

# AAPD Instructions for Authors

## Pediatric Dentistry

*Pediatric Dentistry* is the official publication of the American Academy of Pediatric Dentistry, the American Board of Pediatric Dentistry and the College of Diplomates of the American Board of Pediatric Dentistry. It is published bi-monthly and is internationally recognized as the leading journal in the area of pediatric dentistry. The journal promotes the practice, education and research specifically related to the specialty of pediatric dentistry. This peer-reviewed journal features scientific articles, case reports, and abstracts of current pediatric dental research.

## Journal of Dentistry for Children

The *Journal of Dentistry for Children (JDC)* is an internationally renowned journal whose publishing dates back to 1934. Published three times a year, *JDC* promotes the practice, education and research specifically related to the specialty of pediatric dentistry. It covers a wide range of topics related to the clinical care of children, from clinical techniques of daily importance to the practitioner, to studies on child behavior and growth and development. *JDC* also provides information on the physical, psychological and emotional conditions of children as they relate to and affect their dental health. This peer-reviewed journal features scientific articles, case reports, and abstracts of current pediatric dental research.

## Introduction

Manuscripts that are selected for publication promote the practice, education and research for the specialty of pediatric dentistry. Manuscripts are considered for publication only if the article, or any part of its essential substance, tables or figures have not been or will not be published in another journal or are not simultaneously submitted to another journal.

The statements, opinions, and advertisements are solely those of the individual authors, contributors, editors, or advertisers, as indicated. Published manuscripts do not necessarily represent the views of the editor, the AAPD Communications Department, or the American Academy of Pediatric Dentistry organization.

## Types of Manuscripts

Type of manuscript must be one of the following: *Meta-Analyses/Systematic Reviews*, *Scientific Studies*, *Case Reports*, or *Literature Reviews (JDC only)*, *Letters to the Editor*, *Editorials* and *Brief Communications*. Authors submitting manuscripts are expected to follow these instructions before submissions will be accepted for review consideration.

### Meta-Analyses / Systematic Reviews

Authors of systematic reviews must adhere to Preferred Reporting Items for *Systematic Reviews* and *Meta-Analyses*, available at: "<http://www.prisma-statement.org/statement.htm>".

Structured *Abstracts* for systematic reviews are recommended. Headings should include: *Research Question*, *Research Protocol*, *Literature Search*, *Data Extraction*, *Quality Appraisal*, *Data Analysis* and *Results*, and *Interpretations of Results*.

### Scientific Studies

Full-length manuscript not to exceed 3,500 words (including structured *Abstract*, *Introduction*, *Methods*, *Results*, *Discussion*, *Conclusions*, and *Acknowledgments*; excluding *References* and *Figure Legends*). The structured abstract should be no longer than 200 words and contain the following sections: *Purpose*, *Methods*, *Results*, and *Conclusions*.

The *Introduction* section should include only pertinent references. The *Methods* section should be sufficiently detailed to replicate the study. The *Results* section should include only results and not discussion of the data. The *Discussion* section should discuss the results, of the present study and compare them to the existing knowledge base. The *Conclusions* section should consist of succinct, numbered statements that are supported by the results of the study. They should not repeat the *Results* section.

**Maximum Figures: 4 • Maximum Tables: 3 or viceversa.**

### Randomized Clinical Trials

Studies that are *Randomized Clinical Trials* should review and consider CONSORT guidelines and checklist available at: "[www.consort-statement.org](http://www.consort-statement.org)".

**Maximum Figures: 4 • Maximum Tables: 3 or viceversa.**

### Cohort Studies

Studies that are observational cohort, case-controlled and cross-sectional studies must include submission of STROBE checklist addressing the guidelines available at: "[www.strobe-statement.org/index.php?id=avao;ab;e-checklists](http://www.strobe-statement.org/index.php?id=avao;ab;e-checklists)".

