

PONTIFÍCIA UNIVERSIDADE CATÓLICA DO PARANÁ

ESCOLA DE CIÊNCIAS DA VIDA PROGRAMA DE PÓS-GRADUAÇÃO EM ODONTOLOGIA ÁREA DE CONCENTRAÇÃO CLÍNICA ODONTOLÓGICA INTEGRADA – ÊNFASE EM DENTÍSTICA

ISABELLE ADAD FORNAZARI

Comparative study of microshear and microtensile bond strength tests of composite repairs using universal adhesives

Curitiba 2019

ISABELLE ADAD FORNAZARI

Comparative study of microshear and microtensile bond strength tests of composite repairs using universal adhesives

Tese apresentada ao Programa de Pós-Graduação em Odontologia da Pontifícia Universidade Católica do Paraná, como parte dos requisitos para obtenção do título de Mestre em Odontologia, Área de Concentração em Clínica Odontológica Integrada (Ênfase em dentística).

Orientadora: Prof^a. Dr^a. Evelise Machado de Souza

Curitiba 2019

AGRADECIMENTOS

Antes de tudo, quero agradecer a Deus, por ter abençoado todos os dias da minha vida, por iluminar meu caminho e me dar forças para seguir sempre em frente.

Quero agradecer a orientadora Profa. Dra. Evelise Machado de Souza, por ter me deixado fazer parte do seu grupo de trabalho e, ter acreditado em mim e nas minhas capacidades. Pela orientação prestada, pelo seu incentivo e apoio que sempre demonstrou.

Ao Prof. Dr. Orlando Tanaka, pela amizade demonstrada e estímulo, e ao Prof. Dr. Rodrigo Rached, por sempre auxiliar nas dúvidas, principalmente estatísticas, e pelos almoços agradáveis. Aos funcionários da Central de Atendimento Técnico, por toda a ajuda em todas as pesquisas efetuadas, além da simpatia e paciência.

Agradeço à minha família, aos meus pais Nelson e Silmara Fornazari, que decerto não conseguiria ter realizado essa conquista sem o amparo financeiro. Tudo que consegui só foi possível graças ao amor, apoio e dedicação que vocês sempre tiveram por mim. Sempre me ensinaram agir com respeito, simplicidade, dignidade, honestidade e amor ao próximo. Quero dizer que essa conquista não é só minha, mas nossa. Agradeço também à minha irmã Gabrielle Fornazari pela amizade, carinho e companheirismo de sempre, por estar sempre torcendo pelas minhas conquistas.

À Stephanie Sfeir, minha noiva, pelo permanente incentivo e preocupação com que sempre acompanhou este meu trabalho. Agradeço ainda a paciência e amor demonstrados nos meus momentos mais desafiadores, especialmente por apresentar sempre um sorriso, quando sacrificava os dias, as noites, os fins-de-semana e os feriados em prol da realização deste estudo.

Aos meus colegas do Programa de Pós-Graduação de Odontologia da PUCPR, quero agradecer-lhes os momentos, por vezes, magníficos e divertidos. Agradeço o bom convívio, as boas discussões. Aos meus amigos pelas longas conversas, os telefonemas e preocupação, assim como o incentivo ao desenvolvimento deste trabalho.

Preciso também agradecer a instituição Pontifícia Universidade Católica do Paraná por me conceder esta isenção.

Desejo exprimir os meus agradecimentos a todos aqueles que, de alguma forma, permitiram que esta tese se concretizasse.

SUMÁRIO

Title	page	1
Abst	tract	2
1.	Introduction	3
2.	Methods	4
3.	Results	8
4.	Discussion	14
5.	Conclusion	16
6.	References	17

Title page

To be submitted to Dental Materials

Comparative study of microshear and microtensile bond strength tests of composite repairs using universal adhesives

Isabelle Adad Fornazari¹ Rafael Torres Brum² Rodrigo Nunes Rached³ Evelise Machado de Souza³

¹ DDS, MSD, PhD Candidate, Graduate Program in Dentistry, School of Life Sciences, Pontifícia Universidade Católica do Paraná, Curitiba, PR, Brazil
 ² DDS, MSD, PhD, Faculty of Dentistry, School of Life Sciences, Pontifícia Universidade Católica do Paraná, Curitiba, PR, Brazil
 ³ DDS, MSD, PhD, Graduate Program in Dentistry, School of Life Sciences, Pontifícia Universidade Católica do Paraná, Curitiba, PR, Brazil

Corresponding author: Evelise Machado de Souza Imaculada Conceição, 1155 Curitiba, PR - Brazil 80215-901 E-mail: evelise.souza@pucpr.br

Abstract

Objective. The aim of this study was to evaluate the reliability of microshear
 (µSBS) and microtensile (µTBS) bond strength tests on composite repairs using
 universal adhesives with or without the application of additional silane.

4 Methods. Cylindrical (µSBS) and block-shaped (µTBS) specimens were 5 fabricated using nanofilled (F - Filtek Bulk Fill) and a nanohybrid (T- Tetric EvoCeram Bulk Fill) bulk-fill composites. The specimens were aged by 6 7 thermocycling (5,000 cycles, 5-55 °C), sandblasted, and then divided into three 8 groups (n = 30) as follows: non-repaired (FC and TC), repaired with universal 9 adhesives (FS, Scotchbond Universal; and TA, AdheSE Universal), and with the 10 application of additional silane (FS-S and TA-S). After 48 h, the specimens were 11 repaired using the same composite. The µSBS and µTBS specimens exhibited 12 bonded areas of 1 mm² and subject to shear stress and tension until failure, at a 13 cross-head speed of 0.5 mm/min in a universal testing machine. A Weibull analysis 14 and Pearson correlation ($\alpha = 0.05$) were applied to the data.

15 *Results.* At 10% and 63.2% probabilities of failure, groups FS and FS-S 16 exhibited significantly higher μ SBS values when compared with TA and TA-S, 17 respectively (p < 0.05). The same trend was observed for groups FS-S and TA-S 18 when tested by μ TBS at a 63.2% probability of failure. The correlation between 19 Weibull modulus was strong negative and not significant (p > 0.05).

20 *Significance.* Microshear and microtensile bond strength tests used in 21 composite repairs exhibited a material-dependent behavior according to the 22 different Weibull parameters evaluated.

23 24

25 *Keywords:* composite repair, universal adhesive, microshear bond strength,

26 microtensile bond strength, silane, Weibull

1 1. Introduction

2 The major reason for the replacement of composite resin restorations is 3 secondary caries [1]. The replacement of composite resin restorations is also 4 carried out due to material degradation, marginal staining, the loss of anatomical 5 shape, and fractures [2,3]. Previous studies have revealed that the total 6 replacement of the restoration results in increased cavity preparation and a more 7 significant loss in the tooth structure, prolonged clinical time, and higher costs [2,4-8 6]. Composite repair has been highly recommended in daily clinical practices as a 9 partial replacement of defective restorations due to the increased preservation of 10 the dental structure, prolonged longevity of restoration, and the retaining of the 11 functional tooth for a longer time-period [7–9].

12 The effectiveness of the repair with respect to the bond strength is dependent 13 on the composite composition, the wettability of the bonding agent, and the surface 14 treatment [10,11]. Chemical bonding between the exposed particles of the original 15 composite and the organic matrix of the repair composite is achieved using a 16 bifunctional agent referred to as silane [12,13]. The application of silane is simple, 17 safe, and requires no additional equipment or techniques [14]. An adhesive should 18 be applied after the silanization of the composite surface, to the improve wetting of 19 the surface due for repair [12,15].

20 Different bonding strategies have been implemented for composite repairs, 21 such as total-etching [5,16] and self-etching [17,18]. The recent use of universal 22 adhesives allows for the selection of a more suitable strategy by the clinician, with 23 the versatility to bond to direct and indirect restorative materials [19]. Among the 24 commercially available universal adhesives, only a few contain silane in their 25 compositions, which could simplify the repair technique and prevent the separate 26 use of the silane agent [18]. However, only a few studies have been conducted on 27 universal adhesives for composite repairs, the findings of which require further 28 clarification [15,20,21].

In a recent systematic review, it was reported that the microshear bond strength
 test (μSBS) is the most commonly used method for the evaluation of the repair bond

1 strength [22]. This can be attributed to the ease of specimen preparation [23], 2 simpler test protocol, and lower incidence of pre-testing failures [24,25]. However, 3 problems related to the reliability of microshear values can be attributed to cohesive 4 failures, given that stresses are concentrated on the substrate, which results in the 5 occurrence of failures a distance away from the interface [26]. Based on a finite 6 element analysis, the μ SBS test underestimates the true stress, given that a uniform 7 interfacial stress distribution is assumed, which is not achieved [27]. Moreover, the 8 microtensile bond strength (µTBS) test offers several advantages, such as a higher 9 incidence of adhesives failures, less cohesive failures, higher values of the bond 10 strength due to the reduced specimen size, and the testing of irregular surfaces 11 [28,29]. Nevertheless, the µTBS test requires a higher technical demand, and may 12 involve the damage or loss of post-fracture specimens during removal from gripping 13 devices, complex measurements of significantly low bond strengths, and the 14 induction of micro-cracks within the specimen due to the diamond saw sectioning 15 [29,30].

