

JDR Clinical & Translational Research

Instructions for Manuscript Submission

The *JDR Clinical & Translational Research Clinical & Translational Research (JDR CTR)* adheres to the CSE (9th Edition) editorial style. All submitted manuscripts should be formatted in this style.

The *JDR Clinical & Translational Research (JDR CTR)* is a peer-reviewed scientific journal dedicated to the dissemination of new knowledge and information on all science relevant to dentistry and to the oral cavity and associated structures in health and disease. The *JDR Clinical & Translational Research's* primary readership consists of researchers, clinician scientists, clinicians, educators, policymakers, and the public.

The *JDR Clinical & Translational Research* is published quarterly and offers OnlineFirst, by which forthcoming articles are published online before they are scheduled to appear in print.

JDR Clinical & Translational operates a conventional single-anonymized review policy in which the reviewer's name is always concealed from the submitting Author. All manuscripts are reviewed initially by the Editor and only those papers that meet the scientific aim and scope and editorial standards of the *Journal* will be sent for outside review. Each original manuscript is reviewed by at least two reviewers.

Manuscript reviewers are given 3 weeks to complete their reviews and an editorial decision is generally reached within 4-6 weeks of submission. Authors of all articles should be aware of the following guidelines when submitting to *JDR CTR*. Manuscripts missing any required components of submission will be returned to the authors for correction prior to peer-review.

CHARGES ASSOCIATED WITH PUBLICATION

Page Charges: There is a charge of \$40 (U.S.) for every printed page in the *JDR Clinical & Translational Research*. You will receive an invoice with your page proofs.

Color Figure Charges: The cost of color figures in the print version will be borne by the authors.

Rates for color reproduction are \$300 per initial page of color and \$150 for each additional page of color. However, there are no charges for figures and diagrams printed in black and white. Color figures may be included in the online version of *JDR CTR* with no extra charges.

Reprint Charges: Reprints can be ordered for material printed in the *JDR Clinical & Translational Research* and online only appendices. Quantities of reprints can be purchased with the reprint order form sent with page proofs to the contributors. Pre-payment is required for reprints. Visa, MasterCard, American Express and check are all acceptable forms of payment. Authors must pay for color figures in reprints. Reprints will be mailed from 6 to 8 weeks after the article appears in the *Journal*. To contact SAGE for additional information or to order reprints, visit the SAGE site at www.sagepub.com/journalsReprints.nav

GENERAL INFORMATION FOR SUBMITTING AUTHORS

Prior Publication: Manuscripts submitted to the *JDR Clinical & Translational Research* are accepted for consideration giving the understanding that it contains original material that has not been submitted for publication or has been previously published elsewhere. Any form of publication other than an abstract only constitutes prior publication.

Manuscripts posted or submitted to a non-commercial preprint server are not considered previously published. Submitting authors will be required to disclose if the manuscript has been posted or submitted to a non-commercial preprint server.

Research Ethics and Patient consent: Manuscript submission guidelines for the *JDR Clinical & Translational Research* follow the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” set forth by the International Committee of Medical Journal Editors (ICMJE). For additional information please visit the ICMJE web site at <http://www.icmje.org/>

Submitted manuscripts should conform to the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. All papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Ensure you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

Authors are required to follow the ICMJE Recommendations for the Protection of Research Participants. Identifying information, including patients' names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published.

Acknowledgments: Authors are required to report all sources of support for their project or study, including but not limited to grant funds, commercial sources, funds from a contributors' institution. Do not refer to a study being “partially funded by the cited sources.” Consultancies and funds paid directly to investigators must also be listed. Authors are required to specify during the submission process if their paper received funding from NIH, NIDCR, or any other NIH Institute or Center and provide the grant number. To comply with the NIH Public Access Mandate, for qualifying NIH- funded papers, the *JDR Clinical & Translational Research* will deposit the final, copyedited paper to PubMed Central on behalf of the authors.

Declaration of Conflicting Interests: It is the policy of *JDR CTR* to require a declaration of conflicting interests from all authors enabling a statement to be carried within the paginated pages of all published articles. Ensure any perceived or actual conflicts of interest are included at the end of your manuscript, after the acknowledgements and prior to the references. If no conflict exists, include the statement “The Author(s) declare(s) that there is no conflict of interest.” The *JDR CTR* abides by the International Committee of Medical Journal Editors guidelines for the Ethical Considerations in the Conduct and Report of Research (<http://www.icmje.org>), which can be referenced for additional guidance.

