

Letters From Our Readers

To: Editor, *The Angle Orthodontist*

Re: Clinical outcomes for patients finished with the SureSmile™ method compared with conventional fixed orthodontic therapy. *Angle Orthod.* 2011;81:383–388). By Timothy J. Alford, W. Eugene Roberts, James K. Hartsfield Jr, George J. Eckert, Ronald J. Snyder

Scientific research vs business research!

Clinicians cannot live to tell the tale without the companies, and the manufacturers cannot survive without their valuable clients, the orthodontists. In this symbiotic relationship there is place for advertisements... the serious problem starts when one try to control the other! The equilibrium is balanced by the researchers through the peered journals and scientific meetings. The final assessment is for the final user.

Peer reviewing is not the best system ever, but it is the best available way to judging quality of publications, it requires that any paper deserves to be submitted for review, unless it does not respect the general ethics and guidelines of the journal. In fact one of our students submitted her master thesis for publication in *The Angle Orthodontist*. It was not reviewed, because it has the brand name of a self etching primer in the text. But one month later she saw a brand name in the title of a published article (Clinical outcomes for patients finished with the SureSmile™ method compared with conventional fixed orthodontic therapy. *Angle Orthod.* 2011;81:383–388).

Angle Orthodontist gives it trustworthiness. Most orthodontists take the results from abstracts and count on the reliability of the journal. And the company behind the product reaches its goal: publicity.

That was not even an RCT. The sample was blinded to the assessor but not to the orthodontist who treated the cases. The case selection cannot be but biased; we have always a tendency to start easy cases when trying a new system. The treatments with the SureSmile are not really faster, they are simply not finished.

To save the face, the authors themselves suggest the right way to design such a study!

The student was questioning and doubting. We hope that the editor can bring some answers to the wonderful world of orthodontics.

Elie William Amm

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To: Editor, *The Angle Orthodontist*

Re: Response to Clinical outcomes for patients finished with the SureSmile™ method compared with conventional fixed orthodontic therapy. *Angle Orthod.* 2011;81:383–388). By Timothy J. Alford, W. Eugene Roberts, James K. Hartsfield Jr, George J. Eckert, Ronald J. Snyder

The authors wish to thank Dr Amm for taking the time to write a letter to the editor. His response is comprehensive, as it covers the problem of business versus independent (practitioner) control, the peer review process, some perceived or apparent inconsistency in the editorial policy of *The Angle Orthodontist*, and the publicity afforded a company such as SureSmile by naming them in our paper. Indeed the study design was a convenience sample, and we certainly agree the design can be improved in a future prospective sample. A RCT would be ideal. It appears that Dr Amm did not appreciate the conclusions of this study. There was no difference in overall Cast-Radiograph Scores between the two groups; therefore, the cases were finished to the same standard. We are sorry that the abstract of the student referenced was not considered for publication, but that is an issue to pursue with *The Angle Orthodontist* editorial staff. In conclusion, the authors would like to make it clear that Orametrix, the SureSmile producer, did not sponsor, or in any way influence, the independent research reported.

Sincerely,

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and Oral Facial Genetics, Indianapolis, IN
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To: Editor, *The Angle Orthodontist*

Re: Maxillary canine retraction with self-ligating and conventional brackets. A randomized clinical trial. By: Maurício Mezomo; Eduardo S. de Lima; Luciane Macedo de Menezes; Andre' Weissheimer; Susiane Allgayer. *Angle Orthod.* 2011;81:292–297

This study was a very good effort by the authors. We sincerely congratulate the authors for a fine effort, especially for the results of the self-ligating bracket

group which showed that the rotation of the upper canines during retraction could be minimized with the use of self-ligating brackets.

We would like to draw your attention to the photographs accompanying the text in Figure 1, which needs to be clarified. Although the legend accompanying the Figure 1 (B) and Figure 1 (D), states: Clinical views of canine retraction with self-ligating brackets-initial and after 3 months of retraction, the photos in Figure 1(B) & (D) are those of conventional brackets. In the absence of photographs showing canine retraction with self-ligating brackets, it is not possible to have a proper representation of the actual results obtained in the study. Kindly clarify this, as it will enable a true graphic visualization and better applicability of the results of the study.

Oommen Nainan

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To: Editor, *The Angle Orthodontist*

Re: Response to Dr. Nainan and colleagues regarding: Maxillary canine retraction with self-ligating and conventional brackets. A randomized clinical trial. By: Maurício Mezomo; Eduardo S. de Lima; Luciane Macedo de Menezes; Andre' Weissheimer; Susiane Allgayer. *Angle Orthod.* 2011;81:292-297

Thank you very much for your comments about the work. Certainly the use of self-ligating brackets promotes a good rotational control during sliding movements, and its use can make the mechanics of canine retraction simpler and safer.

About Figure 1 B & D, they certainly are self-ligating brackets (SmartClip - 3M Unitek – USA). These brackets have unique design, different from all other self-ligating brackets, they have a small clip on mesial and distal surface (please look very close) that holds the archwire in place, note that this bracket haven't elastomeric ligature on Figure B.

For more information about this bracket, please look at the 3M website (http://solutions.3m.com/wps/portal/3M/en_US/orthodontics/Unitek/solutions/brackets/SmartClip/).

Thank you very much.

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