16 The comparison between the microtensile and microshear tests may be critical 17 to the elucidation of several controversial aspects with respect to the ideal 18 evaluation method of the bond strengths of composite repairs. The aim of this study 19 was to evaluate the reliability of microshear (µSBS) and microtensile (µTBS) bond 20 strength tests on composite repairs using universal adhesives with or without the 21 application of additional silane. The tested null hypotheses were as follows: (1) 22 there is no differences in repair bond strength tested either by μ SBS or μ TBS, and 23 (2) there are no differences between the repair bond strengths considering the 24 composites, the adhesives and additional silane.

25 2. Methods

26 2.1 – Microshear bond strength (μ SBS)

A total of 150 cylindrical-shaped specimens (diameter: 4,5 mm; thickness: 5 mm) were fabricated using two bulk-fill resin composites (Filtek Bulk Fill Posterior Restorative, 3M ESPE, St Paul, MN; and Tetric Evoceram Bulk Fill, Ivoclar Vivadent, Schaan, Liechtenstein). The specimens were fabricated using a Teflon

mold set between mylar strips and two glass plates. The composites were packed
into the mold and light-cured for 40 s using an LED light-curing unit (Bluephase,
lvoclar Vivadent, Schaan, Liechtenstein) at a light intensity of 1200 mW/cm². The
specimens were then subjected to accelerated aging in a thermal cycling machine
(OMC300, Odeme Dental Research, Luzerna, SC, Brazil) for 5,000 cycles at 5 °C
and 55 °C, with a dwell time of 15 s.

Thereafter, the specimens were air-abraded for 5 s using Al_2O_3 particles with sizes of 50 µm, which were a distance of 10 mm away from the surface, under a pressure of 4 bar. The surfaces of all the specimens were then etched with 37% phosphoric acid for 30 s, rinsed using an air/water spray for 60 s, and air-dried for 60 s. An adhesive tape, which had a central orifice with a diameter of 1.2 mm, was used to limit the bonding area on the composite surfaces that were to be repaired in all the specimens.

14 The Filtek Bulk Fill Posterior specimens were divided into three groups (n = 30) 15 as follows: non-repaired (C), repaired using a silane-containing universal adhesive 16 (FS-Scotchbond Universal Adhesive, 3M ESPE), and with silane application (FS-S -17 RelyX Ceramic Primer, 3M ESPE). The Tetric EvoCeram Bulk Fill specimens were 18 divided (n = 30) and subjected to the same treatments using a non-silane containing 19 universal adhesive (TA - Adhese Universal, Ivoclar Vivadent), and with the application 20 of additional silane (TA-S). Silane was applied for 60 s and indirectly air-blasted for 21 10 s prior to the adhesive application. Adhesives were applied by rubbing on the 22 composite surface for 20 s, followed by indirect air-blasting for 10 s. Light curing 23 was carried out for 20 s using an LED light-curing unit (Bluephase, Ivoclar Vivadent, 24 Schaan, Liechtenstein).

A silicon impression was made from a repaired specimen, to obtain a mold in which the composites were inserted in bulk to realize non-repaired control. The materials used in the study and their respective compositions are shown in Table 1.

Silicon Tygon tubes (1.1 mm diameter) were placed on the treated surfaces.
The bulk-fill composites were then inserted into the tubes in one increment, and
light-cured for 40 s. The specimens were stored in distilled water at 37 °C for 48 h.

The tubes and tapes were removed carefully using a scalpel blade, to expose the cylindrical composite repair; and then analyzed using an optical microscope (Olympus BX60, Olympus Corp, Tokyo, Japan) at a magnification of 50 ×, to identify interfacial flaws, gaps, bubbles, and/or other defects. Specimens with these defects were excluded from the study.

6

7 Table 1. Universal adhesives and composites used in the study with their respective

8 compositions and manufacturers

Materials	Resin Matrix	Filler Type	
(Manufacturer)			
Scotchbond Universal	Bis-GMA, HEMA, 10-MDP,	Colloidal silica	
Adhesive (3M ESPE	dimethacrylate ethanol, water,	nanofiller, copolymer of acrylic	
St Paul, MN)	initiators, silane	and itaconic acids	
Filtek Bulk Fill Posterior Restorative (3M ESPE St Paul, MN)	AUDMA; UDMA; DDDMA	Silica filler, zirconia filler, Aggregated zirconia/silica cluster filler, ytterbium trifluoride filler (76.5% wt / 58.5% vol)	
AdheSE Universal	HEMA, Bis-GMA, MDP	Silicon dioxide nano-	
(Ivoclar Vivadent	Methacrylated carboxylic acid	filler (67% wt)	
Schaan, Liechtenstein)	polymer, D3MA, ethanol, water, initiator		
Tetric EvoCeram Bulk	Bis-GMA, UDMA, Bis-EMA	Barium aluminium	
Fill (Ivoclar Vivadent		silicate glass, ytterbium fluoride	
Schaan, Liechtenstein)		and spherical mixed oxide	
		(80% wt /61% vol)	

Bis-GMA: bisphenol A glycidyl methacrylate; Bis-EMA: ethoxylated bisphenol-A dimethacrylate; HEMA: hydroxyethyl methacrylate; MDP: Methacryloyloxydecyl dihydrogen phosphate; UDMA: diurethane dimethacrylate; AUDMA: aromatic urethane dimethacrylate; DDDMA: 1, 12-Dodecanediol dimethacrylate; D3MA: 1,10 Decanediol dimethacrylate

1 Microshear bond strength tests were carried out in a universal testing machine 2 (EMIC 2000, Instron, Illinois Tool Works Inc, Norwood, MA) with a metal blade 3 positioned at the repair interface, at a crosshead speed of 0.5 mm/min, until failure.

4

5 2.2 – Microtensile bond strength (μ TBS)

6 Sixteen composite blocks (5 mm × 5 mm × 5 mm) were fabricated using two 7 bulk-fill resin composites (Filtek Bulk Fill 3M ESPE, St Paul, MN; and Tetric 8 Evoceram Bulk Fill Ivoclar Vivadent, Schaan, Liechtenstein). The composites were 9 packed into a metal mold and light-cured for 40 s using an LED light-curing unit 10 (Bluephase, Ivoclar Vivadent, Schaan, Liechtenstein). The specimens were then 11 subjected to accelerated aging in a thermal cycling machine (OMC300, Odeme 12 Dental Research, Luzerna, SC, Brazil) for 5,000 cycles at 5 °C and 55 °C, with a 13 dwell time of 15 s. Thereafter, the specimens were air abraded for 5 s using Al_2O_3 14 particles with sizes of 50 µm at a distance of 10 mm away from the surface, under 15 a pressure of 4 bar. The surfaces of all the specimens were etched using 37% 16 phosphoric acid for 30 s, rinsed using an air/water spray for 60 s, and air-blasted 17 for 60 s.

The blocks were divided into the same groups and subjected to the same bonding procedures as described for the specimens in the microshear bond strength tests. The non-repaired control groups were composed of blocks with different dimensions (5 mm × 5 mm × 10 mm). The composites were inserted in bulk and light-cured for 40 s at the top and bottom sides. All the blocks were set in distilled water for 48 h at 37 °C.

Thereafter, the blocks were serially sectioned perpendicular to the interface using a diamond saw (Extec Corp., Enfield, CT, USA) with a thickness of 0.3 mm at low-speed, and then subjected to water cooling in a cutting machine (Isomet 1000, Buehler, Lake Buff, IL, USA), to obtain sticks with approximate dimensions of 1.0 mm × 1.0 mm × 10 mm. A minimum of 30 sticks were obtained for each group.

The specimens were fixed in a microtensile device (OD03d, Odeme Biotechnology Ltd., Joaçaba, SC, Brasil) using a cyanoacrylate-based glue (Slo-

Zap, Super Glue Corp., Ontario, CA). The microtensile strength test was carried out
in a universal test machine (EMIC 2000, Instron, Illinois Tool Works Inc, Norwood,
MA) at a speed of 0.5 mm/min. The μTBS values were calculated by the division of
the applied force at the time of fracture (F) by the bonded area (mm²), which was
verified using a digital caliper (Absolute Digimatic Caliper, Mitutoyo Corp.,
Kawasaki, Japan).

7 2.3 – Failure mode analysis

The failure mode was determined using a stereomicroscope at a magnification of 50× (Olympus UC30, Olympus Corp., Tokyo, Japan), and recorded as 'adhesive failure' (adhesive interface), 'cohesive', or 'mixed failure' (more than one type). The most representative failures of each group were selected for analysis using scanning electron microscopy - SEM (Vega 3, Tescan Orsay Holding, Brno, Czech Republic).

