

GUIDELINES FOR AUTHORS

Quintessence International publishes only clinically relevant scientific papers, topic reviews, systematic reviews, case reports, and method presentation articles in the field of dentistry. Original articles are published in all dentistry-related disciplines, relevant to dental and oral diseases and management. The journal aims to serve dentists in their practice by sharing and improving knowledge and experience.

Please read the instructions below for details on the submission of manuscripts and the journal's requirements and standards.

Original articles are considered for publication on the condition that they have not been published, posted on a preprint repository site, or submitted for publication elsewhere.

All articles should be clinically relevant to all dentistry-related disciplines and addressed to the general dentist. The journal publishes several types of peer-reviewed original articles:

1. Topic review and Systematic review articles. The review can be a topic review or systematic review. It should cover a topic of interest for the general practitioner and should address a clinical problem, diagnosis, or treatment. Reviews should offer a broad view of the field. The review Abstract should have not more than 250 words and include: Objectives, Data Sources, and Conclusion. The main text should be divided into Introduction, Data Sources, Resources Selection, Review, Discussion, and Conclusion. Search strategies must be described and the use of evidence-based systematic approaches is expected. The Discussion and Conclusion should address the relevance to the general practitioner and should be supported with clinically relevant photographs.

2. Original scientific articles. Original scientific articles must reach the highest international standards in the field and should be relevant to dental practice. The articles should describe significant and original experimental observations and provide sufficient details so that the observations can be critically evaluated and, if necessary, repeated. The article Abstract should be no more than 250 words giving details of what was done, using the following structure: Objectives: A clear statement of the main goal of the study and any tested hypotheses. Method and Materials: Describe the methods, study design, and data analysis. Results: Main results of the study, including the outcome of any statistical analysis. Conclusion: State the major conclusions of the study and their implications and relevance to the practice of dentistry.

The main text should include Introduction, Method and Materials, Results, Discussion, and Conclusion sections. The Introduction should summarize the background of the research objectives and should emphasize the relevance of the study to the practice of dentistry. The Method and Materials section must contain sufficient detail such that, in combination with the references cited, all clinical trials and experiments reported can be fully reproduced. Manufacturers of materials should be named, known methods should be referenced, and data analysis should be described. The Results section should be presented in a logical sequence in the text, tables, and illustrations. The Discussion section should include association to previous studies, and implications of the findings to the practice of dentistry should be included. The Conclusion section should not summarize the findings. Instead, the conclusions should relate to the aims of the study and the relevance to dental practice. The conclusions should be supported by the data.

3. Case reports and short case presentation articles. Case reports should have importance and significance to the practitioner; repetition of well-known and extensively published conditions or methods will not be accepted. Case reports should include: Abstract, Introduction, Case Presentation, Discussion, and Conclusion/Recommendation when necessary. The Abstract should have not more than 250 words and summarize the case. The article should emphasize the new information provided and the relevance to general practitioners. Sufficient follow-up period is required, and high-quality images should be included.

4. Short case presentations. These should be used for interesting but simpler cases, which the authors would like to share with the readers. The abstract should include not more than 150 words and the main text is limited to 800 words. Only four illustrations and five references can be included.

5. Method presentation articles. The method presentation must offer significant improvements in clinical practice (a novel technique, technological breakthrough, or practical approaches to clinical challenges). The main text should be divided into an Introduction, Report, and Discussion. All parts should be well-illustrated with clinical images, radiographs, diagrams, and, where appropriate, supporting tables and graphs.

Review/editing of manuscripts. Manuscripts will normally be reviewed by the editor-in-chief, one associate editor, and at least two reviewers with expertise in the article's subject matter. The journal operates a conventional double-blind reviewing policy in which the reviewer's name is always concealed from the submitting author, and the authors' names are always concealed from the reviewers (although not from the editor-in-chief or associate editors). External peer review is not mandatory in the journal. After review by the editor-in-chief and/or an associate editor, a decision is made whether to reject the work or to continue the review process. Any works where the editor-in-chief is a contributor will be handled and decided upon by an associate editor. Any works where an associate editor is a contributor will be handled and decided up by an alternative associate editor and editor-in-chief. We attempt to begin the review process as rapidly as possible, and a decision is reached as soon as the reviewer's comments are received, typically within 8 to 10 weeks.

The publisher reserves the right to edit manuscripts to ensure conciseness, clarity, and stylistic consistency, subject to the author's final approval.