Definition of Authorship & Contributorship: Papers should be submitted for consideration once consent is given by all contributing authors. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors. The list of authors should include all those who can legitimately claim authorships. This is all who:

- a. Made a substantial contribution to the concept and design, acquisition of data or analysis and interpretation of data,
- b. Drafted the article or revised it critically for important intellectual content,
- c. Approved the version to be published.

Authors should meet the conditions of all points above. Each author should have participated sufficiently in the work to take public responsibility for the manuscript. These individuals should fully meet the criteria for authorship as stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, put forth by the ICMJE. The *Journal* considers the following as an accurate definition of contributorship:

Contributors Listing in Acknowledgments: All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section.

Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chairperson who provided only general support. Editors should ask corresponding authors to declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the individuals who provided this assistance and the entity that supported it in the published article. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under such headings as “clinical investigators” or “participating investigators,” and their function or contribution should be described—for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.”

Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

Contributor Forms: All rights to manuscripts will be transferred to the *JDR Clinical & Translational Research* upon submission. Submission of a manuscript will constitute each author’s agreement that the *Journal* holds all propriety rights in the manuscript submitted, including all copyrights. Upon acceptance, the corresponding author will be asked to sign a formal transfer of copyright. Only the corresponding author is required to complete a contributor form unless any co-authors are work-for-hire or government employees. If co-authors fall into either of these categories, please indicate on the contributor form you require the “work for hire” section. The corresponding author should contact contributorlicenses@sagepub.com with any queries.

Please note that the *JDR Clinical & Translational Research* secures completed contributor forms electronically via the *Sage Journals: Licensing & Payment* system. Without the

completion of the contributor form for all co-authors listed, accepted manuscripts cannot continue into production, delaying publication.

Reporting Guidelines: The relevant [EQUATOR Network](#) reporting guidelines should be followed depending on the type of study. Other resources can be found at the [National Library of Medicine's Research Reporting Guidelines and Initiatives](#).

The following completed reporting guidelines are required to be uploaded with submissions based on the type of research the manuscript contains:

- Health Technology Assessment (HTA) Reports must follow the [INAHTA](#) or [CHEERS](#) checklist. The checklist needs to be completed by authors submitting HTA reports.
- Economic Research reports must follow the [CHEERS](#) checklist. Completed [checklists](#) must be uploaded at the time of submission.
- Randomized clinical trials must follow [CONSORT](#) guidelines (see www.consort-statement.org). The checklist needs to be completed by authors submitting clinical trials.
- Authors of randomized clinical trials are required to register their clinical trials in a public trial registry. Authors of manuscripts describing such studies are asked to submit the name of the registry and the study registration number prior to publication. Authors are asked to include their clinical trial registration number at the end of their abstracts. In accordance with the aforementioned "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," clinical trials will only be considered for publication if they are registered. The trial registry name, registry URL and registration number must be included at the end of the abstract.
- Non-randomized study designs require completion and submission of the appropriate STROBE checklist (<http://www.strobe-statement.org/index.php?id=available-checklists>).
- For epidemiologic reports on population estimates of health conditions, the [GATHER checklist](#) must be completed and submitted.
- Multi-methods Research studies must follow the [MMAT 2011](#) checklist. The checklist needs to be completed by authors submitting mixed methods reports.
- Qualitative studies must follow the [SRQR](#) guidelines. [The checklist](#) needs to be completed by authors submitting qualitative studies.
- Systematic reviews and meta-analyses must follow the [PRISMA](#) checklist. The checklist needs to be completed by authors submitting reports on systematic reviews and meta-analyses.

Public Gene Data: Prior to submission, the *JDR Clinical & Translational Research* asks that novel gene sequences be deposited in a public database and the accession number provided to the *Journal*.