**Maximum Figures: 4 • Maximum Tables: 3 or viceversa.**



Type of article	Abstract maximum length & type	Maximum text length	Maximum references	Maximum no. of figures	Maximum no. of tables	Notes
<i>Meta-Analyses/ Systematic Reviews</i>	200 words, structured	3,500 words	No limit	4*	4*	Inclusion of large tables or more figures will be at the Editor-in-Chief's discretion and may require electronic publication
<i>Scientific Studies</i>	200 words, structured	3,500 words	40	4	3	
<i>Case Reports</i>	150 words, unstructured	1,850 words	20	4	3	
<i>Literature Reviews (JDC only)</i>	150 words, unstructured	2,500 words	0	0	4	
<i>Brief Communications</i>	150 words, structured	2,000 words	20	2	2	
<i>LTEs &amp; Responses to the LTE</i>	None	1,000 words	8	0	0	
<i>Editorials</i>	None	1,000 words	40	2	2	Invited by the Editor-in-Chief

### Case Reports

Full-length manuscript not to exceed 1,850 words (including unstructured *Abstract*, brief *Introduction*, *Description of Case*, *Discussion*, *Acknowledgments* (if any), and *References* (if any). The unstructured *Abstract* should be no longer than 150 words.

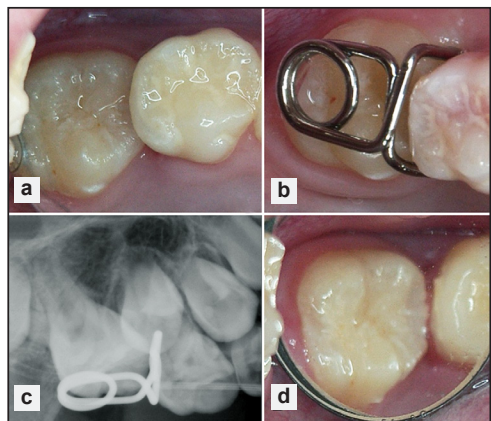
**Maximum Figures: 4 • Maximum Tables: 3 or viceversa.**

### Literature Reviews (JDC only)

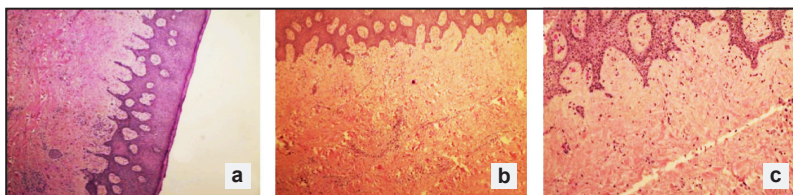
Full-length manuscript not to exceed 2,500 words (including unstructured *Abstract*, *Introduction*, the *Review of the Literature* with appropriate subheading, *Discussion*, *Conclusions*, and *Acknowledgments*; excluding *References*). The unstructured *Abstract* should be no longer than 150 words.

**Maximum Tables: 4**

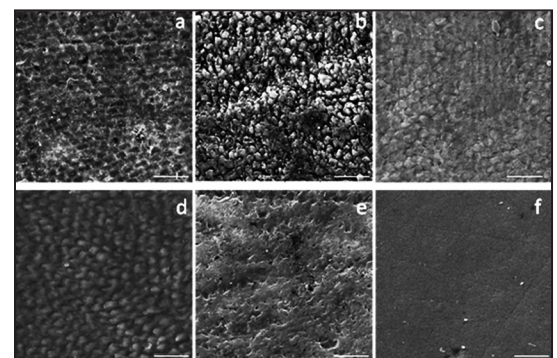
\* Authors desiring to have more figures or tables than provided in the Table above **MUST** agree to electronic publication of their manuscript, and must select this preference. Each separate chart, graph or photograph will be counted as a separate figure. Figures grouped together will be counted as their individual parts. See samples below:



Example of 4 Figures



Example of 3 Figures



Example of 6 Figures

### **Letters to the Editor & Responses to the Letter to the Editor**

Full-length manuscript not to exceed 1000 words; excluding References.

### **Editorials**

Full-length manuscript not to exceed 1,000 words; excluding References and Figure Legends.