Manuscripts are reviewed and selected in a blinded process by editors and appropriate content experts. Therefore, it is important that submitted manuscripts and illustrations do not contain information that will identify the paper's origin (except for the title page, which will not be sent to reviewers).

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Study protocol. Clinical trials must be registered in an acceptable clinical trials registry (clinicaltrials.gov, etc). Please provide the registration number (required for interventional studies). The study's registration number should appear in the manuscript following the abstract. We encourage the registration of observational study protocols.

Reporting guidelines and checklists. These are listed below and can be found at the Equator Network (www.equator-network.org/). Please note that completed applicable checklists and appropriate documentation (flow diagram, etc) should be uploaded with your submission.

CONSORT—For clinical trials (www.consort-statement.org/)

PRISMA—For systematic reviews and meta-analyses (<http://prisma-statement.org/PRISMAStatement/Checklist.aspx>).

SQUIRE—For formal, planned studies designed to assess the nature and effectiveness of interventions to improve the quality and safety of care (www.equator-network.org/reporting-guidelines/squire/)

STROBE—For observational studies in epidemiology (<http://strobe-statement.org/>).

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MOOSE—For meta-analyses of observational studies (www.elsevier.com/__data/promis_misc/ISSM_MOOSE_Checklist.pdf)

STARD—For diagnostic accuracy studies (www.elsevier.com/__data/promis_misc/ISSM_STARD_Checklist.pdf)

STREGA—For gene-disease association studies (www.equator-network.org/reporting-guidelines/strobe-strega/)

SPQR—For qualitative research (www.mmcri.org/deptPages/core/downloads/QRIG/Standards_for_Reporting_Qualitative_Research__A_990451.pdf)

COREQ—For qualitative research (www.mmcri.org/deptPages/core/downloads/QRIG/Standards_for_Reporting_Qualitative_Research__A_990451.pdf) (cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf).

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The Journal will follow as much as possible the recommendations of the International Committee of Medical Journal Editors in regard to preparation of manuscripts and authorship (Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals; www.icmje.org/recommendations).

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Abstract/keywords. Please include a maximum 250-word structured abstract (with headings Objectives, Method and Materials, Results, and Conclusion, depending on manuscript type) and up to 6 key words in alphabetical order.

Tables and figures. All figures and tables should be numbered and cited in the text in order of appearance. Figure legends should begin with a brief title for the whole figure and continue with a short description of each panel and the symbols used. Legends should be grouped at the end of the text. Figures and tables can be grouped at the end of the manuscript or uploaded individually.

- Clinical images should be at least 300 dpi at 9 cm wide.
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- Line art (eg, graphs, charts, line drawings) should be provided as editable vector art (eg, Illustrator or EPS files).
- Images containing type should either be saved as a layered file or provided along with a second file with type removed.

Note that article acceptance is pending receipt of acceptable original art.

Statistical methods. Indicate the statistical methods used, if applicable, in a separate section. Describe all details of the statistical analyses. Use of one-tailed analyses requires clear justification. Indicate the alpha (cut-off) value set for statistical significance. Report all *P* values as “XX” and do not use “not significant” or its abbreviation. For *P* values between .001 and .10, report the value within three decimal places. For *P* values greater than .10, please report the value with two decimal places. For *P* values less than .001, report as “*P* < .001,” except for genome-wide association studies. For group differences, show the appropriate effect measure (eg, relative risk, absolute risk, difference of means).

Abbreviations/acronyms. Abbreviations should be kept to a minimum, particularly those that are not standard. Terms and names referred to as abbreviations or acronyms should be written out when first used with the abbreviation in parenthesis. Standard units of measurement need not be spelled out.

Tooth numbering. The complete names of individual teeth must be given in the text. Only in tables and figures, individual teeth can be identified using the FDI 2-digit system if full tooth names are too unwieldy.

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References

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Journal reference style:

1. Ahmad M, Schiffman EL. Temporomandibular joint disorders and orofacial pain. *Dent Clin North Am* 2016;60:105–124.

Book reference style:

1. Kielbassa AM (ed). *Radiotherapy of the Head and Neck. Implications for dentists, ear-nose-throat physicians, and radiologists* [in German]. Hannover: Schlütersche, 2004:43.

Internet/URL reference style:

1. World Health Organization. Oral Health. <https://www.who.int/health-topics/oral-health>. Accessed 11 Nov 2022.

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