14 2.4– Statistical analysis

15 The Weibull distribution parameters (the Weibull modulus/scale (*m*)), 16 characteristic strength, 63.2% probability of failure (σ_{θ}), and 10% probability of 17 failure (σ_{10}) were calculated using the maximum likelihood estimation method at a 18 confidence level of 95%, to determine the reliability and durability trends of the resin 19 composite repairs. The Pearson correlation of both methods was carried out at σ_{10} , 20 σ_{θ} , and *m*. Moreover, all the tests were carried out at a significance level of 0.05 21 (Minitab V.18, State College, PA, USA)

22 3. Results

23 3.1 Microshear bond strength (μ SBS)

The μSBS results are presented in Table 3. The Weibull modulus varied from
2.90 (TA) to 4.97 (FS-S), and no differences were observed between the nonrepaired and repaired groups within the same resin composite.

At 10% and 63.2% probabilities of failure, a significant difference was found between the groups in which silane was applied prior to the universal adhesives,

- and TA-S exhibited a lower bond strength than FS-S (p < 0.05). The same trend was observed in the comparison between groups FS and TA (p < 0.05).
- 3 The Weibull plot of the μ SBS specimens (Fig. 1) reveals that TA and TA-S
- 4 were the least reliable treatments for composite repair when compared with the
- 5 other groups, as indicated by the steepness and location of the lines.

Table 2 – Microshear bond strength of the evaluated groups (MPa)

Groups	т	$\sigma_{10}{}^1$	${\sigma_{ heta}}^2$
FC	4.11 [3.16 – 5.34] ^{ab}	21.98 [18.07 – 26.73] ^{ab}	38.01 [34.65 – 41.70] ^a
FS	$3.92 \ [2.99 - 5.14]^{ab}$	20.96 [17.01 – 25.82] ^{ab}	37.18 [33.75 – 40.96] ^a
FS-S	4.97 [3.84 – 6.43] ^a	24.39 [20.78 – 28.61] ^a	38.36 [35.53 – 41.41] ^a
тс	4.20 [3.23 – 5.47] ^{ab}	22.53 [18.61 – 27.29] ^{ab}	38.49 [35.37 – 42.13] ^a
ТА	2.90 [2.23 – 3.78] ^b	10.90 [08.26 – 14.38] ^c	23.66 [20.75 – 26.96] ^b
TA-S	3.14 [2.39 – 4.13] ^{ab}	14.58 [11.22 – 18.95] ^{bc}	29.84 [26.45 – 33.67] ^b

m= Weibull modulus/scale parameter and 95% interval;

¹ Estimation and 95% interval at 10% probability of failure (PF10); groups with the same letter are statistically not different

² Estimation and 95% interval at characteristic strength (63.2% probability of failure); groups with the same letter are statistically not different

6 **Fig. 1**– Weibull plot for μ SBS. Dotted lines represent 95% confidence bounds for each group.



3.2 Microtensile bond strength (μ TBS)

1 The µTBS results are presented in Table 4. The Weibull modulus ranged 2 from 3.46 (FC) to 4.62 (TA-S); however, no significant differences were observed 3 between the groups, which indicates that the adhesive treatments for repair yielded 4 similar bond strengths when compared with the non-repaired groups.

5 At 10% probability of failure, no statistically significant differences were found 6 between all the groups (p > 0.05). At the characteristic strength, the FS-S group 7 with the application of additional silane application exhibited a statistically superior 8 bond strength than those compared with its counterpart TA-S and FS (p < 0.05), 9 whereas no significant differences were found to FC (p > 0.05).

10

The Weibull plot of the μ TBS specimens depicted in Fig. 2 reveals the 11 reliability of each group, as indicated by the steepness of the lines, which was in 12 good agreement with the characteristic strength values.

Groups	т	$\sigma_{10}{}^1$	$\sigma_{ heta}{}^2$
FC	3.46 [2.60. – 4.60] ^a	45.69 [35.80 – 58.30] ^a	87.57 [78.51 – 97.68] ^a
FS	3.73 [2.81 – 4.95] ^a	32.84 [26.26 – 41.08] ^a	60.00 [54.23 – 66.38] ^c
FS-S	3.95 [2.97 – 5.26] ^a	41.77 [33.73 – 51.73] ^a	73.85 [67.12 – 81.26] ^a
тс	3.66 [2.78 – 4.80] ^a	39.43 [31.51 – 49.35] ^a	72.97 [65.79 – 80.93] ^{abc}
ТА	4.62 [3.46 – 6.17] ^a	45.71 [38.02 – 54.95] ^a	$74.38 [68.54 - 80.71]^{ab}$
TA-S	4.59 [3.49 – 6.04] ^a	42.37 [35.43 – 50.68] ^a	69.15[63.69 – 75.09] ^{bc}

Table 3 – Microtensile bond strength of evaluated groups (MPa)

m= Weibull modulus/scale parameter and 95% interval;

¹ Estimation and 95% interval at 10% probability of failure (PF10); groups with the same letter are statistically not different

² Estimation and 95% interval at characteristic strength (63.2% probability of failure); groups with the same letter are statistically not different

- 1 Fig. 2 Weibull plot for μ TBS. Dotted lines represent 95% confidence bounds for
- 2 each group.



3.3 Correlation of microshear and microtensile bond strength tests
Both tests had a weak negative correlation at σ₁₀ (R = -0,379 p = 0,458), and
a very weak positive correlation at σ₀ (R = 0,082, p = 0,878). The correlation for *m*(Fig. 3) was strong negative (R = -0,721, p = 0,106).



8 **Fig. 3** – Correlation analysis per tests for Weibull modulus (*m*)

1 3.4 – Failure modes

2 The frequency of failure modes of the μ SBS and μ TBS groups are presented 3 in Fig. 4 and SEM images of representative failures are shown in Figs. 5 and 6.

4 Most of the μ SBS fractures were mixed for FS-S and TA, and equally 5 distributed between mixed and cohesive for FS and TA-S. TA and TA-S exhibited 6 the same frequency of adhesive and mixed failures modes for µTBS, whereas FS 7 and FS-S exhibited more mixed failures. The groups submitted to µTBS exhibited 8 more frequency of adhesive failures compared with µSBS, especially TA group.

9

10

11



Fig. 4 – Failure mode frequency (%) for the evaluated groups paired by bond strength test.



- Fig. 5 - Representative SEM micrographs of µSBS test: (1) adhesive,
- (2) cohesive, (3) mixed; A – Adhesive; C – Composite



Fig. 6 - Representative SEM micrographs of µTBS test: (1) cohesive, (2) mixed; A – Adhesive; C – Composite



1 4. Discussion

In this study, microshear and microtensile bond strength tests were compared for the evaluation of composite repair using silane-containing and silane-free universal adhesives. The first hypothesis was rejected, given that the μ SBS and μ TBS tests yielded different results for the same groups. The second hypothesis was also rejected, given that different associations of composites and universal adhesives resulted in different repair bond strengths.

8 The most commonly used coupling agent for ceramic and composite repairs is 9 the silane functional monomer γ -methacryloxypropyltrimethoxysilane (γ -MTPS) 10 [31,32]. Most of the previous studies revealed that the application of silane 11 increases the repair bond strength when compared with the application of 12 adhesives [33-35]. However, the effectiveness of silane is directly related to the 13 surface treatment, which is responsible for the exposure of the filler particles on the 14 composite surface [36,37]. Studies have revealed that sandblasting [15,38,39] and 15 tribochemical [33,40,41] treatment are more effective, and lead to irregular surface 16 morphologies with higher particle exposure areas. All the tested specimens in this 17 study were sandblasted, which may have contributed to increased mechanical 18 retention in the composite surface and the filler particle exposure. Therefore, the 19 repair bond strength with both universal adhesives associated and additional silane 20 application was similar to the non-repaired specimens, with the exception of TA-S 21 vs TC at the characteristic strength tested by the µSBS.

22 The application of the silane-containing universal adhesive resulted in a lower 23 bond strength at the characteristic strength (σ_{θ}) in comparison with the group with 24 additional silane application and the non-repaired group, when tested by µTBS. This 25 can be attributed to the chemical stability of the silane incorporated in the 26 Scotchbond Universal adhesive. Although the manufacturer claimed that silane is 27 stable in a solution with alcohol, filler, and a moderately acidic pH [42], recent 28 studies revealed that the low pH of Scotchbond Universal (2.7) may promote 29 hydrolysis and dehydration condensation, thus resulting in the chemical instability 30 of silane [43,44]. Therefore, the application of silane is advisable for composite 31 repair, even when a silane-containing universal adhesive is used [45].

1 A Weibull analysis provides information related to the performance of an 2 adhesive material, instead of depending on the mean bond strength and standard 3 deviation [46]. It is characterized by two principal parameters, namely, the Weibull 4 modulus and the Weibull stress value required to cause a failure, which can be used 5 to evaluate the performance of a bond at a constant percentage level. The 6 characteristic strength (σ_{θ}) is the strength value at a 63.2% probability of failure, 7 and it is a location parameter. In particular, a high characteristic strength shifts the 8 data to the right, whereas a low characteristic strength shifts the data to the left [47]. 9 The probability of failure at 10% reflects early failures in clinical situations [48]. 10 Based on the results, µTBS was able to distinguish more differences at the 11 characteristic strength, while μ SBS distinguish better at 10% probability of failure.