**Maximum Figures: 2 • Maximum Tables: 2 or viceversa.**

### **Brief Communications**

Full-length manuscript not to exceed 2,000 words (including structured Abstract; excluding References and Figure legends). The structured Abstract should be no longer than 150 words. The scope of this style submission is for concise scientific studies and not intended to be a substitute for literature review.

## **Manuscript Submission**

All new manuscripts must be submitted to AAPD's online submission and review website, ScholarOne Manuscripts; *Pediatric Dentistry* at: "<http://mc.manuscriptcentral.com/pediadent>"; *JDC* at: "<http://mc.manuscriptcentral.com/jdentchild>". Authors who do not yet have an account on the website should click the 'Create Account' link on the upper right-hand corner of the welcome page and follow the step-by-step process to open an account. On the dashboard page, authors should select the Author Center. In the Author Center, they should click the 'Click here to submit a new manuscript' link.

If you already have an account, enter your user ID and password and log in.

Manuscript submission guidelines for *Pediatric Dentistry* follow the 'uniform requirements for manuscripts submitted to biomedical journals' which have been developed by the International Committee of Medical Journal Editors (ICMJE). Please visit the ICMJE website at: "[http://www.icmje.org/manuscript\\_1prepare.html](http://www.icmje.org/manuscript_1prepare.html)" for more information.

### **Author Information**

The author must include each author's name, earned academic degrees, professional title (such as 'associate professor', 'chair'), work affiliations, complete address, telephone and fax numbers, and email address. These can be uploaded to the site as a Microsoft Word Document (it is recommended that statements from all authors be placed in a single document). No honorary designations such as 'FRCS', 'FICD', 'Diplomate', should be listed.

A submission with more than one author implies that each author has significant intellectual contribution to the submission. Only individuals who have made a significant contribution to the study or manuscript should be listed as authors. Contributors who do not meet the criteria for authorship, such as individuals who provided only technical help or writing assistance, should be listed in the *Acknowledgments* section at the end of the manuscript. The corresponding author should submit the

following statement for each author (fill in the blanks): The responsibility of \_\_\_\_\_ was to \_\_\_\_\_.

Authors (including authors of letters to the editor) are responsible for disclosing all financial and personal relationships that might bias their work. If such conflicts exist, the authors must provide additional detail in the appropriate text box during online submission. Funding sources for the work being submitted must be disclosed in the *Acknowledgments* section of the manuscript.

Authors should express their own findings in the past tense and use the present tense where reference is made to existing knowledge, or where the author is stating what is known or concluded. Footnotes should be avoided and their content incorporated into the text. The editors reserve the right to revise the wording of papers in the interest of the journal's standards of clarity and conciseness.

Author and institution blinded submissions will be selected by the Editor or Section Editors to be sent to at least two reviewers. The corresponding author may submit the names and email addresses of up to four qualified potential reviewers for their manuscript. These individuals (as well as requests to exclude reviewers) will be considered by the editorial membership. Preferred reviewers should not be colleagues at the contributors' institution or present or former research partners.

Manuscripts will be published in English, using American spelling. Manuscripts must be submitted with proper English grammar, syntax, and spelling. Before submitting a manuscript for consideration authors may consider using a professional editing service such as: "<http://www.journalexperts.com>". AAPD does not endorse such service and use of such service has no relation with acceptance of a manuscript for publication.

Two versions of the manuscript must be uploaded, one version containing all the author information and one version without any information identifying the authors or their institutions (in the text as well as the Title page. The title page of the manuscript must provide the following data of the contents complying with the criteria for specific types of submissions as described:

- Abstract: number of words \_\_\_\_\_.
- Body of text (excluding *Abstract*, *Acknowledgments*, *References*, Figures and Tables): number of words \_\_\_\_\_.
- Number of tables: \_\_\_\_\_.
- Number of figures: \_\_\_\_\_.