Authors may want to use the following *Journal* approved databases:

GenBank: www.ncbi.nlm.nih.gov/Genbank/submit.html

EMBL: www.ebi.ac.uk/embl/Submission/index.html

DDBJ: www.ddbj.nig.ac.jp/index-e.html

Manuscript submissions including microarray data should include the information recommended by the MIAME guidelines in their submission, and/or identify the submission details for the experiments details to one of the publicly available databases such as Array Express or GEO. Information on MIAME, Array Express and GEO can be found by clicking on the corresponding links below:

MIAME: www.mged.org/Workgroups/MIAME/miame.html

ArrayExpress: www.ebi.ac.uk/arrayexpress

GEO: www.ncbi.nlm.nih.gov/geo

Data Sharing: As a condition of publication authors are required to:

- Share your research data in a relevant public data repository.
- For qualitative research, there is no expectation for authors to submit verbatim transcripts or raw data where ethical approval has not been granted for data sharing to maintain confidentiality. However, where possible, supporting analytical methods for data analysis such as codes or coding trees/analytical frameworks for qualitative studies should be shared.
- Include a data availability statement. This should:
 - Indicate if data are available and shared.
 - In certain cases, indicate if research data are available but not shared, and why. For example, there may be cases where data cannot be shared for reasons of confidentiality. If in doubt, contact the journal's editorial office.
 - Indicate if there is an absence of data.
- Cite data in your research.

REQUIREMENTS FOR MAIN TEXT OF MANUSCRIPTS

The research must be original, not under publication consideration elsewhere and free of conflict of interest. Authors will be asked to verify this information at the time of submission.

Cover letters: are not required, unless there is something specific authors would like the Editor to know.

Title Pages: All submissions must include a title page. Title pages must contain all author contact information and institutional affiliations in your main text document. Title pages should include abstract word count, total word count (Abstract to Acknowledgments), total number of tables/figures, number of references, and a minimum of 6 keywords. Keywords cannot be words that have been included in the manuscript title. Key words should be selected from Medical Subject Headings (MeSH) to be used for indexing of articles. See: <http://www.nlm.nih.gov/mesh/MBrowser.html> for information on the selection of key words.

Title: Titles can consist of a maximum of 100 characters (including spaces). Titles do not normally include numbers, acronyms, abbreviations, or punctuation. The title should include

sufficient detail for indexing purposes but be general enough for readers outside the field to appreciate what the paper is about.

Knowledge Transfer Statement: All manuscripts must include a statement for dissemination to patients, clinicians and policy makers on how the results of the study can contribute to improved health. Statements should appear above the abstract of the paper. This statement should not exceed 75 words.

Example of Knowledge Transfer Statement: “The results of this study can be used by clinicians when deciding which approach they wish to use when planning placement of mini-dental implants in an individual’s edentulous mandible. With consideration of cost and patient preference, this information could lead to more appropriate therapeutic decisions.”

Suggested Reviewers: Please submit the names and email addresses of four preferred reviewers when prompted by the SAGETrack system. Preferred reviewers cannot be colleagues in the contributors’ institution or present collaborators.

ONLINE SUBMISSION

Submissions to the *JDR CTR* are only accepted for consideration via the SAGETrack online manuscript submission site. Authors who do not have an active account within the system are required to create a new account by clicking, “Create Account,” on the log-in page. The system will prompt the authors through a step-by-step process to create their account. Once created authors can submit their manuscripts by entering their “Author Center” and clicking the button by “Click Here to Submit a New Manuscript.”

If any difficulty is encountered at any time during the account creation or submission process, authors are encouraged to contact *JDR Clinical & Translational Research Clinical & Translational Research* editorial office staff at jdrctr@iadr.org

MANUSCRIPT REQUIREMENTS BY TYPE

The *JDR Clinical & Translational Research Clinical & Translational Research* accepts the following types of manuscripts for consideration:

Original Reports: The various categories of Original Report manuscripts each have maximum word limits that include the introductions, materials and methods, results, and discussion. Abstracts, acknowledgements, figure legends and references are not included in the word limits. Each Original Report must contain a 300-word abstract. All manuscripts submitted to the journal, require an abstract that is structured with the appropriate headings as shown in the PubMed guidance. Figures or tables are limited to a total of 5. A maximum of 40 references are allowed.