The Weibull modulus (*m*) reflects the variability and reliability of the results [46,49]. A high variability in bond strength is translated into low *m* values, which indicates a low reliability of the characteristic bond strength due to the presence of critical flaws [49]. In this study, both composites exhibited an inverse behavior in terms of modulus, and this was in the strong inverse correlation found between the tests.

18 There is a lack of consensus with respect to the frequency of failure modes in 19 studies on repair bond strengths. In several μ SBS studies, no or minimum cohesive 20 failures were reported for repaired specimens [18,50]; which is in contrast to other 21 studies, wherein a higher percentage of cohesive [51,52] or adhesive failures were 22 reported [33,53]. Such differences may be due to the different methods employed, 23 or they may result from the critical stress distribution of the μ SBS test. The μ SBS 24 test results exhibited fewer adhesive failures. Conversely, µTBS exhibited a higher 25 frequency of adhesive failures and lower frequency of cohesive failures. It has been 26 reported that the high frequency of cohesive failures in µSBS is because the 27 majority of the resultant stresses are concentrated in the substrate, thus resulting 28 in premature failure prior to the adhesive failure at the interface [54]. This is 29 dissimilar to µTBS, which exhibits a better stress distribution during loading, thus 30 resulting in fewer cohesive failures [28]. The results of a finite element analysis revealed that complex stresses occur at the interface, in which high tensile stresses
 are generated due to the bending moment during the μSBS test [55].

3 The limitations of the study can be attributed to the variation in the specimen 4 geometries (cylindrical vs squared) according to each bond strength test. This 5 variation may have an influence on the stress concentration at the interface, and 6 therefore the nominal bond strength values. However, the µTBS test was more 7 reliable for the evaluation of the bond strength, and it is therefore suitable for the 8 evaluation of composite repairs. Additional mechanical approaches such as finite 9 element analyses and fracture toughness tests could lead to a better understanding 10 of the interfacial behavior of composite repairs.

11 5. Conclusion

12 Microshear and microtensile bond strength tests used in composite repairs 13 exhibited a material-dependent behavior according to the different Weibull 14 parameters evaluated.

15

16 Acknowledgments

The authors would like to acknowledge the assistance of Professor Paulo
Cesar Soares Jr. and Jessica Turola from Electron Microscopy Laboratory at
PUCPR.

20

21

22 This research did not receive any specific grant from funding agencies in the public,

23 commercial, or not-for-profit sectors.

1 6. References

- Mjör IA, Gordan V V. Failure, repair, refurbishing and longevity of
 restorations. Oper Dent 2002;27:528–34.
- 4 [2] Gordan V V, Mondragon E, Shen C. Replacement of resin-based composite:
 5 evaluation of cavity design, cavity depth, and shade matching. Quintessence
 6 Int 2002;33:273–8.
- 7 [3] Blum IR, Lynch CD, Wilson NHF. Factors influencing repair of dental
 8 restorations with resin composite. Clin Cosmet Investig Dent 2014;6:81–7.
 9 doi:10.2147/CCIDE.S53461.
- 10 [4] Elderton RJ. Restorations without conventional cavity preparations. Int Dent
 11 J 1988;38:112–8.
- 12 [5] Opdam NJM, Bronkhorst EM, Loomans BAC, Huysmans MCDNJM.
 13 Longevity of repaired restorations: A practice based study. J Dent
 14 2012;40:829–35. doi:10.1016/j.jdent.2012.06.007.
- 15 [6] Hickel R, Brüshaver K, Ilie N. Repair of restorations Criteria for decision
 16 making and clinical recommendations. Dent Mater 2013;29:28–50.
 17 doi:10.1016/j.dental.2012.07.006.
- Fernández E, Martín J, Vildósola P, Oliveira OB, Gordan V, Mjor I, et al. Can
 repair increase the longevity of composite resins? Results of a 10-year clinical
 trial. J Dent 2015;43:279–86. doi:10.1016/j.jdent.2014.05.015.
- 21 [8] Moncada G, Fernández E, Martín J, Arancibia C, Mjör IA, Gordan V V.
- 22 Increasing the longevity of restorations by minimal intervention: a two-year
- 23 clinical trial. Oper Dent 2008;33:258–64. doi:10.2341/07-113.

[9] Estay J, Martín J, Viera V, Valdivieso J, Bersezio C, Vildosola P, et al. 12
 Years of Repair of Amalgam and Composite Resins: A Clinical Study. Oper
 Dent 2018;43:12–21. doi:10.2341/16-313-C.

- 4 [10] Rinastiti M, Ozcan M, Siswomihardjo W, Busscher HJ. Immediate repair bond
 5 strengths of microhybrid, nanohybrid and nanofilled composites after different
 6 surface treatments. J Dent 2010;38:29–38. doi:10.1016/j.jdent.2009.08.009.
- [11] Souza EM, Francischone CE, Powers JM, Rached RN, Vieira S. Effect of
 different surface treatments on the repair bond strength of indirect
 composites. Am J Dent 2008;21:93–6. doi:10.1016/j.jdent.2017.01.010.
- 10 [12] Matinlinna JP, Lassila L V, Ozcan M, Yli-Urpo A, Vallittu PK. An introduction
 11 to silanes and their clinical applications in dentistry. Int J Prosthodont
 12 2004;17:155–64.
- 13 [13] Staxrud F, Dahl JE. Silanising agents promote resin-composite repair. Int
 14 Dent J 2015;65:311–5. doi:10.1111/idj.12188.
- [14] Eliasson ST, Dahl JE. Effect of curing and silanizing on composite repair bond
 strength using an improved micro-tensile test method. Acta Biomater Odontol
 Scand 2017;3:21–9. doi:10.1080/23337931.2017.1301211.
- [15] Fornazari IA, Wille I, Meda EM, Brum RT, Souza EM. Effect of Surface
 Treatment, Silane, and Universal Adhesive on Microshear Bond Strength of
 Nanofilled Composite Repairs. Oper Dent 2017;42:367–74. doi:10.2341/16 259-L.
- [16] Wendler M, Belli R, Panzer R, Skibbe D, Petschelt A, Lohbauer U. Repair
 Bond Strength of Aged Resin Composite after Different Surface and Bonding
 Treatments. Mater (Basel, Switzerland) 2016;9:547.

1

doi:10.3390/ma9070547.

- [17] Alqarni D, Nakajima M, Hosaka K, Ide K, Nagano D, Wada T, et al. The repair
 bond strength to resin matrix in cured resin composites after water aging.
 Dent Mater J 2019;38:233-240. doi:10.4012/dmj.2018-044.
- [18] Irmak Ö, Özdil Ö, Yılmaz B, Yaman BC. Adhesive system affects repair bond
 strength of resin composite. J Istanbul Univ Fac Dent 2017;51:25–31.
 doi:10.17096/jiufd.31921.
- 8 [19] Perdigão J, Sezinando A, Monteiro PC. Laboratory bonding ability of a multi9 purpose dentin adhesive. Am J Dent 2012;25:153–8.
- 10 [20] Tantbirojn D, Fernando C, Versluis A. Failure Strengths of Composite
 11 Additions and Repairs. Oper Dent 2014;40:364–71. doi:10.2341/14-042-L.
- [21] Çakir N, Demirbuga S, Balkaya H, Karadaş M. Bonding performance of
 universal adhesives on composite repairs, with or without silane application.
 J Conserv Dent 2018;21:263. doi:10.4103/JCD.JCD 11 18.
- 15 [22] Valente LL, Sarkis-Onofre R, Gonçalves AP, Fernández E, Loomans B,
 Moraes RR. Repair bond strength of dental composites: systematic review
 and meta-analysis. Int J Adhes Adhes 2016;69:15–26.
 doi:10.1016/J.IJADHADH.2016.03.020.
- [23] Campos RE, Santos Filho PCF, de O Júnior OB, Ambrosano GMB, Pereira
 CA. Comparative evaluation of 3 microbond strength tests using 4 adhesive
 systems: Mechanical, finite element, and failure analysis. J Prosthet Dent
 2018;119:166–74. doi:10.1016/j.prosdent.2017.02.024.
- [24] Sudsangiam S, van Noort R. Do dentin bond strength tests serve a useful
 purpose? J Adhes Dent 1999;1:57–67.

[25] de Andrade AM, Moura SK, Reis A, Loguercio AD, Garcia EJ, Grande RHM.
 Evaluating resin-enamel bonds by microshear and microtensile bond strength
 tests: effects of composite resin. J Appl Oral Sci 2010;18:591–8.
 doi:10.1590/S1678-77572010000600010.

- 5 [26] Van Noort R, Noroozi S, Howard IC, Cardew G. A critique of bond strength
 6 measurements. J Dent 1989;17:61–7.
- 7 [27] Placido E, Meira JBC, Lima RG, Muench A, de Souza RM, Ballester RY.
 8 Shear versus micro-shear bond strength test: a finite element stress analysis.
 9 Dent Mater 2007;23:1086–92. doi:10.1016/j.dental.2006.10.002.
- [28] Pashley DH, Sano H, Ciucchi B, Yoshiyama M, Carvalho RM. Adhesion
 testing of dentin bonding agents: a review. Dent Mater 1995;11:117–25.
 doi:10.1016/0109-5641(95)80046-8.
- [29] Armstrong S, Geraldeli S, Maia R, Raposo LHA, Soares CJ, Yamagawa J.
 Adhesion to tooth structure: A critical review of "micro" bond strength test
 methods. Dent Mater 2010;26:50–62. doi:10.1016/j.dental.2009.11.155.