Tables should appear at the end of the main document, while photos, photomicrographs and graphs are to be submitted as separate files (.jpg or .tif format only). Do not embed tables, photos, figures or graphics in the text of the manuscript. Each table and figure should have a number (if more than one) and title included with appropriate footnotes (and figure legend for figures). Prior to submission, the corresponding author must guarantee that the article has not been published and is not being considered for publication elsewhere.





## Manuscript Preparation

Authors are advised to review several recently published articles to familiarize themselves with proper format and requirements.

**Title:** Titles should be as brief as possible while clearly conveying the main point or purpose of the article. The manuscript title is limited to 20 words or less, and a short title limited to five words or less must also be submitted. All submissions, including titles and subheads, are subject to change during the editing process.

**Short Title:** Also referred to as a 'Running Head', must be a brief but comprehensive phrase of what the paper is all about, or a brief version of the title of the paper. Not to exceed 50 characters.

**Keywords:** A maximum of five keywords must be submitted. Authors should ensure that the keywords appear in the title and/or abstract and that they are PubMed searchable.

**Abstract:** All submissions must include an abstract. An abstract should be brief, providing the reader with a concise but complete summary of the paper. Generalizations such as 'methods were described' should not be used. Meta-analyses/Systematic Reviews and Scientific Studies should have a structured abstract of no more than 200 words with the following sections: *Purpose, Methods, Results* and *Conclusions*. Case Reports, Literature Reviews (*JDC* only) and Brief Communications should have an unstructured abstract of no more than 150 words.

**Introduction:** The introduction should provide the context for the article, the objective of the study, and should state the hypothesis or research question (purpose statement), how and why the hypothesis was developed, and why it is important. It should generally not exceed two or three paragraphs.

**Methods:** The methods section should include as appropriate, a detailed description of the study design or type of analysis and dates and period of study; condition, factors, or disease studied; details of sample (eg study participants and the setting from which they were drawn); method of random sequence generation in detail (coin flip, random table, etc.); method of allocation concealment in detail (opaque envelopes, sequential numbered drug containers, etc); description of treatment providers; whether providers and participants were blinded; inclusion and exclusion criteria; intervention(s), if any; outcome measures; method of blinding of outcome assessors; method of standardization and calibration of outcome assessors, including kappa statistics; and statistical analysis.

**Results:** The results reported in the manuscript should be specific and relevant to the research hypothesis. Characteristics of the study participants should be followed by presentation of the results, from the broad to the specific. The Results section should not include implications or weaknesses of the study, but should include validation measures if conducted as part of the study. Results should not discuss the rationale for the statistical procedures used.

**Discussion:** The discussion section should be a formal consideration and critical examination of the study. The research question

or hypothesis should be addressed in this section, and the results should be compared to and contrasted with the findings of other studies. New results not previously reported in the *Results* cannot appear first in the Discussion. (Note: A lengthy reiteration of the results should be avoided.) The study's limitations and the generalizability of the results should be discussed, as well as mention of unexpected findings with suggested explanations. The type of future studies needed, if appropriate, should be mentioned.

**Conclusion:** The conclusion should help the reader understand why the research should matter to them after they have finished reading the paper. Conclusions should be numbered, succinct statements that are supported by the results of the study. They should not repeat the Results section.

**Acknowledgment:** Funding and other sources of support must be disclosed in the acknowledgment section. Personal acknowledgments should be limited to appropriate professionals who have contributed intellectually to the paper but whose contribution does not justify authorship.

**References:** References are a critical element of a manuscript and serve three primary purposes—documentation, acknowledgment, and directing or linking the reader to additional resources. Authors bear primary responsibility for all reference citations. References should be numbered consecutively with superscript Arabic numerals in the order in which they are cited in the text. A list of all references should appear at the end of the paper in numeric order as they are cited in the text. Journal abbreviations are those used by Index Medicus. The reference style to use is the recent edition of the American Medical Association Manual of Style.

The following are sample references:

### Journal

For journals, list all authors when there are six or fewer; when there are seven or more, list the first three, then 'et al.' Page numbers should be included where possible. For example: 12-8, 191-5, 347-51.

