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All submitted articles will be forwarded to two associate editors for initial analysis. Should both decide that the article is of low priority, it will be sent back to the author. Conversely, should at least one of the editors decide that the article is suitable for publication, it will continue on the submission process and will be thoroughly analyzed by a group of three to four reviewers. The double blind” system is used in this phase.
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GUIDELINES FOR SUBMISSION OF MANUSCRIPTS

- All articles must be written in English.
- Manuscripts must be submitted via <http://mc04.manuscriptcentral.com/dpjo-scielo>.
- Articles must be organized as described below and according to the NCBI Style Guide available at: <http://www.ncbi.nlm.nih.gov/books/NBK988/>.

1. Authors

- The number of authors is unlimited; however, articles with more than four authors must inform each author’s role in the study.

2. Abstract

- Abstracts should be structured and comprise 250 words or less.
- Structured abstracts must contain the following sections: INTRODUCTION, outlining the objectives of the study; METHODS, describing how the study was conducted; RESULTS, describing the primary results; and CONCLUSIONS, reporting the authors’ conclusions based on the results, as well as the clinical implications.
- Abstracts must be accompanied by 3 to 5 keywords, or descriptors, which must comply with MeSH controlled vocabulary thesaurus (www.nlm.nih.gov/mesh).

3. Text

- The text must not include information about the authors (e.g., authors’ full names, academic degrees, institutional affiliations and administrative positions). They should be included in specific fields of the article submission website, only. Thus, this information will not be available during review process.
- Text must be organized in the following sections: Introduction, Material and Methods, Results, Discussion, Conclusions, Citations and Figure captions.
- Texts must contain no more than 4,000 words, including captions, abstract and citations.
- Figures and Tables must be submitted in separate files (see item 4).
- Also insert Figures captions in the text document so as to guide the article layout.

4. Figures

- Digital images must be in JPG or TIF formats, CMYK or grayscale, at least 7 cm wide and with 300 dpi resolution.
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- If a given illustration has been previously published, its caption must give full credits to the original source.
- The author(s) must ascertain that all figures are cited.

5. Data charts and cephalometric tracings

- Files containing the original version of charts and tracings must be submitted.
- It is not recommended that such charts and tracings be submitted solely in bitmap image format (noneditable).

- Drawings may be improved or redrawn by the Journal's graphic design department, at the criterion of the Editorial Board.
- Charts must be named and cited in the text as Figures.

6. Tables

- Tables must be self-explanatory and should supplement, not duplicate the text.
- Tables must be numbered with Arabic numerals in the order they are mentioned in the text.
- A brief caption must be provided for each table.
- Should a table have been previously published, credit to the original source must be included in the caption.
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7. Ethics committees

- Articles must, if applicable, refer to opinions of the Ethics Committees, without, however, specifying the name of the university, college, school or department (thus, this information will not be available to reviewers).

8. Systematic reviews

- DPJO supports initiatives aimed at improving the report of biomedical research. Thus, authors are requested to make use of available reporting guidelines and checklists for biological and biomedical research, whenever applicable. Checklists are available for a number of study designs, including systematic reviews (PRISMA, available at www.prisma-statement.org/statement.htm).

9. Required statements

All manuscripts must be accompanied by the following statements to be attached during the submission process:

- Assignment of copyright
Transferring all copyrights of the manuscript to Dental Press International, should it be published.
- Competing interests
Authors should disclose any financial competing interests, but also any nonfinancial competing interests that may cause them embarrassment if they were to become public after the publication of the article.
- Research involving human subjects, human material, or human data
Research involving human subjects, human material, or human data must have been performed in accordance with the Declaration of Helsinki and must have been approved by an appropriate Ethics Committee. A statement detailing this, including the name of the Ethics Committee and the reference number, where appropriate, must appear in all manuscripts reporting such research.

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Authors must have permission from the copyright holder to reproduce any figures that are covered by copyright, and its caption must cite the original source. Documentary evidence to support this permission must be made available to the Editor on request.

— Informed consent form

For all research involving human subjects, an informed consent form should be obtained from subjects participating in the study (or their parent or guardian in the case of children under 16), and a statement to this effect should appear in the manuscript.

10. Citations

- Research articles must cite appropriate and relevant literature in support of the claims made. Excessive and inappropriate self-citation or coordinated efforts among several authors to collectively self-cite is strongly discouraged.
- Any statement in the manuscript that relies on external sources of information (i.e. not the authors own new ideas or findings or general knowledge) should use a citation.
- Authors should avoid citing derivations of original work. For example, they should cite the original work rather than a review article that cites an original work.
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- Authors should avoid citing work solely from one country.
- Authors should not use an excessive number of citations to support one point.
- Ideally, authors should cite sources that have undergone peer review, whenever possible.
- Authors should not cite advertisements or advertorial material.
- Citations must be listed at the end of the text, in the same order they are mentioned in the text, and in accordance to Vancouver Standards:
http://www.nlm.nih.gov/bsd/uniform_requirements.html

1. Registration of clinical trials

Clinical trials are among the best evidence for clinical decision making. To be considered a clinical trial a research project must involve patients and be prospective. Such patients must be subjected to clinical or drug intervention with the purpose of comparing cause and effect between the groups under study and, potentially, the intervention should somehow exert an impact on the health of those involved.

