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The study was approved by the Bioethics Committee of the Medical University of A (No. ...). This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of University B (Date.../No. ...). Approval was obtained from the ethics committee of University C. The procedures used in this study adhere to the tenets of the Declaration of Helsinki. The questionnaire and methodology for this study was approved by the Human Research Ethics committee of the University of D (Ethics approval number: ...).Examples of statements to be used for a retrospective study: Ethical approval was waived by the local Ethics Committee of University A in view of the retrospective nature of the study and all the procedures being performed were part of the routine care. This research study was conducted retrospectively from data obtained for clinical purposes. 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Do not include details of the sample that you collected in the Materials and Methods (sample size, demographic variables, etc.) These data are the results of your planned study methods. Surveys or chart reviews are not study designs, but methods for collecting data. A statement documenting IRB approval must be included in the Materials and Methods. Variables Describe and define each study variable in detail such that a reader could repeat your study. Patient-oriented research studies generally have 3 types of study variables: 1) the predictor, independent, or exposure 2) outcome or dependent 3) co-variates, other variables collected for the study. It is common to have more than one predictor or outcome variable. Define which variables are primary and which are secondary predictor or outcome variables. It is common to have multiple heterogenous predictor variables, eg when looking for prognostic variables associated with an outcome of interest. Group heterogenous variables into logical categories, such as demographic, anatomic, radiographic, perioperative, operative, tumor stage. Keep the order of the variables consistent throughout the text and tables. Each variable should have a working definition, description, and code type, such as binary, categorical, ordinal, or continuous. Data collection methods Describe the data collection methods or techniques such that the average reader can understand the process or measurement technique. Data analyses Review "Reporting Statistical Information in Medical Journal Articles." Summarize the statistical tests used for the analysis. State the level of significance, ie P-value. Hypothesis tests will be considered 2-sided, unless stated differently. Report the details of the statistical software used for analyses (version, manufacturer, and extension packages). For randomized clinical trials, include sample size calculations computed prior to enrolling study subjects. For other study designs, if indicated, detail the process for determining the sample size. For randomized clinical trials, apply intention-to-treat analyses. If an intention-to-treat analysis is not used, report it, and justify why it was not used. Statistical consultation is suggested for most regression modelsNOTES:1. When applying a regression model to studies using dependent data, such as clustered (multiple implants per subject) or longitudinal (repeated cephalometric measurements over time) data, account for the correlations arising from clustering and/or repeated measures. Statistical consultation is strongly recommended for analyses of dependent data.2. It is common to lose study subjects to follow-up or exclude subjects due to inadequate data. Summarize and report lost observations (subjects lost to follow-up, dropouts from a clinical trial, or unavailable in an observational study). Prepare a table that compares the observed characteristics between subjects with complete data included in the study and those with incomplete data who were excluded from the study. 3. Describe how the investigators managed the issue of multiple comparisons or post-hoc comparisons. Statistical consultation may be indicated.4. For time-to-event outcomes (survival) apply appropriate survival statistics (Kaplan-Meier and analytic statistics such as Cox hazards ratios) to identify variables associated with the outcome of interest. Statistical consultation may be indicated.5. Survey studies: response rate should be adequate to assess outcomes of interest (>60%). When response rate < 100%, provide a table that compares the basic characteristics of respondents and non-respondents, identifying differences that may help to inform better the findings.6. Surveys or questionnaires should be valid and reliable. Provide references for the surveys used in the study that demonstrate validity and reliability.ResultsSummarize the demographic findings of the sample study anddescribe how the study groups differ (or not) in terms of thecovariates (age, sex, number of operations, etc.)1. For randomized clinical trials, provide the number of subjects.2. For observational studies, report the size of the study population and the size of the final sample. Report losses to observation or follow up and the reasons for lost subjects or observations. Report findings using quantitative terms. Include appropriate indicators of measurement error or uncertainty (confidence intervals, P-values). o Reporting a P-value alone is insufficient. o Do not describe