16 [30] Beloica M, Goracci C, Carvalho CA, Radovic I, Margvelashvili M, Vulicevic

17 ZR, et al. Microtensile vs microshear bond strength of all-in-one adhesives to

- 18 unground enamel. J Adhes Dent 2010;12:427–33. doi:10.3290/j.jad.a18237.
- [31] Blunck U. Pretreatment of composite resin surfaces for repair: why and how.
 J Adhes Dent 2013;15:592. doi:10.3290/j.jad.a31110.
- [32] Matinlinna JP, Lung CYK, Tsoi JKH. Silane adhesion mechanism in dental
 applications and surface treatments: A review. Dent Mater 2018;34:13–28.
 doi:10.1016/j.dental.2017.09.002.
- 24 [33] Altinci P, Mutluay M, Tezvergil-Mutluay A. Repair bond strength of nanohybrid

- composite resins with a universal adhesive. Acta Biomater Odontol Scand
 2018;4:10–9. doi:10.1080/23337931.2017.1412262.
- 3 [34] Eliasson ST, Tibballs J, Dahl JE. Effect of Different Surface Treatments and
 Adhesives on Repair Bond Strength of Resin Composites After One and 12
 Months of Storage Using an Improved Microtensile Test Method. Oper Dent
 2014;39:206–16. doi:10.2341/12-429-L.
- 7 [35] Brendeke J, Ozcan M. Effect of physicochemical aging conditions on the
 8 composite-composite repair bond strength. J Adhes Dent 2007;9:399–406.
- 9 [36] Melo MAV, Moysés MR, Santos SG, Alcântara CEP, Ribeiro JCR. Effects of
 10 different surface treatments and accelerated artificial aging on the bond
 11 strength of composite resin repairs. Braz Oral Res 2011;25:485–91.
- [37] Loomans BAC, Cardoso M V, Opdam NJM, Roeters FJM, De Munck J,
 Huysmans MC, et al. Surface roughness of etched composite resin in light of
 composite repair. J Dent 2011;39:499–505. doi:10.1016/j.jdent.2011.04.007.
- [38] Brum RT, Vieira S, Freire A, Mazur RF, De Souza EM, Rached RN. Effect of
 organic solvents compared to sandblasting on the repair bond strength of
 nanohybrid and nanofilled composite resins. Indian J Dent Res 2017;28:433–
 41. doi:10.4103/ijdr.IJDR 607 15.
- [39] Souza MO, Leitune VC, Rodrigues SB, Samuel SM, Collares FM. One-year
 aging effects on microtensile bond strengths of composite and repairs with
 different surface treatments. Braz Oral Res 2017:31;1–7.
 doi:10.1590/18073107BOR2017.vol31.0004.
- [40] Özcan M, Corazza PH, Marocho SMS, Barbosa SH, Bottino MA. Repair bond
 strength of microhybrid, nanohybrid and nanofilled resin composites: Effect

of substrate resin type, surface conditioning and ageing. Clin Oral Investig
 2013;17:1751–8. doi:10.1007/s00784-012-0863-5.

[41] Pilo R, Brosh T, Geron V, Levartovsky S, Eliades G. Effect of Silane Reaction
Time on the Repair of a Nanofilled Composite Using Tribochemical
Treatment. J Adhes Dent 2016;18:125–34. doi:10.3290/j.jad.a35907.

6 [42] 3M ESPE. Scotchbond [™] Universal Adhesive: Technical Product Profile
7 2013. Retrieved online April 13, 2019 from:
8 http://multimedia.3m.com/mws/media/1275623O/3m-scotchbond-universal9 adhesive-faq.pdf

[43] Yoshihara K, Nagaoka N, Sonoda A, Maruo Y, Makita Y, Okihara T, et al.
 Effectiveness and stability of silane coupling agent incorporated in 'universal'
 adhesives. Dent Mater 2016;32:1218–25. doi:10.1016/j.dental.2016.07.002.

- [44] Nagarkar S, Theis-Mahon N, Perdigão J. Universal dental adhesives: Current
 status, laboratory testing, and clinical performance. J Biomed Mater Res B
 Appl Biomater 2019. doi:10.1002/jbm.b.34305.
- [45] Yao C, Yu J, Wang Y, Tang C, Huang C. Acidic pH weakens the bonding
 effectiveness of silane contained in universal adhesives. Dent Mater
 2018;34:809–18. doi:10.1016/j.dental.2018.02.004.
- [46] Burrow MF, Thomas D, Swain M V., Tyas MJ. Analysis of tensile bond
 strengths using Weibull statistics. Biomaterials 2004;25:5031-35
 doi:10.1016/j.biomaterials.2004.01.060.
- [47] Quinn JB, Quinn GD. A practical and systematic review of Weibull statistics
 for reporting strengths of dental materials. Dent Mater 2010;26:135–47.
 doi:10.1016/j.dental.2009.09.006.

1	[48]	De Munck J, Luehrs AK, Poitevin A, Van Ende A, Van Meerbeek B. Fracture
2		toughness versus micro-tensile bond strength testing of adhesive-dentin
3		interfaces. Dent Mater 2013;29:635–44. doi:10.1016/j.dental.2013.03.010.
4	[49]	McCabe JF, Carrick TE. A statistical approach to the mechanical testing of
5		dental materials. Dent Mater 1986;2:139-42. doi:10.1016/S0109-
6		5641(86)80021-5.
7	[50]	Imbery T, Gray T, DeLatour F, Boxx C, Best A, Moon P. Evaluation of flexural,
8		diametral tensile, and shear bond strength of composite repairs. Oper Dent
9		2014;39:E250-60. doi:10.2341/13-299-L.
10	[51]	Hemadri M, Saritha G, Rajasekhar V, Pachlag KA, Purushotham R, Reddy
11		VKK. Shear Bond Strength of Repaired Composites Using Surface
12		Treatments and Repair Materials: An In vitro Study. J Int Oral Heal JIOH
13		2014;6:22–5.
14	[52]	Koç-Vural U, Kerimova L, Baltacioglu İH, Kiremitçi A. Bond strength of dental
15		nanocomposites repaired with a bulkfill composite. J Clin Exp Dent
16		2017;9:e437–42. doi:10.4317/jced.53501.
17	[53]	Özcan M, Pekkan G. Effect of Different Adhesion Strategies on Bond
18		Strength of Resin Composite to Composite-dentin Complex. Oper Dent
19		2013;38:63–72. doi:10.2341/11-482-L.
20	[54]	Della Bona A, van Noort R. Shear vs. tensile bond strength of resin composite
21		bonded to ceramic. J Dent Res 1995;74:1591–6.
22	[55]	Jin X, Homaei E, Matinlinna JP, Tsoi JKH. A new concept and finite-element
23		study on dental bond strength tests. Dent Mater 2016;32:e238-50.
24		doi:10.1016/j.dental.2016.07.005.
		23

1	ANEXOS					
2						
3	Análise estatística					
4	Programa Minitab V18					
5	Microshear					
6 7 8	Distribution Analysis: FB ^{Variable: FB} Censoring					
9 10 11	Censoring InformationCountUncensored value30Estimation Method: Maximum LikelihoodDistribution:WeibullParameter Estimates					
	Standard 95,0% Normal	CI				

			Standard		
	Parameter	Estimate	Error	Lower	Upper
	Shape	4,10666	0,549681	3,15904	5,33855
	Scale	38,0166	1,79659	34,6535	41,7061
12	Log-Likelihood =	-108,299			

Goodness-of-Fit

Table of Percentiles

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	21,9780	2,19384	18,0726	26,7273
63,2	38,0135	1,79658	34,6505	41,7030

Distribution Analysis: FB-U Variable: FB-U

- Censoring

	Censoring Information	Count
	Uncensored value	30
19	Estimation Method: Maximum Like	elihood
20	Distribution: Weibull	
20	Distribution: Weibull	

1 Parameter Estimates

			Standard	95,0% Normal CI	
	Parameter	Estimate	Error	Lower	Upper
	Shape	3,92440	0,540980	2,99526	5,14176
	Scale	37,1856	1,83807	33,7520	40,9684
2	Log-Likelihood =	-109,188			

3

5

4 Table of Percentiles

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	20,9574	2,23096	17,0108	25,8196
63,2	37,1825	1,83806	33,7489	40,9653

6 7 8	Distribution Analysis: FB-SU Variable: FB-SU Censoring		
	Censoring Information Count		
9	Uncensored value 30 Estimation Method: Maximum Likelihood		
10	Distribution: Weibull		

...

