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3. DETAILED SPECIFICS

ABBREVIATIONS/ACRONYMS

Please be sure all abbreviations/acronyms are spelled out at first use in the abstract and again at first use in text. An abbreviation/acronym should appear first in parentheses immediately after the term or phrase to which it refers. Every abbreviation used in any table or figure should be defined in each corresponding legend.

The following abbreviations have been deemed as accepted and understood abbreviations without any further clarification needed. With these acronyms, no definition is required at any point in the text (not even first use) and are also acceptable in titles:

AIDS	acquired immune deficiency syndrome
cDNA	copy deoxyribonucleic acid
CNS	central nervous system
DNA	deoxyribonucleic acid
HLA	human leukocyte antigen
IM	intramuscular(ly)
LASIK	laser in situ keratomileusis
mRNA	messenger ribonucleic acid
RNA	ribonucleic acid

ABSTRACT

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3. Participants and/or Controls: states the number of persons or eyes studied and the number of controls if a separate control group is included. If a single case is being described, the study design section should indicate it as a Case Report, modified by "interventional" or "observational", as appropriate. The Participant section may be deleted for a single case report.
4. Intervention or Methods or Testing: describes the principal treatment(s), procedure(s), test(s), or observation(s) performed.
5. Main Outcome Measures: defines the main parameter(s) being measured (e.g., IOP, vision, ERG, inflammation, etc.).
6. Results: briefly summarizes the principal measurements (data) obtained.
7. Conclusions: states the conclusion(s) derived from the data analysis.

ACKNOWLEDGMENTS

At the request of the author, the Journal will acknowledge those who reviewed, discussed, referred patients, translated references, provided extensive statistical assistance, or provided essential tissue, equipment, or other materials without which the study could not have been completed. (See: Lichter PR. The author wishes to thank...[editorial]. Ophthalmology 1988;95:293-4.) **In such cases written permission from the person being acknowledged is required.**

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The Editor expects that phase 3 trials will be registered and many phase 2 trials are appropriate to register. Most phase 1 trials need not be registered.

Satisfactory public databases include the NIH's at <http://www.clinicaltrials.gov> and the site from the International Standard Randomized Controlled Trials at <http://www.controlled-trials.com>.

For additional information, please consult:

Registration of Clinical Trials, Leonard A. Levin; Justin L. Gottlieb; Roy W. Beck; Daniel M. Albert; Thomas J. Liesegang; Creig S. Hoyt; Andrew Dick; Robert Bhisitkul; Andrew P. Schachat, Arch Ophthalmol 2005;123:1263-4

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Is this Clinical Trial Fully Registered? N Engl J Med 2005;352:2436-8

Clinical Trial Registration: A Statement from the International Committee of Medical Journal Editors N Engl J Med 2004;351:1250-1

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DEVELOPING A MANUSCRIPT

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It is strongly recommended that you plan the research, obtain appropriate IRB and or regulatory approval, do the research and then write the manuscript. In other words, prospective research is favored.

A. Ophthalmology's Study Design Scheme

As part of the Structured Abstract, authors are required to describe the design of their study. The specific designation of a "study design" serves several purposes. It forces authors to give careful thought to what they have actually done, it provides an important shortcut for editors and reviewers to use in categorizing the submission, and it provides the busy reader with a useful capsule of the type of study that was performed. Authors are encouraged to consult the worksheets so that they can be sure that their manuscript will contain the necessary information pertaining to their study design.

The study design worksheets go hand in hand with the study design designations, so the worksheets are in the process of being revised. Worksheet #1 (modified CONSORT agreement) for randomized controlled trials has been required since 1996 and is available online. Use of the other worksheets, while strongly recommended, remains voluntary. The chart below provides basic information for selecting the appropriate study design.

	STUDY DESIGN	OPTIONAL MODIFIERS
Reporting observation on a single patient?	CASE REPORT	
Reporting observations on multiple patients, with similar findings, or treated in a similar way, but without a comparison group?	CASE SERIES	
Comparing observations or results on similar patients who have been treated in more than one way? Comparing a treated and untreated group?	COMPARATIVE CASE SERIES	
Comparing previous exposure(s) between a group of patients with a given disease or	*CASE-CONTROL STUDY	

outcome and a group without the given disease or outcome?		
Determining the prevalence of a symptom, sign, or disease in a group of individuals or examining associations between factors <u>at one point in time</u> ?	CROSS-SECTIONAL STUDY	Clinic-based, hospital-based, community-based, population-based
Reporting on a group of individuals with defined characteristics before developing a condition or undergoing a procedure, and then observing them over time for the appearance of a disease or surgical result or complication.	COHORT STUDY	
Reporting the results of a clinical experiment, that you have registered with clinicaltrials.gov, or a similar database, in which defined groups of subjects receive different treatments, placebo, or no treatment?	CLINICAL TRIAL	Randomized, non-randomized, masked, multicenter
Evaluating a diagnostic test or comparing more than one diagnostic test?	EVALUATION OF DIAGNOSTIC TEST OR TECHNOLOGY	
Developing a questionnaire or interviewing instrument?	QUESTIONNAIRE DEVELOPMENT	
No human subjects studied (only tissue, biopsies, animals)?	EXPERIMENTAL STUDY	
Reporting the available data addressing a specific clinical question?	EVIDENCE-BASED MANUSCRIPT	Systematic review, meta-analysis
Reporting on a phase 4 open-label study, a registry or surveillance system, or an administrative database?	DATABASE STUDY	

