Authors' response

We truly appreciate your interest in our study, and we are happy to address your thoughtful questions below:

The 2009 study by Kravitz et al[1] evaluated the efficacy of anterior tooth movement with Invisalign. In that study, the authors reported a mean accuracy of 41%, but the most accurate movement was lingual constriction (47%). In the 2020 follow-up study by Haouili et al,[2] which evaluated the efficacy of tooth movement for all teeth, the authors reported an improved mean accuracy of 50% despite treating more difficult patients. Invisalign continued to struggle with the same types of movements.

Our study tested the relationship between gender or age and the conversion from Invisalign to braces and found no statistical differences. Simply put, men and women of all ages were equally likely to switch from Invisalign to braces. Although, patients in the oldest age group, which also happened to be the largest group in the sample, had a significantly greater number of refinement scans, indicating that most Invisalign patients will require the most effort.

Regarding your thorough statistical questions, the comment that "The data provided is in whole number and not continuous type" is correct; however, the distributions of the subgroups did not satisfy the essential assumption of equal shape and variance required of nonparametric tests, so we felt that a *t* test of independent samples was more suitable. In Table II, the chi-square results consider deviations from expected observations in all 4 squares, so the percentage was given in total. Refinements by age and refinements by gender certainly could be given in whole numbers instead of decimals. Finally, we can state that there was "no linear relationship" between the number of refinement scans and the conversion to braces ($r[498] = 0.01$; $P > 0.05$). The basis of this information is the Pearson correlation between the number of refinement scans and the conversion to braces. Perhaps, we erred in trying to simplify the statistical interpretation.

Thank you again for your wonderful comments and suggestions to help strengthen our paper. We will make these changes for our next Invisalign study.

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2. Haouili N, Kravitz ND, Vaid NR, Ferguson DJ, Makki L. Has Invisalign improved? A prospective follow-up study on the efficacy of tooth movement with Invisalign. Am J Orthod Dentofacial Orthop 2020;158:420-5.

Erratum

Correction to: Walaitip Jermwiwatkul, Kiatanant Boonsiriseth, and Nita Viwattanatipa. Treacher Collins syndrome: Orthodontic treatment with mandibular distraction osteogenesis and orthognathic surgery. Am J Orthod Dentofacial Orthop 2021;159:836-51.

In the authors' affiliations and correspondence address, "Faculty of Dentistry" is missing. The corrected affiliations and correspondence address are as follows:

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Erratum

Correction to: Alpakan ÖO, Türköz Ç, Varlık SK. Long-term stability of mandibular incisor alignment in patients treated nonextraction with or without interproximal enamel reduction. Am J Orthod Dentofacial Orthop 2023;163:802–810.

The authors would like to make a correction to the second item in the Highlights section of the article. The corrected text is as follows:

Mandibular incisor crowding increased significantly in both groups 8 years postretention.