Bogert TR, García-Godoy F. Effect of prophylaxis agents on the shear bond strength of a fissure sealant. *Pediatr Dent* 1992;14(1):50-1.

### Book

Bixler D. Genetic aspects of dental anomalies. In: McDonald RE, Avery DR, eds. *Dentistry for the Child and Adolescent*. 5th ed. Philadelphia: CV Mosby Co.; 1987:90-116.

### Article, report, or monograph issued by a committee, institution, society, or government agency

Medicine for the public: Women's health research Bethesda, Md.: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health; 2001. DHHS publication 02-4971.



## World Wide Web

All websites and web articles (URLs) must be archived in WebCite® and listed in the reference section at the end of the manuscript— do not include links to websites in the text. To WebCite® a web link means to take a snapshot of the cited document and to cite the archived copy (WebCite® link) in addition to the original URL. AAPD requires that authors use the free WebCite® technology ([www.webcitation.org](http://www.webcitation.org)) to archive all cited web references first before they cite them. Provide the original URL, as well as the WebCite® link and an access date. For example:

American Academy of Pediatric Dentistry. AAPD Publications. Available at: “<http://www.aapd.org/publications/>”. Accessed: February 3, 2019. (Archived by WebCite® at: “<http://www.webcitation.org/6XAypVwds>”)

Authors should provide direct references to original sources whenever possible. Avoid using abstracts or literature reviews as references. If possible, avoid references to papers accepted but not yet published. If such a citation is necessary, these papers should be cited as being ‘In press’, and verification that they have been accepted for publication must be provided. Where possible, references of easily accessible material are preferable to dissertations, theses, and other unpublished documents.

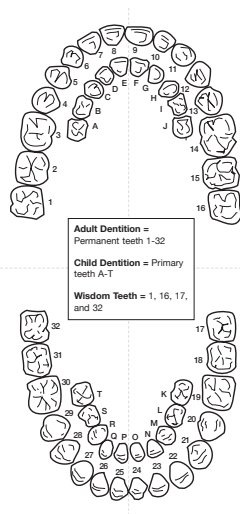
Authors should avoid citing ‘personal communication’ unless it provides essential information not available from a public source. Personal communications should not be numbered, but should be cited in the text as follows: (*G. Seale, DDS, oral communication, January 2019*). Authors should obtain written permission and confirmation of accuracy from the source of a personal communication; this permission should be uploaded in ScholarOne as a supplementary document at the time of manuscript submission. Authors should verify the accuracy of all references and are responsible for ensuring that no cited reference contains material that was retracted or found to be in error subsequent to its publication.

## Editorial Style

### Text formatting:

- Manuscripts should be submitted as Office 2010 Microsoft Word format (.docx); Word .doc files are also accepted. No paper copy will be accepted.
- Double space all text.
- Use basic fonts such as Arial, Courier, Helvetica no smaller than 11 points.

**Units of measure:** Authors should express all quantitative values in the International System of Units (SI units) unless reporting English units from a cited reference. Figures and tables should



use SI units, with any necessary conversion factors given in legends or footnotes. For most cases spell out numbers under 10, and use numerals for numbers 10 and above — this applies to all ages, days of the month, degrees of temperature, dimensions, percentages; proportions, scores, serial numbers, speeds, sums of money, time of day, and percent values. Numbers beginning a sentence should be spelled out. Report percentages to one decimal place (i.e., XX.X percent) when sample size is  $\geq 200$ . Laboratory data values should be rounded to the number of digits that reflects the precision of the results and the sensitivity of the measurement procedure.

**Statistical tests:** The results of all statistical comparisons should be reported to include the statistical test value and the associated *P*-value and confidence interval, if appropriate. Except when one-sided tests are required by study design, such as in non inferiority trials, all reported *P*-values should be two-sided. In general, *P*-values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; *P*-values smaller than 0.001 should be reported as  $P < 0.001$ . Results in the abstract and the paper generally should include estimates of effect size and 95 percent confidence intervals (95% CI), not just *P*-values or statements that a difference was statistically significant.