11

12 Parameter Estimates

			Standard	95,0% N	ormal CI
	Parameter	Estimate	Error	Lower	Upper
	Shape	4,96689	0,653387	3,83804	6,42775
13	Scale Log-Likelihood =	38,3639 -103,341	1,49847	35,5365	41,4162

14

15 Table of Percentiles

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	24,3868	1,98905	20,7840	28,6142
63,2	38,3613	1,49848	35,5340	41,4137

1 Distribution Analysis: TN

- 2 Variable: TN
- 3 Censoring

Censoring InformationCountUncensored value304Estimation Method: Maximum Likelihood

5 Distribution: Weibull

6 Parameter Estimates

			Standard	95,0% N	ormal CI
	Parameter	Estimate	Error	Lower	Upper
	Shape	4,20300	0,566339	3,22748	5,47339
	Scale	38,4931	1,77455	35,1676	42,1332
7	Log-Likelihood =	-108,294			

8

9 Table of Percentiles

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	22,5348	2,20308	18,6053	27,2942
63,2	38,4901	1,77455	35,1646	42,1302

10

11 Distribution Analysis: TN-U

- 12 Variable: TN-U
- 13 Censoring

Censoring Information	Count
Uncensored value	30

	Uncensored value	50
14	Estimation Method: Maximum	Likelihood

15 Distribution: Weibull

16 Parameter Estimates

			Standard	95,0% N	ormal CI
	Parameter	Estimate	Error	Lower	Upper
	Shape	2,90380	0,391279	2,22982	3,78150
	Scale	23,6582	1,57872	20,7578	26,9639
17	Log-Likelihood =	-103,124			

18

19 Table of Percentiles

			Standard	95,0	% Normal CI
_	Percent	Percentile	Error	Lower	Upper
	10	10,8997	1,54247	8,25959	14,3838
	63,2	23,6556	1,57866	20,7553	26,9611

1		
2 3	Distribution Analysis: 7 Variable: TN-SU	ΓN-SU
4	Censoring	
	Censoring Information	Count
	Uncensored value	30
5 6	Estimation Method: Maximum L Distribution: Weibull	ikelihood

7

8 Parameter Estimates

			Standard	95,0% N	ormal CI
	Parameter	Estimate	Error	Lower	Upper
	Shape	3,14044	0,439048	2,38775	4,13041
	Scale	29,8484	1,83742	26,4559	33,6759
9	Log-Likelihood =	-108,705			

10

11 Table of Percentiles

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	14,5786	1,94943	11,2175	18,9469
63,2	29,8453	1,83737	26,4529	33,6727

12

13 Microtensile

14	Distribution Analysis: FB
15	Variable: FB
16	Censoring
	Censoring Information Count
	Uncensored value 30
17	Estimation Method: Maximum Likelihood
18	Distribution: Weibull

Parameter Estimates 1

		Standard		95,0% Normal CI	
	Parameter	Estimate	Error	Lower	Upper
	Shape	3,45810	0,503714	2,59926	4,60072
	Scale	87,5787	4,88149	78,5153	97,6885
2	Log-Likelihood =	-139,233			
3	Table of Perc	entiles			

		Standard		% Normal CI
Percent	Percentile	Error	Lower	Upper
10	45,6857	5,68410	35,7994	58,3022
63,2	87,5704	4,88142	78,5072	97,6800

4

Distribution Analysis: FB-U Variable: FB-U 5

- 6
- 7 Censoring

	Censoring Information	Count
	Uncensored value	30
8	Estimation Method: Maximum	Likelihood
9	Distribution: Weibull	

10 Parameter Estimates

			Standard	95,0% Normal CI	
	Parameter	Estimate	Error	Lower	Upper
	Shape	3,73367	0,537818	2,81530	4,95163
	Scale	60,0067	3,09368	54,2395	66,3871
11	Log-Likelihood =	-125,977			

Table of Percentiles 12

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	32,8428	3,74926	26,2585	41,0782
63,2	60,0014	3,09365	54,2343	66,3818

13

14	Distribution	Analy	vsis:	FB-	-SU
1 -	Distribution	1 IIIuI	y 010.		00

- 15 Variable: FB-SU
- 16 Censoring

Censoring Information Count

	Uncensored value	30
1	Estimation Method: Maximum Like	lihood
2	Distribution: Weibull	

3

4 Parameter Estimates

			Standard	95,0% Normal CI	
	Parameter	Estimate	Error	Lower	Upper
	Shape	3,94910	0,577045	2,96565	5,25867
	Scale	73,8551	3,60132	67,1235	81,2619
5	Log-Likelihood =	-130,875			

6

7 Table of Percentiles

			Standard	95,0	% Normal CI
_	Percent	Percentile	Error	Lower	Upper
	10	41,7735	4,55555	33,7345	51,7282
	63,2	73,8490	3,60131	67,1174	81,2558

8

9 Distribution Analysis: TN

10 Variable: TN

11 Censoring

	Censoring Information	Count
	Uncensored value	30
12	Estimation Method: Maximum L	ikelihood
13	Distribution: Weibull	

14 Parameter Estimates

		Standard		95,0% Normal CI		
	Parameter	Estimate	Error	Lower	Upper	
	Shape	3,65575	0,509192	2,78239	4,80327	
	Scale	72,9788	3,85553	65,8002	80,9406	
15	Log-Likelihood =	-131,753				

16 Table of Percentiles

		Standard	95,0% N	ormal CI
 Percent	Percentile	Error	Lower	Upper
10	39,4329	4,51283	31,5097	49,3484
63,2	72,9722	3,85548	65,7937	80,9340

1	
2	Distribution Analysis: TN-U
3	Variable: TN-U
4	Censoring

	Censoring Information	Count
	Uncensored value	30
5	Estimation Method: Maximum I	Likelihood
6	Distribution: Weibull	

Parameter Estimates 7

		Standard	95,0% Normal CI		
	Parameter	Estimate	Error	Lower	Upper
	Shape	4,62182	0,682926	3,45970	6,17430
	Scale	74,3827	3,09993	68,5484	80,7134
8	Log-Likelihood =	-127,096			
9	Table of Perc	entiles			

		Standard	95,0	% Normal CI
Percent	Percentile	Error	Lower	Upper
10	45,7102	4,29382	38,0238	54,9505
63,2	74,3774	3,09995	68,5431	80,7082

10

Distribution Analysis: TN-SU Variable: TN-SU 11

- 12
- 13 Censoring

Censoring Information	Count

	Uncensored value	30
11	Estimation Mathematical Mathematical	т.1.1.1.1

14 15 Estimation Method: Maximum Likelihood

Distribution: Weibull

Parameter Estimates 16

			Standard	95,0% N	ormal CI
	Parameter	Estimate	Error	Lower	Upper
	Shape	4,59398	0,643426	3,49117	6,04515
	Scale	69,1576	2,90555	63,6910	75,0934
17	Log-Likelihood	= -124,329			
18	Table of Per	centiles			
			Standard	95,0% No	rmal CI
	Percent	Percentile	Error	Lower	Upper

10	42,3741	3,87023	35,4288	50,6809
63,2	69,1527	2,90557	63,6861	75,0886

1

2 Correlação de Pearson

10% probability of failure:

3 Correlação: 10 - SBS; 10 - TBS

Correlação de Pearson	-0,379
-----------------------	--------

Valor-P

0,458



63.2% probability of failure:

4 Correlação: 63 SBS; 63 TBS

Correlação de Pearson	0,082
Valor-P	0,878



1 Normas Revista

- 2 Revista de escolha: Dental Materials
- 3 ISSN: 0109-5641 (print); 1879-0097 (web)
- 4 Qualis: A1

5 **GUIDE FOR AUTHORS**

6 **INTRODUCTION**

Authors are requested to submit their original manuscript and figures via the onlinesubmission and editorial system for *Dental Materials*. Using this online system,

9 authors may submit manuscripts and track their progress through the system to

10 publication. Reviewers can download manuscripts and submit their opinions to the

- 11 editor. Editors can manage the whole submission/review/revise/publish process.
- 12 Please register at: https://www.evise.com/profile/api/navigate/DEMA.
- 13 *Dental Materials* now only accepts online submissions.
- 14 The Artwork Quality Control Tool is now available to users of the online submission
- 15 system. To help authors submit high-quality artwork early in the process, this tool
- 16 checks the submitted artwork and other file types against the artwork requirements
- 17 outlined in the Artwork Instructions to Authors on
- 18 https://www.elsevier.com/artworkinstructions. The Artwork Quality Control Tool
- automatically checks all artwork files when they are first uploaded. Each figure/file is
- checked only once, so further along in the process only new uploaded files will bechecked.

1 Manuscripts

- 2 The journal is principally for publication of **Original Research Reports**, which should 3 preferably investigate a defined hypothesis. Maximum length 6 journal pages
- 4 All manuscripts should be accompanied by a **letter of transmittal**, signed by each
- 5 author, and stating that the manuscript is not concurrently under consideration for
- 6 publication in another journal, that all of the named authors were involved in the work
- 7 leading to the publication of the paper, and that all the named authors have read the
- 8 paper before it is submitted for publication.

9 Always keep a backup copy of the electronic file for reference and safety.

- 10 Manuscripts not conforming to the journal style will be returned. In addition,
- 11 manuscripts which are not written in fluent English will be rejected automatically 12 without refereeing.
- 13 For further guidance on electronic submission, please visit the Elsevier Support 14 Center. Page charges
- 15 This journal has no page charges.

