

### AIMS and COVERAGE

**Dentomaxillofacial Radiology (DMFR)** is the journal of the International Association of Dentomaxillofacial Radiology (<http://www.iadmfr.org>). **DMFR** publishes original research papers, review articles, systematic reviews, case reports, short communications and technical reports, covering both the clinical and experimental aspects of oral and maxillofacial imaging.

### Editorial policy

The Editor reserves the right to make changes that may clarify or condense papers where this is considered desirable.

### Submission

Please submit manuscripts online at <http://www.editorialmanager.com/dmfr/>. Online submission will expedite the peer review process. You will also be able to check the status of your submission online.

Each paper is allocated a reference number, which should be quoted in any communication with **DMFR** in connection with that paper.

Authors will be asked to transfer copyright to the publisher, The British Institute of Radiology. It is also the author's responsibility to obtain permission to include any previously published material.

Submission of a paper is intended to imply that it presents original unpublished work, either in all or in part, including the illustrations, that it is not under consideration for publication elsewhere; and that the final version has been read and approved by all the authors. All correspondence requiring signatures must be sent by regular mail, not electronically, and should include the telephone, fax number and e-mail address of the corresponding author.

Teeth should be designated in the text using the full English terminology. In tables and figures individual teeth can be identified using the FDI two-digit system, i.e. tooth 13 is the first permanent molar in the right maxilla region.

### Peer-review process

All submitted manuscripts will undergo peer-review. Each manuscript is normally allocated to two reviewers. Reviewers receive manuscripts with blind title pages to ensure an unbiased review.

Reviewers are asked to provide detailed constructive criticism for transmission to the authors. **DMFR** requests that reviewers return their reports within 3 weeks of agreeing to review a paper. All efforts are taken to provide fair and thorough reviews as speedily as possible.

Having appraised the reviewers' reports, the Editor will make a final decision on each manuscript.

### Categories of decision

- Accept
- Probable acceptance following minor revision
- Possible acceptance following major revision
- Reject

When revisions are requested, all points raised by the reviewers must be answered by the authors on a separate sheet, and uploaded with the revised manuscript. However, if the authors disagree with specific reviewers' recommendations, authors are free to explain their reasoning when resubmitting their paper.

Authors should also be aware that manuscripts may be returned without external review when the Editor deems that the paper is of insufficient general interest for the readership of **DMFR**, or that the scientific quality is such that it is unlikely to receive favourable reviews. Editorial rejection is done to speed up the editorial process and to allow the authors' papers to be promptly submitted and reviewed elsewhere.

### Preparation of manuscripts

Authors are urged to write as concisely as possible. Papers should be submitted in double line spacing with a margin of at least 3 cm all round. Papers should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Fifth Edition JAMA 1997; 277: 927–934).

Manuscripts must be submitted online at <http://www.editorialmanager.com/dmfr/>. Paper manuscripts will not be accepted.

## Format

### 1. Title pages

Authors are required to prepare two (2) title pages. One will be a 'blind' title page which will bear the title of the paper only. This title page will be used to ensure anonymity in the peer review process.

The second or 'full' title page will not be transmitted to referees and should bear the title of the paper, the full names of the authors and their affiliations, together with the name, full postal address, telephone and fax number and e-mail address of the author to whom correspondence and reprint requests are to be sent. There should be a running title of not more than 25 letters and spaces.

### 2. Abstract

This should not exceed 250 words and should be constructed under the following subheadings: Objectives; Methods; Results; Conclusions. These subheadings should appear in the text of the abstract. Beneath the abstract please select up to 4 keywords from the current Medical Subject Headings (MeSH) found at <http://www.ncbi.nlm.nih.gov/entrez/meshbrowser.cgi>.

### 3. Introduction

This should assume that the reader is knowledgeable in the field and should therefore be as brief as possible. Generally three paragraphs only are needed. The first paragraph provides an overview of the subject area with approximately 10 references maximum. (Unless the paper is a review of a topic, authors should avoid an unnecessary review of the literature, as the paper will be returned for reduction of the text.) The second paragraph should describe what is not known about the area of interest or a specific problem of clinical/scientific interest. The third paragraph briefly states the aims of the paper. Please do not use footnotes in any section of the text portion of the manuscript.