**Tooth names:** The complete names of individual teeth should be given in full in the text of articles using the following convention: [(primary/permanent), (maxillary/mandibular), (right/left), (central/lateral or first/second/third), (tooth type)]. Examples: ‘primary maxillary right first molar’, ‘permanent mandibular first molars’, but ‘mandibular right second pre-molar’. In tables these names may be abbreviated by the Universal system (A-T for primary teeth, 1-32 for permanent teeth).

**Commercially-produced materials:** Any mention of commercially produced materials, instruments, devices, software, etc., must be followed by the name of the manufacturer and the manufacturer’s location in parentheses. Example: ‘... in an Excel spreadsheet (Microsoft, Inc, Redmond, Wash., USA).’

**Abbreviations:** Abbreviations should be used to make manuscripts more concise. The first time an abbreviation appears, it should be placed in bold in parentheses following the full spelling of the term [e.g., “...permanent first molars (**PFMs**)...”]

**Permissions:** For materials taken from other sources, a written statement from the authors and publisher giving permission to Pediatric Dentistry for reproduction must be provided. Waivers and statements of informed consent must accompany the manuscript when it is submitted for review. Waivers must accompany any photograph showing a human subject unless the subject’s features are sufficiently blocked to prevent identification.

**Human and animal subjects:** Review of research involving human subjects is required by federal law. Federal laws and regulations regarding research on human subjects have specific requirements for Institutional Review Board (IRB) and study administration. The IRB must review research that involves the following areas, among others: medical and administrative record



data; research that uses leftover tissues (eg. extracted teeth); health services research; survey research; behavioral research; biomedical and other clinical research. An official IRB-approval letter **in English dated prior to the initiation of the research** must be included with the submission. If the IRB has exempted the research from review, a copy of the letter of exemption must accompany the submission. Please state your IRB status on the title page. If applicable, the manuscript must state in the *Methods* section that the study was approved by an IRB or other institutional research ethics committee and identify the name and location of the institution housing the committee. When human subjects have been used, the text should indicate that informed consent was obtained from all participating adult subjects, and parents or legal guardians of minors or incapacitated adults. If required by the authors' institution, informed assent must have been obtained from participating children at or above the age specified by the institution. The cover letter for the manuscript must contain a statement similar to the following: "The procedures, possible discomforts or risks, as well as possible benefits were explained fully to the human subjects involved, and their informed consent was obtained prior to the investigation."

**Figures:** Image resolution, after cropping to the area of interest, should be 300-600 dpi. Figures should be submitted individually as .jpg or .tif files. Each separate chart, graph or photograph will be counted as a separate figure. Figures grouped together will be counted as their individual parts. Photomicrographs must include a scale labeled with a convenient unit of length (e.g., 50  $\mu\text{m}$ ). Figures should be numbered in Arabic numerals in the order of the first citation in the text. Legends for each figure must be printed on a separate page. Include a key for symbols or letters used in the figures. Figures should be saved and submitted as a separate file. Figure legends should be understandable without reference to the text. A key for any symbols or letters used in the figure should be included. Abbreviations should be explained in a footnote to the figure. If illustrations, tables, or other excerpts are included from copyrighted works, the author is responsible for obtaining written permission from the copyright holder prior to submitting the final version of the paper. Full credit must be given to such sources with a superscript reference citation in the figure legend. Reference citations in figure legends or captions should follow numerically the reference number in the text immediately preceding mention of the figure. Figures take up additional page space and should be limited to those that add value to the text.

**Tables:** Tables should be double-spaced, appear on separate pages, and should be titled and numbered in Arabic numerals in the order of the first citation in the text. Short headings should appear at the top of each column. Explanatory matter should be placed in captions, not in the title. For footnotes, use the following symbols in this sequence: \*, \*\*, †, ‡, §. Tables should be understandable without alluding to the text. Due to space limitations, only tables adding value to the text should be included.