According to the World Health Organization (WHO), clinical trials and randomized controlled clinical trials should be reported and registered in advance.

Registration of these trials has been proposed in order to (a) identify all clinical trials underway and their results, since not all are published in scientific journals; (b) preserve the health of individuals who join the study as patients and (c) boost communication and cooperation between research institutions and other stakeholders from society at large interested in a particular subject. Additionally, registration helps to expose the gaps in existing knowledge in different areas as well as disclose the trends and experts in a given field of study.

In acknowledging the importance of these initiatives and so that Latin American and Caribbean journals may comply with international recommendations and standards, BIREME recommends that the editors of scientific health journals indexed in the Scientific Electronic Library Online (SciELO) and LILACS (Latin American and Caribbean Center on Health Sciences) make public these requirements and their context. Similarly to MEDLINE, specific fields have been included in LILACS and SciELO for clinical trial registration numbers of articles published in health journals.

At the same time, the International Committee of Medical Journal Editors (ICMJE) has suggested that editors of scientific journals require authors to produce a registration number at the time of paper submission. Registration of clinical trials can be performed in one of the Clinical Trial Registers validated by WHO and ICMJE whose addresses are available at the ICMJE website. To be validated, the Clinical Trial Registers must follow a set of criteria established by WHO.

2. Portal for promoting and registering clinical trials

With the purpose of providing greater visibility to validated Clinical Trial Registers, WHO launched its Clinical Trial Search Portal (<http://www.who.int/ictrp/network/en/index.html>), an interface that allows simultaneous searches in a number of databases. Searches on this portal can be carried out by entering words, clinical trial titles or identification number. The results show all existing clinical trials at different stages of implementation with links to their full description in the respective Primary Clinical Trials Register.

The quality of information available on this portal is guaranteed by the producers of the Clinical Trial Registers that form part of the network recently established by WHO, i.e., WHO Network of Collaborating Clinical Trial Registers. This network will enable interaction between the producers of the Clinical Trial Registers to define the best practices and quality control. Primary registration of

clinical trials can be performed at the following websites: www.actr.org.au (Australian Clinical Trials Registry), www.clinicaltrials.gov and <http://isrctn.org> (International Standard Randomized Controlled Trial Number Register (ISRCTN)). The creation of national registers is underway and, as far as possible, registered clinical trials will be forwarded to those recommended by WHO.

WHO proposes that as a minimum requirement the following information be registered for each trial. A unique identification number, date of trial registration, secondary identities, sources of funding and material support, the main sponsor, other sponsors, contact for public queries, contact for scientific queries, public title of the study, scientific title, countries of recruitment, health problems studied, interventions, inclusion and exclusion criteria, study type, date of the first volunteer recruitment, sample size goal, recruitment status and primary and secondary result measurements.

Currently, the Network of Collaborating Registers is organized in three categories:

- » Primary Registers: Comply with the minimum requirements and contribute to the portal;
- » Partner Registers: Comply with the minimum requirements but forward their data to the Portal only through a partnership with one of the Primary Registers;
- » Potential Registers: Currently under validation by the Portal's Secretariat; do not as yet contribute to the Portal.

3. Dental Press Journal of Orthodontics -

Statement and Notice

DENTAL PRESS JOURNAL OF ORTHODONTICS endorses the policies for clinical trial registration enforced by the World Health Organization - WHO (<http://www.who.int/ictrp/en/>) and the International Committee of Medical Journal Editors - ICMJE (# <http://www.wame.org/wamestmt.htm#trialreg> and http://www.icmje.org/clin_trialup.htm), recognizing the importance of these initiatives for the registration and international dissemination of information on international clinical trials on an open access basis. Thus, following the guidelines laid down by BIREME / PAHO / WHO for indexing journals in LILACS and SciELO, DENTAL PRESS JOURNAL OF ORTHODONTICS will only accept for publication articles on clinical research that have received an identification number from one of the Clinical Trial Registers, validated according to the criteria established by WHO and ICMJE, whose addresses are available at the ICMJE website <http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/>. The identification number must be informed at the end of the abstract.

Consequently, authors are hereby recommended to register their clinical trials prior to trial implementation.

Yours sincerely,

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