### 4. Materials and methods

Methods that have been published in detail elsewhere should not be described in detail. SI units should be used throughout the text (Grays, Sieverts not RADs and REMs). Any equipment or software mentioned should specify the product/model number, the manufacturer and their location (city, state and country). An appendix may be used for mathematical formulae or method details of interest to readers with specialist knowledge of the area.

### 5. Informed consent

Manuscripts reporting the results of experimental studies on human subjects must include a statement in the Materials and Methods that informed consent and ethical approval has been obtained.

### 6. Results

These should be presented succinctly in the same order as the experiments are described in the Materials and Methods. Tables and especially graphics are encouraged for quantitative information.

Do not discuss the results in this section.

### 7. Discussion

This should comment critically on the findings from the results obtained, their relationship to existing knowledge and their significance for improved understanding of oral and maxillofacial radiology. Speculation and new hypotheses are encouraged, provided they are firmly rooted in the data presented. The last paragraph of the discussion should begin "In conclusion," and then the conclusions should be drawn. There is no separate conclusions heading or section.

### 8. Acknowledgments

These should be brief and should indicate any potential conflicts of interest and sources of financial support.

### 9. References

Authors are responsible for the accuracy of the references cited. Only papers closely related to the authors' work should be quoted. Exhaustive lists should be avoided. References should follow the Vancouver format. In the text they should appear in numerical order as superscript numbers starting at 1. The superscript numbers are placed AFTER the full point. At the end of the paper they should be listed (double-spaced) in numerical order corresponding to the order of citation in the text. A reference cited in a table or figure caption counts as being cited where the table or figure is first mentioned in the text. If there are 6 or fewer authors, list them all; if there are 7 or more, list the first 6 followed by et al. Abbreviations for titles of medical periodicals should conform to those used in the latest edition of Index Medicus. The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. Papers in press may be included in the list of references. Papers submitted for publication and papers presented at meetings should NOT be included as references; nor should abstracts of papers presented at meetings not in the public domain. These should be cited as a personal communication in the text.

### Examples of references

#### *Journal article:*

Gardner DG, Kessler HP, Morency R, Schaffner DL. The glandular odontogenic cyst: an apparent entity. *J Oral Pathol* 1988; **17**: 359–366.

#### *Journal article, in press:*

Dufoo S, Maupome G, Diez-de-Bonilla J. Caries experience in a selected patient population in Mexico City. *Community Dent Oral Epidemiol* (in press).

#### *Complete book:*

Kramer IRH, Pindborg JJ, Shear M. *Histological typing of odontogenic tumours* (2nd edn). Berlin: Springer Verlag, 1992.

#### *Chapter in book:*

DelBalso AM, Ellis GE, Hartman KS, Langlais RP. Diagnostic imaging of the salivary glands and periglandular regions. In: DelBalso AM (ed). *Maxillofacial imaging*. Philadelphia, PA: WB Saunders, 1990, pp 409–510.

### Abstract:

Mileman PA, Espelid I. Radiographic treatment decisions - a comparison between Dutch and Norwegian practitioners. *J Dent Res* 1986; **65**: 609 (Abstr 32).

### Letter to the Editor:

Gomez RS, de Oliveira JR, Castro WH. Spontaneous regression of a paradental cyst. *Dentomaxillofac Radiol* 2001; **30**: 296 (letter).

### Journal article on the internet:

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

### Homepage/Web site:

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

## 10. Tables

Number tables consecutively with an Arabic numeral. Each table should have a separate caption or title. Methods not described in the text and any abbreviations should be explained at the foot of the table. Tables should be referred to specifically in the text of the paper. Tables are to include NO vertical rules and are to be submitted as editable text.

## 11. Figures

Number figures consecutively using Arabic numerals. Each figure should have a detailed legend listed on a separate sheet of paper with the heading Figure Legends. Figures should be referred to specifically in the text. Labelling of artwork should be Arial 8 point font. Ideally, figure sizes should be 84 mm wide, 175 mm wide or the intermediate width of 130 mm.