**Copyright:** All authors must agree to the terms of copyright transfer as indicated during the online manuscript submission process. The American Academy of Pediatric Dentistry owns the copyright for all content published in the journal. The AAPD and its licensees have the right to use, reproduce, transmit, derivate, publish, and distribute the content, in the journal or otherwise, in any form or medium. Authors will not use or authorize the use of the contribution without the AAPD's written consent, except as may be permitted as 'fair use' under U.S. copyright law. Authors represent and warrant to the AAPD that: the submitted manuscript is the authors' own original work; authors have the full right and power to make this copyright transfer; the work does not violate any copyright, proprietary, intellectual property or personal rights of others; the work is factually accurate and contains no matter defamatory or otherwise unwise unlawful; authors have not previously in any manner disposed of by sale or assignment any of the rights granted to the AAPD nor previously granted any rights adverse to or inconsistent with this copyright transfer; and that there are no rights outstanding which would diminish, encumber or impair the full enjoyment of the copyright transfer granted to the AAPD.

**National Institutes of Health (NIH) Funded Manuscripts:** Authors of studies funded by the NIH whose manuscripts are accepted for publication in either *Pediatric Dentistry* or the *Journal of Dentistry for Children* will have their final accepted version deposited to PubMed Central (PMC) by the publisher AAPD on behalf of the authors.

## Actions Taken on a Manuscript

The following categories constitute the editorial actions that may be taken on a manuscript:

**Rejection:** The flaws that lead to this decision generally center on substantive or methodological issues. A manuscript is usually rejected because: it is outside the area of coverage of the journal; it contains serious flaws of design, methodology, analysis, or interpretation; or it is judged to make only a limited novel contribution to the field.

**Revision:** Manuscripts may have publication potential but are not yet ready for final publication. The study as presented may not merit acceptance as is but may warrant consideration after substantive revision (e.g., reorganizing the conceptual structure, conducting additional experiments, or modifying analyses). The action editor will give the author an invitation to revise and resubmit for another round of reviews (usually with the same reviewers). An editor cannot guarantee acceptance of a revised manuscript, but authors who respond flexibly and attend closely to suggested revisions enhance their chances for an acceptance. Authors must include a detailed cover letter outlining their responses to the revisions. Revisions **must be submitted using Track Changes** so the original with the sections deleted can be seen along with the new text.



**Acceptance:** When the reviewers and Editor have determined the revision is acceptable the author receives a letter of acceptance specifying an approximate time frame for anticipated publication. Once a manuscript is accepted, it enters the production phase of publication. At this point, no further changes can be made by the author other than those suggested by the copy-editor.

New scholars who wish to learn more about the editorial and peer review process as it operates with AAPD should e-mail the AAPD headquarters office at [rgillmeister@aapd.org](mailto:rgillmeister@aapd.org).

## AAPD Manuscript Submission Checklist

This checklist applies specifically to original research articles, yet much of it will apply to submission of other manuscript types, as well. Please see the section 'Types of Manuscripts' in the Instructions for Authors for complete information.

### Submission Documents

- Submit manuscript in .doc or .docx format.
- Manuscript is double spaced.
- Used basic fonts such as Arial, Courier, Helvetica no smaller than 11 points.
- Two versions of the manuscript are to be uploaded, one version containing all the author information and one version without any information identifying the authors or their institutions (blinded).
- Tables appear at the end of the main document, while photos, photomicrographs and graphs are to be submitted as separate files (.jpg or .tif format only).
- IRB approval, informed consent (verbal or written), HIPAA compliance (if from the United States), and/or animal care committee must be included with the submission.
- IRB approval letters must be in English, on official IRB letterhead, and over an official signature of the IRB approval agent.
- For **Randomized Clinical Trials (RCT)**: Studies that are RCTs should consider CONSORT guidelines and checklist available at: "[www.consort-statement.org](http://www.consort-statement.org)" in the organization of the submission. This document can be added as a supplemental file in ScholarOne.
- For **Cohort Studies**: Studies that are observational cohort, case-controlled and cross-sectional studies should use the STROBE checklist addressing the guidelines available at: "[www.strobe-statement.org/index.php?id=available-checklists](http://www.strobe-statement.org/index.php?id=available-checklists)" in the organization of the submission. This document can be added as a supplemental file in ScholarOne.