the findings using qualitative terms (high, low, large, small). If results are not statistically significant, do not hedge. Avoid phrases such as marginal significance or trend toward significance. Limit causal language to randomized clinical trials. For non-randomized studies, describe the results using terms such as correlation or association. Randomized trials and analytic, observational studies should include the following tables: Table 1 Summarize the descriptive or univariate statistics of the sample to provide an overview of the study sample. If a significant number of subjects have incomplete data and are excluded from analyses, include in the table the co-variates stratified by study participant status (study subjects versus subjects excluded from analyses). Compute appropriate descriptive and analytic statistics, if indicated and report them with the P-values and measures of variance (standard deviation or confidence intervals). Table 2 Present all study variables (covariates from Table 1) versus predictor/exposure/independent variables. Compute appropriate descriptive and analytic statistics and report them with the P values and measures of variance (standard deviation or confidence intervals) Table 3 Present all study variables (covariates) from Table 2 versus the primary outcome variable. Compute appropriate descriptive and analytic statistics and report them with the P-values and measures of variance (standard deviation or confidence intervals) Table 4 Present primary predictor vs. primary outcome variable (bivariate analysis). Compute appropriate descriptive and analytic statistics and report them with the P-values and measures of variance (standard deviation or confidence intervals) Table 5 If indicated, present a summary of the regression model of the primary predictor variable versus primary outcome variable adjusted as indicated for relevant co- variates. Tables 2 and 3 should help to inform the investigators in terms of creating the regression model by identifying co-variates to consider for inclusion in the regression model. Repeat Tables 2 or 3 and 4 for secondary predictor or outcome variables, if indicated.DiscussionThe organization and structure of the discussion is a stylisticchoice. Consider the following outline to structure the discussionsection. Restate the study purpose, hypothesis, and specific aims and then summarize the key findings as they relate to the study purpose Summarize other key findings of the study Summarize the author's findings as they relate to other studies Summarize the study's strengths and weaknesses, with a particular emphasis on how the strengths and weaknesses may affect interpretation of the studys result. Conclusion Summarize the key clinical significance or findings of the study, applicability to clinical practice, and plans for future research activities. [Top] REVIEW ARTICLE Review (REV)Title Briefly, mention the type of review (narrative summary, systematic review without meta-analysis) and the important topic it addresses.Structured abstract Purpose: Summarize in up to 3 sentences: Background Importance Purpose/objective Methods: Describe the information sources used Include search strategies and years searched Summarize the inclusion/exclusion criteria applied to select articles for analyses and quality assessment. Include information about the specific population, intervention, exposure, and tests or outcomes being reviewed Results: Summarize the number of articles and the study types included and numbers of patients/participants represented by these studies Summarize the key findings of the review using quantitative descriptions Conclusion: Limit conclusions to results described in the abstract Answer the research question(s) Base the conclusion on the available evidence Discuss how clinicians should apply current knowledgeBody of the Expound upon the details outlined in the structured abstract inmanuscript clear declarative language using the headings below: Introduction Materials and Methods: Required elements: PRISMA-style flow diagram Table that rates the quality of the studies/evidence Must follow EQUator Reporting Guidelines Results Discussion Authors conclusion is included at the end of the discussion; it is not under its own subheading [Top] META-ANALYSIS Full-length article (FLA)Title Include A Meta-analysis as a subtitleStructured abstract Meta-analyses should include an abstract of Materials and Methods:ResultsDiscussionAuthors conclusion is included at the end of the discussion; it isnot under its own subheading [Top] TECHNICAL/SURGICALINNOVATION Discussion (DIS)Title Clearly state the topic in terms that explain what the article offers to the readerUnstructured abstract Requireds; < 150 wordsBody of Manuscript Innovation: Describe the innovation and what aspects of our specialty it will affect. Advantage: Summarize the key advantages of the innovation over current approaches. Are there risks, increased costs, or other trade-offs? Significance: Describe the importance of this innovation and how it will affect patient care, education, safety, quality, or policy. Evidence: Describe any evidence that supports claims of the innovations viability, significance, health benefit(s), cost savings, or other potential advantages of the innovation. Challenges: Detail the challenges to generalizing the innovation. Time: Outline a time frame in which this innovation may become