

What Happens When Editors Are Assembled?



I recently attended a meeting on implant dentistry and some of the tangentially related areas that will grow out of the current science used in this field. While at that meeting, a few people recognized that there were a number of scientific journal editors in attendance. During a discussion period, one of the attendees suggested that the editors get together to develop a set of factors that should be included in every scientific article. The moderator of the meeting took this as a mandate for action and asked the editors to gather later in the meeting to discuss the establishment of these factors. In due time, the editor group was cobbled together and a discussion ensued.

The editors represented journals devoted to oral surgery, periodontology, prosthodontics, restorative and implant dentistry. The discussion was lively and the camaraderie was strong. Not surprising, however, was the fact that this hastily assembled group was not able to arrive at specific answers to the charge that was created on the fly. Instead, the group decided that there would be merit in the creation of a brainstorming forum for the editors.

One point that was very clear was that none of the editors wished to throttle the creativity of investigators/authors by mandating a specific set of studied outcomes for every research project. The objection was to the mandate rather than to the concept. Conceptually, the editors were supportive of identification of commonly reported outcomes, but no one thought that the editors should be the ones dictating the path for scientific investigation. Instead, the consensus appeared to be that editors might suggest to authors a number of parameters that might be evaluated in future research. Although there are two qualifiers in the previous sentence, it still represents a unique stance whereby requests for future research would include a few specific factors.

Whenever discussions enter the world of study design, there is usually a fear that all studies but the randomized controlled clinical trials will be summarily rejected. Fortunately, this was not the case, as the editors recognized the value of other study designs and also appreciated the fact that some studies simply cannot be conducted as an RCT. They did, however, agree that when an RCT is reported, it should follow the CONSORT Statement guidelines (<http://www.consort-statement.org/consort-statement/>) because this creates a standardized method of reporting that is easier for the reader to assimilate. In fact, a variation of this format works for most studies once the difference in study design is recognized.

Other ideas that were shared related to the preference to report time-dependent data rather than providing raw data only. Given that implant dentistry is

predictable over a long time frame, the presentation of time-dependent data will support the long-term benefits of this treatment. Presentation of time-dependent data may take the form of Kaplan Meier survival curves or life tables. Since many studies lack power, the use of life tables allows other clinicians to accumulate data from multiple studies, thereby gaining a better perception of clinical performance.

Clinical parameters, such as implant survival, bone level, soft tissue appearance, and the likelihood that an interdental papillae may be maintained/recreated and preserved long-term, are factors that provoke reader interest and, as such, should be reported. The group recognized concerns in the reporting of this information because no universal reference points for clinical measurement yet exist.

Another topic of agreement was related to the way that data are presented. Although there is comfort in reporting mean values with standard deviations, it may be quite illustrative to identify maximum values and the percentage of patients treated who will exhibit meaningful levels of adverse responses. Confidence intervals would provide readers with a better understanding of the likelihood that complications might occur. All this information allows a clinician to understand how likely they are to encounter a catastrophe rather than simply experiencing a minor complication.

There is a recognized need for every article to present a working hypothesis or a set of specific aims. An article that lacks a purpose is rarely one that presents compelling results. And, *drumroll please*, probably the most critical feature for any scientific article is to be clear and concise. Many an article has been ignored by the reader for lack of clarity and many a reader understands that no knowledge is gained once a rambling article induces sleep. Even a verbose editor recognizes this to be true.

So where do we go from here? The editors decided to create a bulletin board to post ideas regarding a "wish list" of items that could/should be included in studies. Once this was created, there was rapid acceptance of the list of factors described above. At this point the process is voluntary, but the goal is to make it easier to report information and to make the published information easier for readers to assimilate—a goal that should please everyone.

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