### Short Title

- A brief but comprehensive phrase summarizing the paper.

### Keywords

- Five words that appear in the title/abstract, and searchable in PubMed.

### Abstract

- The abstract is brief, providing the reader with a concise yet complete summary of the paper.
- Date range of study should be given.
- Number of patients/animals (including age and gender, if appropriate) should be given.
- Various groups, including controls, described.
- Procedures performed should be described.
- Specifics of evaluation should parallel the results portion of the abstract.
- Abstract results parallel abstract methods.
- Abstract results contain quantitative data along with statistical significance.
- Abstract conclusions can be drawn from the results of the study.

### Introduction

- Provides context for the article.
- Provides objective of the study.
- Provides a clear purpose/hypothesis.
- Does not exceed two or three paragraphs.

### Methods

- As appropriate, includes a detailed description of the study design or type of analysis.
- As appropriate, includes dates and period of study.
- As appropriate, includes condition, factors, or disease studied.
- As appropriate, includes details of sample (e.g., study participants and the setting from which they were drawn).
- As appropriate, includes method of random sequence generation in detail (coin flip, random table, etc.)
- As appropriate, includes method of allocation concealment in detail (opaque envelopes, sequential numbered drug containers, etc.)
- As appropriate, includes a description of treatment providers.

*Continued on next page*





- As appropriate, includes whether providers and participants were blinded.
- As appropriate, includes inclusion and exclusion criteria.
- As appropriate, includes intervention(s), if any.
- As appropriate, includes outcome measures.
- As appropriate, includes method of blinding of outcome assessors.
- As appropriate, includes method of standardization and calibration of outcome assessors, including kappa statistics.
- As appropriate, includes statistical analysis.

## Results

- Clearly mirrors methods; used subtitles if needed. Check for consistency in data in text, tables, and figures.
- Report the results of the statistical analysis for all variables collected and analyzed, not just for those which exhibited statistical or near statistical significance.
- Text and Tables must stand alone.

## Discussion

- State pertinent new findings, and do not repeat results.
- How did your results differ from other relevant literature?
- Do not cite tables or figures in the *Discussion*. These should be introduced in the methods and results sections.
- Do not cite new results not previously reported in the *Results*. All results the author wishes to discuss must have first been presented in the *Results* section of the manuscript.
- Describe limitations of your study in the paragraph just before your *Conclusions*. Include itemization of limitations of any incomplete data.
- Describe the type of future studies needed, if appropriate.

## Conclusions

- Synthesis of key points.
- List and number using Arabic numerals.
- Conclusions should be supported by data.
- Numbered succinct statements.

## References

- Call out references in order they appear in text.
- Adhere to AAPD guidelines.
- Verify accuracy of your references.
- Archive each and all URLs in WebCite®.

## Tables

- Adhere to AAPD Maximum requirements according to Type of Manuscript.
- Include title for each table.
- Numbers correspond to numbers in text.
- Define abbreviations below each table.

## Figures

- Adhere to AAPD maximum requirements according to type of manuscript.
- Image resolution, after cropping to the area of interest, should be a minimum 300-600 dpi.
- Figures should be submitted individually as .jpg or .tif files.
- Figures should be numbered in Arabic numerals in the order of the first citation in the text.
- Legends for each figure must be printed on a separate page.
- Figure legends should clearly define findings on each figure, with labels mentioned in the caption if they are used in the figure.
- If based on individual subject, caption should include subject age and gender.

***NOTE: Authors desiring to have more Figures or Tables, MUST agree with the electronic publication of their manuscript and select this preference. Each separate chart, graph or photograph will be counted as a separate figure. Figures grouped together will be counted as their individual parts. See examples on page 2.***