*Case-control study design must meet these criteria. If you have simply compared a group of cases and selected a control group, the design is most likely “Comparative case series”.

B. Literature Review

A thorough review of available literature with appropriate data bases (Index Medicus, PubMed, MEDLINE, Cochrane Central Register (Cochrane Library), EMBASE, LILACS, etc.) is mandatory during the planning phases of a research project to avoid unnecessary duplication of effort and errors in acknowledging credit due others. When you allude to your interpretation of the previous literature, e.g., “we report the first case of ...” in the methods section or discussion section be sure to explain the depth and breadth of your search strategy – where you searched, on what search terms, when the search was undertaken, and whether any more than a basic computer search was conducted. Non-English literature should be included with help from library resources as necessary. *Ophthalmology* requests that authors include only essential references that relate directly to the work being reported and that they verify their accuracy. Refer to references for formatting of various types of references.

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C. Organizing Research Data

The Study Design should be defined clearly before data collection is carried out with pre-designed forms/methodology to enable proper preservation and eventual analysis of data collected, regardless of whether data collection is retrospective or prospective.

D. Epidemiological and Statistical Considerations

The Journal's study design worksheets include statistical considerations appropriate for the various study designs. Definitions of relevant terms are provided in the Glossary of Terms.

Generally, statistical tests should be applied appropriately with consideration for potentially confounding variables. P-value and/or confidence intervals should be provided as appropriate.

Two key questions should be answered prior to submission of the manuscript:

1. Is the information adequate to permit interpretation of the results?
2. Are the conclusions justified?

Cautionary notes about terminology:

1. Ensure proper use of "procedures" vs. "eyes" vs. "patients" vs. "subjects".
2. Clarify whether or not the "last" follow-up information or a summary of "interval" information is presented. Interval follow up is preferred. (DiLoreto DA Jr, Bressler NM, Bressler SB, Schachat AP. Use of best and final visual acuity outcomes in ophthalmological research. *Arch Ophthalmol*. 2003;121:1586-90.)
3. Univariate and multivariate analyses are frequently misused in current literature. Their appropriateness should be verified by expert consultation as necessary.
4. P-values are frequently misused.
5. "Incidence" describes new cases over some interval of time
6. "Prevalence" describes cases at one defined interval in time.
7. Remember to distinguish accurately between "standards" and "standardized" and "computed" and "computerized"
8. The terms "safety" and "efficacy" are hackneyed and often misused. Please review a pertinent editorial on this: Schachat AP, Chambers WA, Liesegang TJ, Albert DA. Safe and effective. *Ophthalmology*.2003;110-2073-4.

See Glossary of Terms for more information

ADDITIONAL RESOURCES

Designs for Clinical Research

1. Clinical Trials Supported by the National Eye Institute, NIH Publication 93-2910. U.S. Department of Health and Human Services, 1993.
2. Meinert CL. Clinical Trials: Design, Conduct, and Analysis, New York, Oxford University Press Inc. 1986.
3. Alltman DG, Doré CJ: Randomisation and baseline comparisons in clinical trials. *Lancet* 1990; 335:149-153.
4. Barnes RW: Understanding investigative clinical trials. *J Vasc Surg* 1989; 9:609-618.
5. Gauderman WJ, Barlow WE. Sample size calculations for ophthalmologic studies. *Arch Ophthalmol* 1992; 110:690-692.
6. Kupfer C: The expanded role of randomized clinical trials. Editorial.

- Am J Ophthalmol 1996; 122:883-885.
7. Meinert CL. Clinical Trials: The gold standard for evaluation of therapy. Editorial Ophthalmology 1996; 103:869-870.
 8. Seigel D: Designs for clinical research. Editorial. Arch Ophthalmol 1987; 105:1647-1649.

References to Authorship:

1. Uniform requirements for manuscripts submitted to biomedical journals. International Committee of Medical Journal Editors. New Engl J Med 1997; 336:309-315.
2. Rennie D, Flanagan A, Yank, V. **The Contributions of Authors.** JAMA. 2000;284:89-91.

