EUROPEAN JOURNAL OF ORAL IMPLANTOLOGY
GUIDELINES FOR AUTHORS

The aim and scope of EJOI (European Journal of Oral Implantology) is to publish clinical articles related to the science and practice of oral implantology 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.

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 EJOI and other journals.
3. Proceedings of symposia, workshops or conferences.
5. Clinical guidelines. Manuscripts should be submitted according to the following transparent guidelines: (AGREE: http://www.agreecollaboration.org/).
6. Clinical studies. Randomised controlled clinical trials, 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 better understanding. Manuscripts should be submitted according to the following transparent guidelines: randomised controlled clinical trials (CONSORT: http://www.consort-statement.org/); diagnostic accuracy studies (STARD: http://www.stard-statement.org/website%20stard/); observational studies (STROBE: http://www.strobe-statement.org/).
7. Case reports and clinical procedures presenting rare complications, conditions or exceptionally interesting findings or procedures; however, higher levels of evidence are encouraged where possible.

- **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 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.
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  5. Disclaimers, if any.
  6. Source(s) of support in the form of grants, equipment, drugs, or all of these.
  8. Running head of no more than 40 characters (including spaces).
  8. A word count for the text only (excluding abstract, acknowledgments, figure legends, and references).
  9. The number of figures and tables.

• **Conflicts of interest notification.** A statement of financial or other relationships that might lead to a conflict of interest.

• **Keywords.** 3–5 keywords or short phrases that capture the main topics 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 maximum 250-word structured abstract (aims, materials and methods, results, conclusions).

• **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.

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  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 and address in parentheses), and procedures in sufficient detail to allow other workers 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.

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  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.
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• **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.

• **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. individual 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.

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