

How articles get into *The Angle Orthodontist*

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Recently I received a Letter to the Editor which was not about an article we published, but about one we did not publish. The letter writer wanted me to explain why a recently submitted manuscript was not accepted for review. I take this opportunity to explain our processes and how they have had to evolve as we have grown.

In 2000, *The Angle Orthodontist* received almost 90 manuscripts submitted for possible publication. The number at that time required a less selective selection process and we published 2 of every 3 articles received. The number of manuscripts received every year has increased since then and last year we published about 20% of the articles received. As of May 1, 2011, the year is 1/3 over and we have received over 300 manuscripts. Extrapolated out, 300 times 1/3 year will result in over 900 manuscripts arriving this year.

The Angle Orthodontist is published by a Foundation supported by donations with a goal to bring high quality science to anyone anywhere free of charge. To this end we adopted an Open Access electronic version which has been operating during this same time period. The industry average cost to publish a single article is now nearly \$3,000. Our costs are closer to \$2000. Obviously, our resources are finite, but as long as we continue to control our costs, we can publish a finite number of the submitted manuscripts.

How to cope with this plethora of riches? The remaining option is to select the articles we feel most appropriate and expect all other worthy articles not selected to be published in a different journal. At that point, the objectivity leaves and subjectivity enters. Subjectivity, by its very nature, is often a long gray scale with low reliability.

We have already increased the size of the journal and instituted a limitation on the length of submitted articles. We have implemented steps to increase objectivity such as structured abstracts to promote each article having a specific measurable objective and a clear conclusion that speaks to this objective. This promotes the ability to compare articles and make information additive. This is in sharp contrast to articles that are purely descriptive and often have limited ability to contribute to the advancement of available information on any given subject.

This promotion of objectivity is in contrast to our journal decades ago where articles were published that were really opinion and experientially based, but very appropriate to the times. The maturity of a

scientific field almost always first must be a preceptor like behavior which is based on expert opinion and experience. As the field matures, more descriptive experiences are recorded and the literature reflects this. I believe that evidence based treatment is yet another transition where objectivity replaces subjective opinion and work becomes reliable and reproducible. At this point published articles need to describe what was done in sufficient detail that anyone else can reproduce the study with the same results. The results need to be factual and their interpretation is only in the discussion, the only area open to opinion.

Given these parameters, how do we select the 160 articles we accept each year from the potential 900 that will be submitted. Clearly subjectivity will be present. The Editor looks at the article first and those that do not appear to fit our current guidelines and needs are returned to the author. Those that may move on are assigned a set of reviewers. The reviewers are selected largely on their demonstrated expertise in the material in the manuscript. The manuscripts that are reviewed are judged based largely on the opinion of the reviewers.

The articles we receive exist on a long gray scale of substance and quality. It is easy to lay the theoretical basis for our decisions, but much harder to implement these in practice. Apart from the quality of the science involved, one other parameter still governs many decisions - commercialization.

Of course, the readers of a journal want to see information that is immediately applicable to their practices and that is normal. However, many articles are submitted that also are on a long gray scale that involve the use of commercial products. If a study is basically about testing two similar generic substances we welcome it. However, if the study is about establishing the superiority of one commercial product over others we decline to use it. In the same vein if the study is about the behavior or quality of a commercial product, we believe this sort of material testing is the responsibility of the company selling the product. Such tests are appropriate, but best done by some independent materials testing service. We believe that our credibility is best served by not only being free of commercialization, but free of any suspicion of commercialization. Whether a given manuscript has too much commercial content or not is one of those long gray scales that necessarily involves subject-

tive decisions. These decisions require a Solomon-like wisdom that is indeed limited.

We see examples in our own discipline today where orthodontists work to advance a commercial product.

Is the presentation designed to improve treatment results or to promote a product? Are these two goals clearly separate or inextricably intertwined? Only the people involved can be reasonably sure of the goal.