### 11.1 Points to note:

- Do not put a box around graphs, diagrams or other artwork.
- Avoid background grid lines unless these are essential (e.g. confidence limits).
- A coarse pattern such as hatching should be used (shading is liable to break up on the printed copy).
- Keys to symbols should be given underneath the figure itself and not in the legend.
- Lines in all graphs (including axes), diagrams and other artwork should be 1 point in weight.
- Label axes clearly in Arial 8 point font and include all units of measurement. Centre the label along the axis and align the direction of the text with the axis.
- Do not use three-dimensional histograms when the addition of a third dimension gives no further information.

Submit radiographic images trimmed so as to show no more than is necessary to illustrate the points made by the author, at the same time retaining sufficient anatomical landmarks. Where

radiographs, particularly panoramic radiographs, are difficult to reproduce adequately, the author should consider digital enhancement (for an example see *Dentomaxillofac Radiol* 1999; 28: 348–350). The legend should state that the radiograph has been digitally enhanced. Patient identification must be obscured and side marks and transfer arrows applied to point out a particular feature where necessary. Patient consent must be obtained in writing if photographs are to be reproduced.

### 11.2 Image files

- Image files should be supplied in EPS, TIFF or JPEG format.
- TIFF is preferred for halftones, i.e. medical images such as radiographs, MR scans etc.
- EPS is preferred for drawn artwork (e.g. line drawings and graphs)
- For JPEG files, it is essential to save at maximum quality, i.e. "10", to ensure that quality is satisfactory when the files are eventually decompressed.
- DO NOT supply PowerPoint files as these may be problematic with respect to quality rendering.
- DO NOT supply GIF files—GIF is a compressed format that can cause quality problems when printed.
- Each figure should be uploaded separately and numbered, e.g. "Figure 1", "Figure 2" etc.

### 11.3 Colour

- Unless essential to the content of the article, all illustrations should be supplied in black and white, with no colour (RGB, CMYK or Pantone references) contained within them.
- Images that do need to be reproduced in colour should be saved in CMYK, with no RGB or Pantone references contained within them.
- The cost of reproduction of colour images will be charged to the author at the following rates: £300 for one colour image, £500 for two colour images and £100 for each subsequent additional colour image.

### 11.4 Resolution

Files should be saved at the appropriate dpi (dots per inch) for the type of graphic (the typical screen value of 72 dpi will not yield satisfactory printed results):

Line drawings - save at 800 dpi (or 1200 dpi for fine line work)  
Halftone and colour work - save at 300 dpi

### 11.5 Composition

The image should be cropped to show just the relevant area, and the amount of white space around the illustration should be kept to a minimum. All annotations (e.g. arrows) should be included within the images supplied.

### 11.6 Additional points

- Fonts should be Adobe Type 1 standard - Helvetica or Times are preferred.
- Ensure that lettering is appropriately sized - should correspond to 8 or 9 pt when printed.
- All lines (e.g. graph axes) should have a minimum width of ¼ pt (0.1 mm) otherwise they will not print; 1 pt weight

is preferable.

- Avoid using tints, but any that are used must be at a minimum 5% level for that tint to print (but do not use too high a tint as it may print too dark).
- List captions at the end of the manuscript text rather than in the image file.

### **Case Reports**

The format for Case Reports is Abstract, Case Report and Discussion.

### **Short Communication**

A research paper reporting preliminary findings from a hypothesis-driven piece of research. It should contain the same structure as a full research paper with Introduction, Methods, Results and Conclusion.

### **Technical Report**

A Technical Report is not a hypothesis-driven research report but describes a radiographic technique or piece of software of interest to a clinician or researcher in a relevant field of interest.

### **Editorials, Systematic Reviews and Review Articles**

Editorials and Reviews will generally be solicited by the Editor but submissions and suggestions for such material are very welcome.

### **Letters to the Editor**

Letters to the Editor are encouraged. They may deal with material in published papers or they may raise new issues. In the former, the Editor may send the letter first to the author(s) of the original paper so that any response can be published at the same time. On acceptance, an electronic letter will be sent to the authors confirming acceptance.

### **On Acceptance**

An electronic letter will be sent to authors confirming acceptance. If necessary, electronic image files of higher resolution will be requested; details of image file formats are listed above. Authors will be e-mailed PDF proofs and given the opportunity to purchase offprints in addition to the 25 that will be provided free of charge. Articles will also appear in DMFR Online at <http://dmfr.birjournals.org>

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