16 **Declaration of interest**

17 All authors must disclose any financial and personal relationships with other people or 18 organizations that could inappropriately influence (bias) their work. Examples of 19 potential competing interests include employment, consultancies, stock ownership, 20 honoraria, paid expert testimony, patent applications/registrations, and grants or 21 other funding. Authors must disclose any interests in two places: 1. A summary 22 declaration of interest statement in the title page file (if double-blind) or the 23 manuscript file (if single-blind). If there are no interests to declare then please state 24 this: 'Declarations of interest: none'. This summary statement will be ultimately 25 published if the article is accepted. 2. Detailed disclosures as part of a separate 26 Declaration of Interest form, which forms part of the journal's official records. It is 27 important for potential interests to be declared in both places and that the 28 information matches. More information.

29 Submission declaration and verification

30 Submission of an article implies that the work described has not been published 31 previously (except in the form of an abstract, a published lecture or academic thesis, 32 see 'Multiple, redundant or concurrent publication' for more information), that it is not 33 under consideration for publication elsewhere, that its publication is approved by all 34 authors and tacitly or explicitly by the responsible authorities where

- 35 the work was carried out, and that, if accepted, it will not be published elsewhere in 36 the same form, in English or in any other language, including electronically without
- 37 the written consent of the copyright- holder. To verify originality, your article may be
- 38 checked by the originality detection service Crossref Similarity Check.

39 Copyright

- 1 Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing
- 2 3 Agreement' (see more information on this). An e-mail will be sent to the
- corresponding author confirming receipt of the manuscript together with a 'Journal
- 4 Publishing Agreement' form or a link to the online version of this agreement.

5 Subscribers may reproduce tables of contents or prepare lists of articles including 6 abstracts for internal circulation within their institutions. Permission of the Publisher is 7 required for resale or distribution outside the institution and for all other derivative 8 works, including compilations and translations. If excerpts from other copyrighted 9 works are included, the author(s) must obtain written permission from the copyright

- 10 owners and credit the source(s) in the article. Elsevier has preprinted forms for use by
- 11 authors in these cases.
- 12 For gold open access articles: Upon acceptance of an article, authors will be asked to
- 13 complete an 'Exclusive License Agreement' (more information). Permitted third party
- 14 reuse of gold open access articles is determined by the author's choice of user license.

15 Author rights

16 As an author you (or your employer or institution) have certain rights to reuse your 17 work. More information.

18 Elsevier supports responsible sharing

19 **Submission**

20 Our online submission system guides you stepwise through the process of entering 21 your article details and uploading your files. The system converts your article files to a 22 single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are 23 required to typeset your article for final publication. All correspondence, including 24 notification of the Editor's decision and requests for revision, is sent by e-mail.

- 25 Submit your article
- 26 Please submit your article via https://www.evise.com/profile/api/navigate/DEMA.
- 27 Referees
- 28 Please submit the names and institutional e-mail addresses of several potential
- 29 referees. For more details, visit our Support site. Note that the editor retains the sole 30 right to decide whether or not the suggested reviewers are used.

31 PREPARATION

32 Article structure

33 Subdivision - numbered sections

34 Divide your article into clearly defined and numbered sections. Subsections should be 35 numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section

36 numbering). Use this numbering also for internal cross-referencing: do not just refer

- 1 to 'the text'. Any subsection may be given a brief heading. Each heading should
- 2 appear on its own separate line.
- 3 Introduction
- 4 This must be presented in a structured format, covering the following subjects,
- 5 although actual subheadings should not be included:
- succinct statements of the issue in question;
- 7 the essence of existing knowledge and understanding pertinent to the issue
- 8 (reference);
- the aims and objectives of the research being reported relating the research to dentistry, where not obvious.
- 11 *Materials and methods*
- describe the procedures and analytical techniques.
- only cite references to published methods.
- include at least general composition details and batch numbers for all materials. •
- 15 identify names and sources of all commercial products e.g.
- 16 "The composite (Silar, 3M Co., St. Paul, MN, USA)..."
- 17 "... an Au-Pd alloy (Estheticor Opal, Cendres et Metaux, Switzerland)."
- specify statistical significance test methods. *Results*
- refer to appropriate tables and figures.
- refrain from subjective comments.
- make no reference to previous literature. report statistical findings.
- 22 Discussion
- explain and interpret data.
- state implications of the results, relate to composition. indicate limitations of
- 25 findings.
- relate to other relevant research.
- 27 Conclusion (if included)
- must NOT repeat Results or Discussion
- must concisely state inference, significance, or consequences
- 30 Appendices
- 31 If there is more than one appendix, they should be identified as A, B, etc. Formulae
- 32 and equations in appendices should be given separate numbering: Eq. (A.1), Eq.
- 33 (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and
- 34 figures: Table A.1; Fig. A.1, etc.

35 **Essential title page information**

- **Title.** Concise and informative. Titles are often used in information-retrieval
- 37 systems. Avoid abbreviations and formulae where possible.

Author names and affiliations. Please clearly indicate the given name(s) and
family name(s) of each author and check that all names are accurately spelled. You
can add your name between parentheses in your own script behind the English
transliteration. Present the authors' affiliation addresses (where the actual work was
done) below the names. Indicate all affiliations with a lower- case superscript letter
immediately after the author's name and in front of the appropriate address. Provide
the full postal address of each affiliation, including the country name and, if available,
the e-mail address of each author.

• Corresponding author. Clearly indicate who will handle correspondence at all
 stages of refereeing and publication, also post-publication. This responsibility includes
 answering any future queries about Methodology and Materials. Ensure that the e mail address is given and that contact details are kept up to date by the
 corresponding author.

• Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address.
Superscript Arabic numerals are used for such footnotes.

19 *Highlights*

Highlights are mandatory for this journal. They consist of a short collection of bullet
points that convey the core findings of the article and should be submitted in a
separate editable file in the online submission system. Please use 'Highlights' in the

file name and include 3 to 5 bullet points (maximum 85 characters, including spaces,

24 per bullet point). You can view example Highlights on our information site.

25 Abstract (structured format)

- 250 words or less.
- subheadings should appear in the text of the abstract as follows: Objectives,

28 Methods, Results, Significance. (For Systematic Reviews: Objectives, Data, Sources,

Study selection, Conclusions). The Results section may incorporate small tabulationsof data, normally 3 rows maximum.

31 *Graphical abstract*

32 Although a graphical abstract is optional, its use is encouraged as it draws more 33 attention to the online article. The graphical abstract should summarize the contents 34 of the article in a concise, pictorial form designed to capture the attention of a wide 35 readership. Graphical abstracts should be submitted as a separate file in the online 36 submission system. Image size: Please provide an image with a minimum of $531 \times$ 37 1328 pixels ($h \times w$) or proportionally more. The image should be readable at a size of 38 5×13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, 39 PDF or MS Office files. You can view Example Graphical Abstracts on our information 40 site.

- 41 Authors can make use of Elsevier's Illustration Services to ensure the best
- 42 presentation of their images and in accordance with all technical requirements.

- 1 Highlights are mandatory for this journal. They consist of a short collection of bullet
- 2 3 points that convey the core findings of the article and should be submitted in a
- separate file in the online submission system. Please use 'Highlights' in the file name
- 4 and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet
- 5 point). See https://www.elsevier.com/highlights for examples.

6 Keywords

7 Up to 10 keywords should be supplied e.g. dental material, composite resin, adhesion.

8 Abbreviations

9 Define abbreviations that are not standard in this field in a footnote to be placed on 10 the first page of the article. Such abbreviations that are unavoidable in the abstract 11 must be defined at their first mention there, as well as in the footnote. Ensure

12 consistency of abbreviations throughout the article.

13 Acknowledgements

14 Collate acknowledgements in a separate section at the end of the article before the

- references and do not, therefore, include them on the title page, as a footnote to the 15
- 16 title or otherwise. List here those individuals who provided help during the research
- 17 (e.g., providing language help, writing assistance or proof reading the article, etc.).
- 18 Formatting of funding sources
- 19 List funding sources in this standard way to facilitate compliance to funder's 20 requirements:
- 21 Funding: This work was supported by the National Institutes of Health [grant numbers 22 xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; 23 and the United States Institutes of Peace [grant number aaaa].
- 24 It is not necessary to include detailed descriptions on the program or type of grants 25 and awards. When funding is from a block grant or other resources available to a 26 university, college, or other research institution, submit the name of the institute or 27 organization that provided the funding.
- 28 If no funding has been provided for the research, please include the following 29 sentence:
- 30 This research did not receive any specific grant from funding agencies in the public, 31 commercial, or not-for-profit sectors.
- 32 Units
- 33 Follow internationally accepted rules and conventions: use the international system of 34 units (SI). If other units are mentioned, please give their equivalent in SI.
- 35 Math formulae

1 Please submit math equations as editable text and not as images. Present simple

2 3 formulae in line with normal text where possible and use the solidus (/) instead of a

horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be

4 presented in italics. Powers of e are often more conveniently denoted by exp. Number

- 5 consecutively any equations that have to be displayed separately from the text (if
- 6 referred to explicitly in the text).

