator-network.org/>) for the latest information on how to report a health research manuscript. Manuscripts must be submitted according to the relevant transparency guidelines in order to be reviewed. EQUATOR is an acronym for Enhancing the QUALity and Transparency Of health Research and it is a network website aimed at helping authors properly report their health research studies. After selecting 'Resource Centre', please click on 'Library for health research reporting' and you will access a comprehensive list of reporting guidelines, listed by study type.

The latest version of these guidelines is available from <https://www.quintessence-publishing.com/deu/en/journal/international-journal-of-oral-implantology>. Within the scope, the Journal will publish articles as mentioned below:

1. Editorials, guest editorials and letters to the Editor(s).
2. Brief commentaries by the Editor(s) on relevant articles published in *IJOI* and other journals.
3. Proceedings of symposia, workshops or conferences.
4. Systematic reviews presenting comprehensive, critical summaries of current knowledge in the field of oral implantology and related disciplines. Manuscripts should be submitted according to the PRISMA guidelines (<http://www.prisma-statement.org/>).
5. Clinical guidelines. Manuscripts should be submitted according to the AGREE guidelines (<http://www.agreecolaboration.org/>).
6. Clinical studies. Randomised controlled clinical trials, cohort and case-control studies are welcome. Materials and methods and clinical procedures have to be described in detail. Ample space will be given to high-quality colour illustrations, radiographs and drawings describing the clinical procedures used, to provide readers better understanding. Manuscripts should be submitted according to the following transparency guidelines:
  - randomised controlled clinical trials and experimental studies (CONSORT: <http://www.consort-statement.org/>)
  - observational studies: epidemiology (<http://www.strobe-statement.org/>)
  - diagnostic accuracy studies (STARD: <http://www.stard-statement.org/>).

7. Case reports and clinical procedures presenting rare complications, conditions or exceptionally interesting findings or procedures; however, higher levels of evidence are encouraged where possible.

### Manuscript preparation

The components of a manuscript should consist of: title page, conflict-of-interest notification, keywords, structured abstract, body of text, acknowledgements, references, illustrations (including legends) and tables. Manuscripts must be original and written in English.

**Title page.** The first page should include:

1. The title of the article (descriptive but concise, including the study design).
2. The full names and professional/academic affiliations of all authors. All authors must have made substantive intellectual contribution to the study. For authorship of multi-centre trials, the individuals directly responsible for the manuscript should be identified.
3. Contact details including phone, fax, and email address should be provided for the corresponding author.
4. If the paper was presented at an organised meeting, the name of the organisation, location and date of the meeting should be included.
5. Disclaimers, if any.
6. Source(s) of support in the form of grants, equipment, drugs or all of these.

7. Running head of no more than 40 characters (including spaces).
8. A word count for the text only (excluding abstract, acknowledgements, figure legends, and references).
9. The number of figures and tables.

**Conflict-of-interest notification.** A statement of financial or other relationships that might lead to a conflict of interest.

**Keywords.** 3–5 keywords or short phrases that capture the main topics of the article. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used ([www.nlm.nih.gov/mesh](http://www.nlm.nih.gov/mesh)); if suitable MeSH terms are not yet available for recently introduced terms, other terms may be used.

**Abstract.** A maximum 250-word structured abstract (aims, materials and methods, results, conclusions).

**Introduction.** Provide context or background for the study (i.e. the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be made clear, and any pre-specified subgroup analyses should be described. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

**Materials and methods.** Include only information that was available at the time the plan or protocol for the study was written. All information obtained during the conduct of the study belongs in the Results section.

Describe your selection of observational or experimental participants (patients, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Identify the methods, apparatus (give the manufacturer's name, city and country in parentheses) and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s) and route(s) of administration.

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. Analyse the patient as the unit of statistical analysis or take into account the structure of data, for example implants clustered within patients.

When possible, quantify findings and present them with appropriate indicators of measurement, error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of *P* values, which fails to convey important information about effect size. References for the design of the study and statistical methods should be to standard

works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting and synthesising data. These methods should also be summarised in the abstract.

