

Criteria for review and selection for abstracting in Evidence-based Dentistry

1. **General criteria:** All English-language original and review articles in an issue of a candidate journal are considered for abstracting if they concern topics important to the clinical practice of dentistry.
2. **Criteria for studies of prevention or treatment:** random allocation of the participants to the different interventions; outcome measures of known or probable clinical importance for $\geq 80\%$ of the participants who entered the investigation.
3. **Criteria for studies of diagnosis:** clearly identified comparison groups, ≥ 1 of which is free of the target disorder; either an objective diagnostic standard (e.g., a machine-produced laboratory result) or a contemporary clinical diagnostic standard with demonstrably reproducible criteria for any subjectively interpreted component (e.g., report of better-than-chance agreement among interpreters); interpretation of the test without knowledge of the diagnostic standard result; interpretation of the diagnostic standard without knowledge of the test result.
4. **Criteria for studies of prognosis:** an inception cohort of persons, all initially free of the outcome of interest; follow-up of $\geq 80\%$ of patients until the occurrence of either a major study endpoint or the end of the study.
5. **Criteria for studies of causation:** a clearly identified comparison group for those at risk for, or having, the outcome of interest (whether from randomised, quasi-randomised, or non randomised controlled trials; cohort analytic studies with case-by-case matching or statistical adjustment to create comparable groups; or case-control studies); masking of observers of outcomes to exposures (assumed to be met if the outcome is objective [e.g., all-cause mortality or an objective test]); observers of exposures masked to outcomes for case-control studies OR masking of subjects to exposure for all other study designs.
6. **Criteria for studies of quality improvement and continuing education:** Random allocation of participants or units to comparison groups; follow-up of $\geq 80\%$ of participants; outcome measures of known or probable clinical or educational importance.
7. **Criteria for studies of the economics of health care programs or interventions:** The economic question must compare alternative courses of action; the alternative diagnostic or therapeutic services or quality improvement strategies must be compared on the basis of both the outcomes they produce (effectiveness) and the resources they consume (costs); evidence of effectiveness must come from a study (or studies) that meets criteria for diagnosis, treatment, quality assurance, or review articles; results should be presented in terms of the incremental or additional costs and outcomes incurred and realised by one intervention over another; and a sensitivity analysis should be done.
8. **Criteria for review articles:** The clinical topic being reviewed must be clearly stated; there must be a description of how the evidence on this topic was tracked down, from what sources, and with what inclusion and exclusion criteria; and ≥ 1 article included in the review must meet the above-noted criteria for treatment, diagnosis, prognosis, causation, quality improvement, or the economics of health care programs.
9. **Evidence-Based Dentistry:** will review other evidence-based journals and titles of abstracted articles appearing in these journals which are relevant to the field of dentistry will be listed.

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