mainstream or accepted practice2. [Top]CASE REPORT Case report (CRP)Unstructured abstract Required; < 150 wordsNote to authors Routine case reports may be accepted for publication under the following limited circumstances: 1. contains new information about a disease process, diagnostic technique or maneuver, treatment, or operative approach 2. contains information that needs to be reinforced periodically 3. includes a comprehensive review on a topic requiring an update 4. is of an extremely unusual case. Other considerations for case reports or case series include hypothesis generation, recognition of sentinel events, outcomes of rare diseases, or new treatments. [Top] PERSPECTIVES Correspondence (COR)Guidelines for Perspectives articles represent succinct commentary or opinionsubmission pieces, survey results, and other shorter contributions that address topics of relevance to oral-maxillofacial surgeons. 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For book references, give the authors name, book title, location and name of publisher, and year of publication (exact page numbers are required for direct quotations). For example: Abrahams OH, Boon JM, Sprat JD: McMinns Clinical Atlas of Human Anatomy. Philadelphia, PA, Mosby, 2008, pp12, 16, 29. Search the JOMS database for relevant articles.Tables Each table in the manuscript should stand alone conceptually and be interpreted without referencing the text of the manuscript. As such, tables must be logically organized and supplement the article. Where possible, consider summarizing the information as text in the manuscript rather than using a table. Tables should include descriptive titles, be numbered consecutively, and cited in the body of the paper in order. Put each table on its own page, including the title and any footnotes. Use of footnotes is encouraged to explain abbreviations and symbols used in the table. Do not draw vertical rules in tables. Tables must be editable in Microsoft Word and placed following the References in the manuscript document. Each table should be on its own page in the document. Number tables should be referenced in the manuscript in numerical order.Figures/Illustrations Color art and color photography submissions are strongly encouraged. Images must be high-resolution digital illustrations (EPS or TIFF files): line artwork = minimum of 1,000 dpi; halftone artwork (photographic/continuous tone) = minimum of 300 dpi; combination artwork (line/tone) = minimum of 500 dpi; recommended dimensional size is a minimum of 5 x 7 inches. PowerPoint or other presentation software files are not of sufficient quality for publication. Figures must be submitted electronically as separately uploaded files and labelled separately from the manuscript file. Composite images that combine multiple images into a single image file and a single Figure are not allowed. When a Figure requires multiple images, each image should be a separate file and marked as a subordinate of the Figure. For example, Figure 3 may be composed of images 3A, 3B, 3C. . Apply arrows or other indicators to point out key findings on images or photomicrographs. For photomicrographs, magnification and stain must be specified. Authors should download a copy of the Specifications for Supplying Digital Artwork from artwork and media instructions (elsevier.com). This reference provides detailed information on file formats, artwork guidelines, and color. Figures must be numbered and cited in the text in numerical order, and all patient-identifying information must be removed or masked.Legends When figures are included, a figure legend for each Figure must be placed after References and Tables as part of the Word document. There is no separate Table legend; tables should be labelled descriptively.Informed consent and Signed patient releases must accompany manuscripts inpatient details which there are photos of identifiable patients. Formal consent is not required for the use of entirely anonymized images from which the individual cannot be identified--for example, x-rays, ultrasound images, pathology slides, or laparoscopic images that do not contain any identifying marks and are not accompanied by text that might identify the individual. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual. Release forms can be downloaded here.Video and computer Authors are encouraged to submit videos and computer-graphics generated graphics, eg, a slide presentation with or without animation and sound. 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I included an IRB statement or exemption, as required, in the Methods section. If original research or meta-analysis, the following are clearly articulated in this paper: Purpose Hypothesis Specific aims My tables are included within the Word document, one table per page. My figures are appended in individual files; a figure legend is included after the reference list. Arrows or indicators were added to denote key findings. All references, tables, and figures are cited in numerical order within the body of the manuscript.[Top] Copyright 12/22 AAOMS RESIDENT RESEARCH RECOGNITION STANTON AWARD QUALIFICATIONPlease follow these instructions to qualify an OMS resident-author from the US orCanada:JOMS recognizes OMS residents enrolled in American or Canadian training programswho author scientific papers published in JOMS. 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