**Results.** Present your results in a logical sequence in the text, tables and illustrations, giving the most important findings first. Do not repeat in the text all the data in the tables or illustrations. When data are summarised give absolute numbers from which percentages can be calculated, and specify the statistical methods used to analyse them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Guidelines for reporting statistics results can be found in Lang TA, Secic M. *How To Report Statistics in Medicine. Annotated Guidelines for Authors, Editors, and Reviewers*. 2nd Edition, Philadelphia: American College of Physicians, 2006.

**Discussion.** Emphasise the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. State the limitations of the work being reported, compare your results with other similar relevant studies, and explore the implications of the findings for future research and for clinical practice. State new hypotheses when warranted, but clearly describe them as such.

**Conclusions.** Link your conclusions with the goals of the study but avoid unqualified statements not adequately supported by the data. State the clinical implications of your findings.

**Acknowledgements.** Individuals who have made substantive contributions to the study should be acknowledged. Specify any grants or other financial support. If data (i.e. individual patient data) related to a manuscript are not presented in the manuscript but are available from the author or other source, or are online, information on how to obtain this material may be given in the Acknowledgements section.

**Abbreviations.** Use only standard abbreviations. Avoid abbreviations in the title. The full term for an abbreviation should precede its first use in the text unless it is a standard unit of measurement.

**Trade names.** Generic terms are to be used whenever possible, but trade names and manufacturers should be included in parentheses when first mentioned.

**Units of measurement.** The International System of Units (SI) should be used. Measurements of length, height, weight and volume should be reported in metric units (metre, kilogram or litre) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimetres of mercury.

**References.** Readers should be provided with direct references to key original research sources, whenever possible. All references must be cited in the text, using the Vancouver (numbered references) style. References should be marked in order of appearance with superscript numbers, and listed numerically in the reference list at the end of the article.

#### Journal reference style:

1. West JD, Oates TW. Identification of stability changes for immediately placed dental Implants. *Int J Oral Maxillofac Implants* 2007;22:623-630.

#### Book reference style:

1. Lee JS, Kim JK, Park Y-C, Vanarsdall RL. Applications of Orthodontic Mini Implants. Chicago: Quintessence, 2007.
2. Baumgartner JC. Pulpal infections including caries. In: Hargreaves KM, Goodis HE (eds). *Seltzer and Bender's Dental Pulp*. Chicago: Quintessence, 2002:281-307.

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Reference to electronic documents that can found on the Internet should be accompanied with their URL, and the date last visited.

**Illustrations (including legends).** Illustrations must be numbered and cited in the text in order of appearance and submitted electronically (at least 300 dpi). Each illustration (including its corresponding legend) must be on a separate page. Illustrations, photographs and radiographs must be submitted electronically. Legends for illustrations should use Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

**Tables.** Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines. Give each column a short or abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations. For footnotes use the following symbols, in sequence: \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡. Identify statistical measures of variations, such as standard deviation and standard error of the mean. If you use data from another published or unpublished source, obtain permission and acknowledge them fully. This journal strongly encourages authors to make detailed data accessible to other researchers (tables with individual patient data are

welcome). Additional tables containing backup data too extensive to publish in print may be appropriate for publication in the electronic version of the journal, deposited with an archival service or made available to readers directly by the authors. In that event an appropriate statement will be added to the text. Submit such tables for consideration with the paper so that they will be available to the peer reviewers.

## Submission instructions

Submission is via the online submission service (<http://www.manuscriptmanager.net/ijoi/>). Manuscript texts should be uploaded as Word files with tables and figures preferably embedded within the Word document. No paper version is required but, after acceptance, high-resolution photographs or illustrations will be required by the editorial office ([info@quintpub.co.uk](mailto:info@quintpub.co.uk)). Illustrations can be sent in any format that can be opened using Adobe Photoshop (tif, gif, jpg, psd, eps, etc.).

**Cover letter.** Manuscripts must be accompanied by a cover letter, which should include the following information:

- A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.
- If the manuscript has been submitted previously to another journal, it is helpful to include the previous editor's and reviewers' comments with the submitted manuscript, along with the authors' responses to those comments. Editors encourage authors to submit these previous communications and doing so may expedite the review process.
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