7 Embedded math equations

- 8 If you are submitting an article prepared with Microsoft Word containing embedded
- 9 math equations then please read this (related support information).

10 Footnotes

- 11 Footnotes should be used sparingly. Number them consecutively throughout the
- 12 article. Many word processors can build footnotes into the text, and this feature may
- 13 be used. Otherwise, please indicate the position of footnotes in the text and list the
- 14 footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list. 15
- 16 Artwork
- 17 Electronic artwork
- 18 General points
- 19 • Make sure you use uniform lettering and sizing of your original artwork.
- 20 • Embed the used fonts if the application provides that option.
- 21 Aim to use the following fonts in your illustrations: Arial, Courier, Times New
- 22 Roman, Symbol, or use fonts that look similar.
- 23 • Number the illustrations according to their sequence in the text.
- 24 • Use a logical naming convention for your artwork files.
- 25 Provide captions to illustrations separately.
- 26 • Size the illustrations close to the desired dimensions of the published version.
- 27 • Submit each illustration as a separate file.
- 28 A detailed quide on electronic artwork is available.

29 You are urged to visit this site; some excerpts from the detailed information 30 are given here. Formats

- 31 If your electronic artwork is created in a Microsoft Office application (Word,
- 32 PowerPoint, Excel) then please supply 'as is' in the native document format.
- 33 Regardless of the application used other than Microsoft Office, when your electronic
- 34 artwork is finalized, please 'Save as' or convert the images to one of the following
- 35 formats (note the resolution requirements for line drawings, halftones, and
- 36 line/halftone combinations given below):
- 37 EPS (or PDF): Vector drawings, embed all used fonts.
- 38 TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 39 300 dpi.
- 40 TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a
- 41 minimum of 1000 dpi. TIFF (or JPEG): Combinations bitmapped line/half-tone (color
- 42 or grayscale), keep to a minimum of 500 dpi.

43 Please do not:

- 44 • Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these
- 45 typically have a low number of pixels and limited set of colors;

- 1 • Supply files that are too low in resolution;
- 2 • Submit graphics that are disproportionately large for the content.

3 Color artwork

4 Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS 5 (or PDF), or MS Office files) and with the correct resolution. If, together with your 6 7 accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect 8 and other sites) regardless of whether or not these illustrations are reproduced in 9 color in the printed version. For color reproduction in print, you will receive 10 information regarding the costs from Elsevier after receipt of your accepted 11 article. Please indicate your preference for color: in print or online only. Further 12 information on the preparation of electronic artwork.

13 Illustration services

14 Elsevier's WebShop offers Illustration Services to authors preparing to submit a

- 15 manuscript but concerned about the quality of the images accompanying their article.
- 16 Elsevier's expert illustrators can produce scientific, technical and medical-style
- 17 images, as well as a full range of charts, tables and graphs. Image 'polishing' is also 18 available, where our illustrators take your image(s) and improve them to a
- 19
- professional standard. Please visit the website to find out more.
- 20 Captions to tables and figures
- 21 • list together on a separate page.
- 22 • should be complete and understandable apart from the text.
- 23 include key for symbols or abbreviations used in Figures.
- 24 individual teeth should be identified using the FDI two-digit system.

25 **Tables**

- 26 Please submit tables as editable text and not as images. Tables can be placed either
- 27 next to the relevant text in the article, or on separate page(s) at the end. Number
- 28 tables consecutively in accordance with their appearance in the text and place any
- 29 table notes below the table body. Be sparing in the use of tables and ensure that the 30 data presented in them do not duplicate results described elsewhere in the article.
- 31 Please avoid using vertical rules and shading in table cells.

32 References

- 33 Must now be given according to the following numeric system:
- 34 Cite references in text in numerical order. Use square brackets: in-line, not
- 35 superscript e.g. [23]. All references must be listed at the end of the paper, double-
- 36 spaced, without indents. For example: 1. Moulin P, Picard B and Degrange M. Water 37
- resistance of resin-bonded joints with time related to alloy surface treatments. J Dent, 38 1999; 27:79-87. 2. Taylor DF, Bayne SC, Sturdevant JR and Wilder AD. Comparison
- 39 of direct and indirect methods for analyzing wear of posterior composite restorations.
- 40 Dent Mater, 1989; 5:157-160. Avoid referencing abstracts if possible. If unavoidable,
- 41 reference as follows: 3. Demarest VA and Greener EH . Storage moduli and

1 interaction parameters of experimental dental composites. J Dent Res, 1996; 67:221,

2 Abstr. No. 868.

3 Citation in text

4 Please ensure that every reference cited in the text is also present in the reference list

5 (and vice versa). Any references cited in the abstract must be given in full.

6 Unpublished results and personal communications are not recommended in the 7 reference list, but may be mentioned in the text. If these references are included in

8 the reference list they should follow the standard reference style of the journal and

9 should include a substitution of the publication date with either 'Unpublished results'

10 or 'Personal communication'. Citation of a reference as 'in press' implies that the item

11 has been accepted for publication.

12 Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. Journal of Geophysical Research, https://doi.org/10.1029/2001JB000884. Please note the format of such citations should be in the same style as all other references in the paper.

27 Web references

As a minimum, the full URL should be given and the date when the reference was last
accessed. Any further information, if known (DOI, author names, dates, reference to
a source publication, etc.), should also be given. Web references can be listed
separately (e.g., after the reference list) under a different heading if desired, or can
be included in the reference list.

33 Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

40 *References in a special issue*

- 1 Please ensure that the words 'this issue' are added to any references in the list (and
- 2 any citations in the text) to other articles in the same Special Issue.

3 Reference management software

4 Most Elsevier journals have their reference template available in many of the most 5 popular reference management software products. These include all products that

support Citation Style Language styles, such as Mendeley. Using citation plug-ins from
 these products, authors only need to select the appropriate journal template when

8 preparing their article, after which citations and bibliographies will be automatically

9 formatted in the journal's style. If no template is yet available for this journal, please

10 follow the format of the sample references and citations as shown in this Guide. If you

11 use reference management software, please ensure that you remove all field codes

12 before submitting the electronic manuscript. More information on how to remove field 13 codes from different reference management software

- 13 codes from different reference management software.
- 14 Users of Mendeley Desktop can easily install the reference style for this journal by
- 15 clicking the following link:
- 16 http://open.mendeley.com/use-citation-style/dental-materials
- 17 When preparing your manuscript, you will then be able to select this style using the
- 18 Mendeley plug- ins for Microsoft Word or LibreOffice.
- 19 Reference style
- 20 *Text:* Indicate references by number(s) in square brackets in line with the text. The
- 21 actual authors can be referred to, but the reference number(s) must always be given.
- *List:* Number the references (numbers in square brackets) in the list in the order inwhich they appear in the text.
- 23 which they appear in the te
- 24 Examples:
- 25 Reference to a journal publication:
- 26 [1] Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. J
- 27 Sci Commun 2010;163:51–9. https://doi.org/10.1016/j.Sc.2010.00372.
- 28 Reference to a journal publication with an article number:
- 29 [2] Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article.
- 30 Heliyon. 2018;19:e00205. https://doi.org/10.1016/j.heliyon.2018.e00205
- 31 Reference to a book:
- 32 [3] Strunk Jr W, White EB. The elements of style. 4th ed. New York: Longman; 2000.33 Reference to a chapter in an edited book:
- 34 [4] Mettam GR, Adams LB. How to prepare an electronic version of your article. In:
- 35 Jones BS, Smith RZ, editors. Introduction to the electronic age, New York: E-
- 36 Publishing Inc; 2009, p. 281–304. Reference to a website:
- 37 [5] Cancer Research UK. Cancer statistics reports for the UK,
- 38 http://www.cancerresearchuk.org/ aboutcancer/statistics/cancerstatsreport/; 2003
- 39 [accessed 13 March 2003].
- 40 Reference to a dataset:
- 41 [dataset] [6] Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese
- 42 oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015.
- 43 https://doi.org/10.17632/ xwj98nb39r.1.
- A4 Note shortened form for last page number. e.g., 51–9, and that for more than 6
- 45 authors the first 6 should be listed followed by 'et al.' For further details you are

- 1 referred to 'Uniform Requirements for Manuscripts submitted to Biomedical Journals'
- 2 (J Am Med Assoc 1997;277:927–34) (see also Samples of Formatted References).
- 3 Journal abbreviations source

4 Journal names should be abbreviated according to the List of Title Word

5 Abbreviations.

6 Supplementary material

7 Supplementary material such as applications, images and sound clips, can be

8 published with your article to enhance it. Submitted supplementary items are 9 published exactly as they are received (Excel or PowerPoint files will appear as suc

9 published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise,

11 descriptive caption for each supplementary file. If you wish to make changes to

12 supplementary material during any stage of the process, please make sure to provide

13 an updated file. Do not annotate any corrections on a previous version. Please switch

14 off the 'Track Changes' option in Microsoft Office files as these will appear in the

15 published version.