References to Publication:

1. Begg CB, Berlin JA. Publication bias and dissemination of clinical research. J Natl Cancer Inst 1989; 81:107-115.
2. Chalmers TC, Frank CS, Reitman D. Minimizing the three stages of publication bias. JAMA 1990; 263:1392-1395.
3. Ederer F. Refereeing clinical research papers for statistical content. Am J Ophthalmol 1985; 100:735-737.
4. Garfunkel JM, Ulshen MH, Hamrick HJ, Lawson EE. Problems identified by secondary review of accepted manuscripts. JAMA 1990; 263:1369-1372.

DRUG MANUFACTURE NAMES

Use generic names only in the text body. Include the trade name of a particular drug, cited in parentheses, after the first use of the generic name. In the case of equipment, include manufacturer's name, city, state, and/or country in the first use.

ENGLISH EDITING ASSISTANCE

Members of the (United States) Council of Biology Editors (and others) have expressed interest in helping authors of manuscripts submitted to Ophthalmology with English editing. Authors may contact these individuals or services directly by mail, phone, fax, or e-mail. All financial arrangements are strictly between the two parties. Ophthalmology neither endorses nor recommends any specific individual or service. The Journal office may return a submission and recommend professional editing prior to review. Professional editing, while often recommended by the editors or reviewers, does not ensure acceptance or publication of a manuscript.

<p>Diana Bosse Mathis 5559 Raleigh Street Pittsburgh, PA 15217-1534, USA Telephone: 412-521-6346 Fax: 412-422-5082 E-mail: dbmathis@fyi.net ; diana.mathis@verizon.net</p>	<p>Karin Mesches, PhD SciTechEdit International 7012 East Mountain Brush Circle Highlands Ranch, CO 80130 Fax: 303-773-6660 E-mail: editor@scitechedit.com Web Page: http://www.scitechedit.com</p>
<p>Lynda Charters Medical International 7 Hilltop Lane Framingham, MA 01701 Telepbone: 508-788-0726 Fax: 508-788-0742 E-mail: medintl@aol.com</p>	<p>Gary D. Novack, PhD PharmaLogic Development, Inc. 17 Bridgegate Drive San Rafael, CA 94903 Phone: 415-472-2181 Fax: 415-472-2183 http://www.pharmalogic.com E-mail: gary_novack@pharmalogic.com</p>
<p>Ann Dawson 15101 Magnolia Boulevard, E24 Sherman Oaks, CA 91403, USA Telephone: 818-986-1715 Fax: 818-986-5507</p>	<p>Rhana Pike, ELS Sydney, Australia Telephone: 61-2-9569-7831 Fax: 61-2-9569-1641 e-mail: rhanap@ozemail.com.au</p>
<p>Susan Erickson 130 Winchester Street Brookline, MA 02446 Telephone: 617-731-3415 e-mail: s.erickson7@verizon.net</p>	<p>www.textcheck.com</p>

EQUIVALENT VISUAL ACUITY CONVERSION CHART

The *Journal* publishes articles from around the world, where standards for measuring visual acuity vary. This table will help readers interpret visual acuity findings in familiar units.

Table of Equivalent Visual Acuity Measurements				
Snellen Visual Acuity				
4 Meters	6 Meters	20 Feet	Decimal Fraction	LogMAR
4/40	6/60	20/200	0.10	+1.0
4/32	6/48	20/160	0.125	+0.9
4/25	6/38	20/125	0.16	+0.8
4/20	6/30	20/100	0.20	+0.7
4/16	6/24	20/80	0.25	+0.6
4/12.6	6/20	20/63	0.32	+0.5
4/10	6/15	20/50	0.40	+0.4
4/8	6/12	20/40	0.50	+0.3
4/6.3	6/10	20/32	0.63	+0.2
4/5	6/7.5	20/25	0.80	+0.1
4/4	6/6	20/20	1.00	0.0
4/3.2	6/5	20/16	1.25	-0.1
4/2.5	6/3.75	20/12.5	1.60	-0.2
4/2	6/3	20/10	2.00	-0.3

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FIGURES (illustrations, graphs, photos)

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Clinical photographs (including those generated electronically from machines such as MRIs, fluorescein angiography, visual fields, etc.) must be masked to prevent identification of the patient. Clinical photographs that permit identification of an individual (those exposing anything more than just the eyes) must be accompanied by a signed statement by the patient or guardian granting permission for publication of the pictures for educational purposes. All graphics, including composites (such as clinical photographs, fluorescein angiography, CT, MRI, x-ray, photomicrographs, etc.) should be submitted at the actual size that they would be presented in the journal, 100 % of their print dimensions so that no scaling is necessary, but remember that very few pictures are full page pictures. The width should be no more than 7 inches.