Original Report Categories:

- a. Epidemiologic Research, including Randomized Clinical Trials – 4,000 maximum word limit
 - i. Randomized clinical trials must follow **CONSORT** guidelines. Completed checklists must be uploaded at the time of submission.
 - ii. non-randomized study designs require completion and submission of the appropriate **STROBE** checklists.
 - iii. For epidemiologic reports on population estimates of health conditions, the **GATHER** checklist must be completed and submitted.
- b. Health Services Research – 4,000 maximum word limit
- c. Economic Research (including cost-effectiveness; willingness to pay, costbenefit, etc.) – 4,000 maximum word limit
 - i. Economic Research reports must follow the CHEERS checklist. Completed checklists must be uploaded at the time of submission.
- d. Health Technology Assessment Reports – 8,000 maximum word limit
 - i. Health Technology Assessment Reports must follow the **INAHTA** or **CHEERS** checklist. Completed checklists must be uploaded at the time of submission.
- e. multi-methods Research– 8,000 maximum word limit*
 - i. multi-methods Research must follow the **MMAT** 2011 checklist. Completed checklists must be uploaded at the time of submission.
- f. Qualitative Research – 8,000 maximum word limit
 - i. Qualitative studies must follow the **SRQR** reporting guidelines. Completed checklists must be uploaded at the time of submission.
- g. Participatory Research – 5,000 maximum word limit

* If you would like to submit a multi-methods Research report that has more than 8,000 words, you must correspond with and receive permission from the Editor prior to submission. Inclusion of written permission from Editor will be required at the time of submission.

Review Manuscripts: These systematic reviews & meta-analyses have a 5,000 maximum word limit including introductions, materials and methods, results and discussion. Abstracts, acknowledgements, figure legends and references are not included in the word limits. Each Review must contain a 300-word abstract. All manuscripts submitted to the journal, require an abstract that is structured with the appropriate headings as shown in the PubMed guidance. Figures or tables are limited to a total of 5. A maximum of 50 references are allowed.

- a. Systematic Reviews and meta-analyses must follow the **PRISMA** checklist. Completed checklists must be uploaded at the time of submission.

Invited Commentary: A point of view on any relevant topic by journalists, politicians, policy makers, educators, opinion leaders, organizations, researchers, etc. Authors are requested to contact the Editor prior to submission at jdrctr@iadr.org to determine suitability. These commentaries have a 1,000 maximum word limit. A maximum of 5 references are allowed. No figures or tables are permitted.

Perspectives: Reflections written by any stakeholder (e.g., on being a dentist, patient, researcher, etc. Authors are requested to contact the Editor prior to submission at jdrctr@iadr.org to determine suitability. The perspectives are monographs taken from one's personal experiences and have a 1,000 maximum word limit.

Special Communications: These are reports that stem from organizations, committees, consensus meetings, etc.; they describe the group's outlook on an important issue regarding care provision, education, public health, health policy or research. Authors are requested to contact the Editor prior to submission at jdrctr@iadr.org to determine suitability. These submissions have a 2,000 maximum word limit. Figures or table are limited to a total of 2. A maximum of 5 references are allowed.

Letters to the Editor: Letters must include evidence to support a position about the scientific or editorial content of the *JDR CTR*. Manuscripts submitted as a letter to editor have a limit of 250 words and 3 references. No figures or tables are permitted. Letters on published articles must be submitted within 3 months of the article's print publication date.

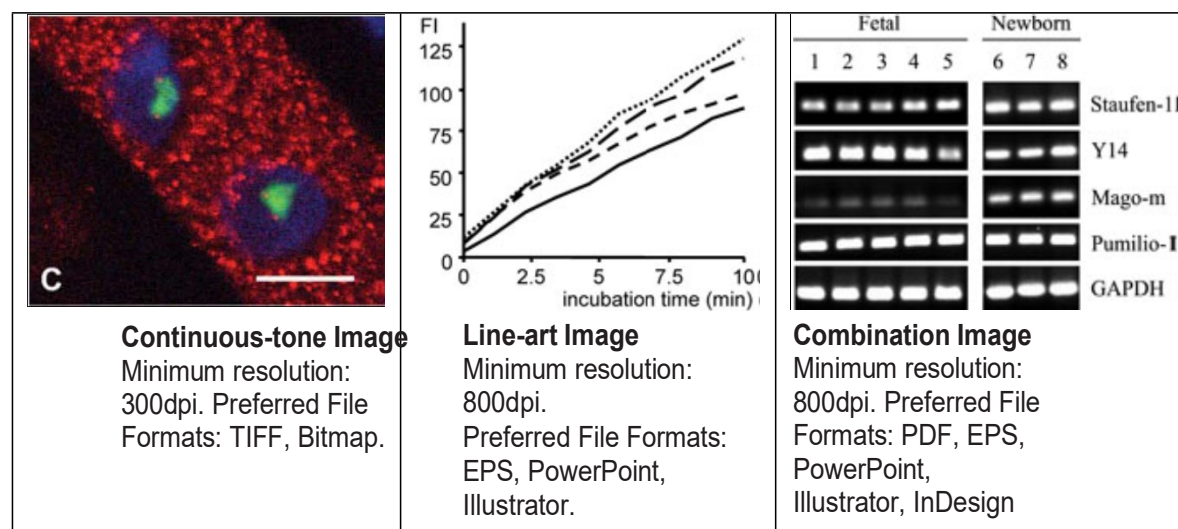
Guest Editorials: A clear and substantiated position on issues of interest to the readership community can be considered for this manuscript type. Guest Editorials are limited to 1,000 words. A maximum of 5 references are allowed. No figures or tables are permitted.

