

GUIDELINES FOR AUTHORS

The aim and scope of *CTD (Clinical Trials in Dentistry)* is to publish clinical articles related to the science and practice of dentistry 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 are peer-reviewed. 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. This procedure is essential in order to speed-up the process of refereeing your manuscript minimising the risk of rejection. EQUATOR is the acronym for Enhancing the QUALity and Transparency Of health Research and it is a Network website aimed to help authors to properly reporting their health research studies. After selecting the their "Resource Centre", please click on the "Library for health research reporting" and you will access a comprehensive list of reporting guidelines, listed by study type.

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 CTD and other journals;
3. Proceedings of symposia, workshops or conferences;
4. Systematic reviews presenting comprehensive, critical summaries of current knowledge in the field of dentistry and related disciplines. Manuscripts should be submitted according to the PRISMA transparent guidelines (PRISMA: <http://www.equator-network.org/>);
5. Clinical guidelines. Manuscripts should be submitted according to the following transparent guidelines: (AGREE: <http://www.agreecollaboration.org/>);
6. Clinical studies. Randomised controlled trials (RCTs), 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 allow readers bet-

ter understanding. Manuscripts should be submitted according to the following transparent guidelines:

- randomised controlled trials (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 presenting rare complications, conditions or specially interesting findings or procedures may be exceptionally accepted at full discretion of the editor; however, higher levels of evidence are encouraged where possible. In vitro and animal studies are not within the scope of CTD.

MANUSCRIPT PREPARATION

The components of a manuscript should consist of: title page, conflict of interest notification page, keywords, structured abstract, body of text, acknowledgements, references, illustrations (including legends) and tables. Manuscripts must be original and written in UK 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. Multiple first authors are not allowed.
3. Contact details including email address should be provided for the corresponding author.
4. If the paper was presented at a meeting, the name of the organisation, location and date of the meeting should be included.
5. Running head of no more than 50 characters (including spaces).
6. A portrait photograph of the first author.
7. Conflicts of interest notification. A statement of financial or other relationships that might lead to a conflict of interest including mentioning of free materials donated by companies whose products are tested in the trial. In the case of false statement CTD has the right to retract the published article(s) and not accept any more manuscripts from the same person.
8. Keywords. Present 3 to 5 keywords or short phrases that capture the main topi-

cs of the article. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used (www.nlm.nih.gov/mesh/); if suitable MeSH terms are not yet available for recently introduced terms, other terms may be used.

Abstract. A structured abstract: purpose, materials and methods, results, conclusions, is mandatory.

Introduction. Provide a 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, town and country in parentheses), and procedures in sufficient detail to allow other researchers 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 confi-

dence 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 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 label them as such. Describe in details the limitations of the study and discuss about the possible generalisation of the results.

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. indivi-

dual 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. Please refer specifically to reliable studies which are properly addressing the matter under discussion. Be balanced and mention also reliable studies which present results different from your findings/views. 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. Putrino A, Impellizzeri A, Pavese L, Barbato E, Galluccio G. Orthodontic treatment and third molars development: longitudinal study on radiographs. *Dental Cadmos* 2019;87(9):558-69.

Book reference style:

1. Castellucci A, Gagliani M, Gorni F, Mohamed N, Nahmias Y, Serota K et al. *Microendonzia chirurgica.* Milano: Edizioni Edra, 2019.
2. Levrini L. Evoluzione storica della mioterapia. In: *Terapia Miofunzionale Orofaciale.* Milano: Edizioni Edra, 2019:13-31.

Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case

the name of the person and date of communication should be cited in parentheses in the text. Authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

Provide complete information for each reference. If the reference is to part of a book, also include the title of the chapter and name(s) of the book's editor(s).

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

Illustrations (including legends). Must be numbered and cited in the text in order of appearance and submitted electronically (at least 300 dpi). 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. Provide the correct magnification when needed.

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. 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).

SUBMISSION INSTRUCTIONS

Submission is via the online submission service (<http://ctd.edmgr.com>). Manuscript texts should be uploaded as PC-Word files with tables and figures preferably embedded within the PC-Word document. After acceptance, high resolution photographs or illustrations will be required by the editorial office

(staff@ctd.com). 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;
- Copies of permission to reproduce published material, to use illustrations or report information about identifiable people, or to name people for their contributions must accompany the manuscript.

Review/editing of manuscripts. All papers will be reviewed using the online manuscript review and tracking system (<http://ctd.edmgr.com>). An anonymous version of the manuscript is sent to two reviewers by the Editor-in-Chief or Associate Editor. Reviewers can be members of the Editorial Board. Decisions are made by the Editor-in-Chief, based on the reviewer reports and the recommendation from the Associate Editor responsible for the manuscript. Subject to the author's final approval, the publisher reserves the right to edit accepted manuscripts in the interest of conciseness, clarity, and stylistic consistency.

Adherence to guidelines. Manuscripts that are not prepared in accordance with these guidelines will be returned to the author.

Mandatory submission & copyright form. The mandatory submission and copyright form must accompany all submitted manu-

scripts before they can be reviewed for publication. This form can be requested to staff@ctd.com. All authors should sign the form (separate forms are acceptable), and a scan of the completed form(s) should be uploaded with the submitted manuscript.

PERMISSIONS & WAIVERS

- If material has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher except for documents in the public domain.
- Written consent from the patient is required to allow publication where a patient is identifiable. Identifying details should be omitted unless essential.
- Grant support or any other direct or indirect involvement or commercial interest must be declared.
- Authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000.

REPRINTS

The corresponding author is given a copyright-marked pdf of the article. The author pdf may be used for personal purposes, and mounted on a personal website or university website, with full acknowledgement of the article. If reprints are required, they should be ordered from the publisher.

Much of the author guidelines are reprinted from the International Committee of Medical Journal Editors (ICMJE) Uniform Requirements for Manuscripts Submitted to Biomedical Journals. The ICMJE has neither endorsed nor approved the contents of this reprint. The ICMJE periodically updates the Uniform Requirements, so this reprint prepared on 5/11/2019 may not accurately represent the current official version, available at www.icmje.org.