FIGURE AND TABLE REQUIREMENTS

These guidelines are intended to aid authors in providing figures that will reproduce well in both print and online media. Submitting digital image files that conform to these guidelines will prevent delays in the review and publication processes and maximize the published quality of your figures.

Files containing figures and tables should be clearly labeled to indicate their placement in the text or appendix. Tables should be viewable in a portrait view. Tables that are created in a landscape view are more suitable for an appendix.

Figure Types: *JDR CTR* figures can fall into one of three categories: Continuous-tone images, Line-art images, and Combination images. Each image type has specific requirements in terms of the resolution needed for publication and the file type's best suited for the figure. See the following panels for examples and requirements:



For a figure to be used in publication, its Digital Image File must have the required resolution when it is created. The resolution cannot be raised *after* the original image is made unless the image size is decreased correspondingly. Attempting to do so (for example, with Adobe Photoshop's® "*Image Size*" command) results in the addition of artificial pixels that distort the image and do not faithfully reproduce the image as it was taken. The figures on the right show an example of this reduced sharpness.

To help render higher quality figures for print, please supply the figures in their native file format (i.e., the original file generated by the application used to create it; e.g., if the figure was created in PowerPoint, submit the PowerPoint file). If you used proprietary software to create the figure, please export the figure in one of the following formats: .EPS, .SVG, or .PDF.

Fonts: Limit fonts used in any figure to Times, Times New Roman, Arial, Frutiger, and Sabon. Other fonts cannot be guaranteed to reproduce properly.

Tables: Tables should be created in Word and submitted in portrait orientation. Tables that are created in a landscape view are more suitable for an appendix. Means and SDs in tables should be limited on only one place beyond the decimal point.

Figures supplied in color will be published in color for the online version and converted to black-and-white for the print version unless color printing is arranged (see 'Color Figure Charges' below). If figures are to be produced in color online and black-and-white in print, it is important that the black-and-white version can be understood (for example, by using color with a distinctive pattern or dotted lines). Be careful when making references to color in the legend if the printed version will be black-and-white.

Image Integrity Guidelines: The International Committee of Medical Journal Editors (ICMJE) recommendations note that scientific misconduct includes deceptive manipulation of images. Figures submitted to the *JDR Clinical & Translational Research* should be minimally processed and should reflect the integrity of the original data in the image(s). Adjustments to images in brightness, contrast, or color balance should be applied equally to the entire image, provided they do not distort any data in the figure, including the background. Selective adjustments and touch-up tools used on portions of a figure are not appropriate. Images should not be layered or combined into a single image unless it is stated that the figure is a product of time-averaged data. In the case of gel images, the grouping of lanes from different gels, fields or exposures must be made explicit by the arrangement of the figure (e.g., by the use of dividing lines). All adjustments to image data, including the grouping of lanes from gels, should be clearly disclosed in the figure legend. Images may be additionally screened to confirm faithfulness to the original data. Authors are expected to supply raw image data upon request. If original data cannot be provided by an author when requested, acceptance of the manuscript may be revoked. Authors should also list tools and software used to collect image data and should document settings and manipulations in the Methods section.

These guidelines were derived from those provided by the Journal of Cell Biology and Nature:

<http://jcb.rupress.org/editorial-policies#data-integrity>

<https://www.nature.com/authors/policies/image.html>

OPTIONAL GRAPHICAL ABSTRACT SUBMISSION

JDR CTR offers the opportunity for submitting authors to provide a graphical abstract file alongside their full manuscript submission for peer review. A graphical abstract is meant to be a clear, quick, and concise pictorial representation of research that will be published in the *Journal*. It is meant to support the written abstract that accompanies all manuscripts submitted for review to the *Journal*. All figures published in the journal, including graphical abstracts, should be of the highest quality and should highlight paper findings.

Formatting Tips for Graphical Abstract files:

Should an author determine they would like to upload this optional file to accompany the full manuscript into peer review, please keep the following information in mind:

- The graphic should be labelled as “graphical abstract” or similar, so that it is clear the file is not an article figure file (e.g. it should not be labelled “Fig1”, “Fig2” etc.)
- The aspect ratio for the graphic should be 16:9 (the recommended size ratio would be 600px X 338px)
- The figure file type should be the same as for other article figures. Graphical abstracts, as with all figures in the journal, are only accepted in the following formats: JPG, TIF, or EPS. The journals do not accept Word or PowerPoint figure files.
- A caption should be provided with the graphic. The caption should read: “This is a graphical representation of the abstract”
- Do not use images subject to copyright clearance for graphical abstracts. If at all, graphical abstracts should feature aspects of the original figures created for the paper it is supporting.
- The final visual abstract image should be sent with accepted article.
- Simplicity is the key to conveying information visually. Terms and abbreviations should match overall journal usage and style.

Color Figure Charges: If the online version is in color and the printed version in black and white, please submit separate files for each version. Figures should be identical except in color or grayscale. The cost of color figures in the print version will be borne by the authors. Rates for color reproduction are \$300 per initial page of color and \$150 for each additional page of color. However, there are no charges for figures and diagrams printed in black and white. Color figures may be included in the online appendix of *JDR CTR* with no extra charges.

REFERENCES

The *JDR Clinical & Translational Research (JDR CTR)* adheres to the CSE (9th Edition) editorial style. All submitted manuscripts should be formatted in this style

SUPPLEMENTAL FILES

Additional supporting data may be referenced as a supplemental appendix for publication online only.

All supplemental appendix files must be submitted with the manuscript for review. Supplementary files will be subjected to peer-review alongside the article.

Supplementary files will be uploaded as supplied. They will not be checked for accuracy, copyedited, typeset, or proofread. The responsibility for scientific accuracy and file functionality remains with the authors. A disclaimer will be displayed to this effect with any supplementary material published.

Supplemental files may include additional figures or tables that exceed the *Journal's* limit. Material intended for the supplemental appendix must have “supplemental” or “appendix” in the file name upon upload. When formatting your supplemental files, please follow these instructions:

- Authors should provide a single Word file with all Appendix content. Figures and tables should be included in the main Appendix file so they can appear immediately alongside their captions.

High resolution figures may also be supplied separately if authors wish, but they also must be copied into the Word file so everything can be kept together.

- Remove all highlighting/other colors. Use one font throughout.
- Be sure to run spell check and proofread the text.
- The Appendix should include the title of the article and all authors. Page numbers are recommended.
- Figures and Tables should be labeled Appendix Figure/Table 1, Appendix Figure/Table 2, etc. Avoid labeling as S1, S2, and so forth.
- All table footnotes and figure legends should be included.
- Preferably, authors shouldn't label separate parts as "Appendix 1", "Appendix 2", etc.; just use section heads as in a regular article.

LANGUAGE EDITING

Manuscripts submitted for publication consideration should be written in English. Prior to submission, if a manuscript would benefit from professional editing, authors may consider using a language-editing service. Suggestions for this type of service can be found at www.iadr.org/EditingServices

The *JDR Clinical & Translational Research* does not take responsibility for, or endorse these services, and their use has no bearing on acceptance of a manuscript for publication.

FUNDING COMPLIANCE STATEMENT

Effective April 7, 2008, the National Institutes of Health (NIH) Revised Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research (Public Access Policy) requires all studies funded by NIH to submit or have submitted for them their final peer-reviewed manuscript upon acceptance for publication to the National Library of Medicine's PubMed Central (PMC) to be made publicly available no later than 12 months after the official date of publication. Only final, copyedited manuscripts are uploaded.

Manuscripts by authors whose work is funded by the Wellcome Trust may submit their final peer-reviewed manuscript upon acceptance for publication to Europe PMC to be made publicly available no later than 6 months after the official date of publication. Only final, copyedited manuscripts are uploaded.

Authors are required to specify during the submission process if their paper received funding from NIH, NIDCR, or the Wellcome Trust and provide the grant number.

The *JDR Clinical & Translational Research* will deposit final, copyedited papers to PubMed Central on behalf of the authors.