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	BLACK & WHITE LINE ART*	COLOR LINE ART*	LINE ART/PHOTO COMBINATION	BLACK & WHITE PHOTO	COLOR PHOTO
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Consultant / Advisor	C	Consultant fee, paid advisory boards or fees for attending a meeting
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Authors of Evidence Based Studys should read the special instruction for these types of studies and use the corresponding financial disclosure form

GLOSSARY OF TERMS

- **adverse event** Complication of therapy or disease occurring during a study.
- **analysis** Comparison of study and control groups or examination of outcomes in non-controlled studies. Assessment of data, including primary and secondary comparisons of interest.
- **assignment** Designation of individuals as study or control subjects.
- **assessment** Determination of the results of the investigation.

- **bias** A non-chance event arising from faults in study design or measurement or data collection. Bias may prejudice results in that traditional statistical analysis may be precluded or unreliable. Bias may be introduced into a study by many factors including subject selection, follow-up, study factor choice, unmasked data collection, temporal trends in disease, co-management of disease if not concurrent in time, ecological fallacy, retrieval methods, play of chance, publication choice or prejudice of investigators.
- **case-control study** An observational (non-interventional, usually retrospective) study that begins by identifying individuals with a disease (cases) for comparison to individuals without a disease (controls or reference group), in which analysis proceeds from effect to cause.
- **case series** Case series include those studies describing more than one consecutive or non-consecutive case, studied retrospectively or prospectively, usually with regard to the outcome of an intervention for its efficacy, safety, and complications. Non-comparative case series generally have no control group included but outcome may be compared to that in the literature.
- **case report** Usually a retrospective report of a single interventional or observational case experience, often with clinical-pathological correlation.
- **clinic-based** Term used to define the population studied derived from a single clinic population or set of populations
- **cohort** A group of individuals (subjects) who share a common experience or condition.
- **cohort study** An observational (usually prospective) study that begins by identifying individuals with (study group) and without (control group) a factor being investigated to observe over time with regard to disease outcome; study and control groups may be concurrent or non-concurrent but must be derived from the same well defined cohort; almost always prospective with regard to data collection. Almost always longitudinal in that a particular group of patients is followed forward from a point in time. May or may not be population-based.
- **comparative study** Study including two or more defined groups, compared one to another, to make a judgment about the influence of some factor or treatment.
- **confounding variables** Risk factors that may affect the relationship between a risk factor and an outcome.
- **control group** Reference group or group of individuals similar to treatment group except for exposure to study intervention.
- **crossover design** This type of study compares two or more treatments or interventions in which the subjects or patients, upon completion of one therapy, are switched to the alternative(s).
- **cross-sectional study** An observational study that identifies individuals with and without the condition or exposure being studied at the same time (synonymous with prevalence study). May or may not be population-based.
- **double-masked study** At the times of data collection and analysis, neither evaluators nor subjects know which intervention or test is applied.
- **ecological fallacy** This term applies to summary data which misrepresent a relationship within a larger group. Risk cannot be inferred for an individual based on group results.

- **epidemiology study** Prospective or retrospective observational investigation of disease or characteristics; ideally according to pre-determined protocol; includes prevalence, incidence, and cross-sectional studies.
- **experimental study** No human subjects involved.
- **extrapolation** Drawing conclusions about the meaning of the study for individuals or situations not included in the study.
- **external validity** A study's conclusions may be valid only for a specified external population; (how general are the findings?).
- **frequency** The number of occurrences of an event or the proportion of members of a population or statistical sample falling into a particular class; the number of occurrences of a periodic or recurrent process per unit time or per sample.
- **genetic terminology** Terminology used in genetics manuscripts should conform to Human Gene Nomenclature (HGNC) Guidelines. Please visit the HGNC website for the most current draft version of the guidelines <http://www.gene.ucl.ac.uk/nomenclature>. Do not submit scrambled pedigrees. If a scrambled pedigree is required, please correspond with the Editor-in-Chief at the time of manuscript submission for a waiver of this policy. Base sequences, such as for PCR primers, should not be included in the text of a manuscript. Authors may opt for an online supplement or provide a URL where the primers can be found or an email address for interested readers. Human or animal tissue examination employing traditional morphologic methods including light, scanning, and transmission electron microscopy.
- **historical controls** A collection of patients used as a comparison group, who were identified and treated or observed in the past in a period that predates the time covered by other study groups.
- **historical manuscript** A manuscript describing prior events, usually in chronological order, or the history of individuals or organizations.
- **incidence** The rate of event or disease occurrence in those at risk in a defined population per unit time.
- **internal validity** The observed differences between index and comparison groups are attributable to the independent variables under study.
- **interpretation** Drawing conclusions about the meaning of similarities and differences found between study and control groups or between studies.
- **intervention** Manipulation(s), treatment(s), test(s), or observation(s) employed to generate data for purposes of achieving the study goals.
- **interventional study** A study that includes an attempt to alter the course of disease by medical or surgical or other therapy.
- **matched controls** Subjects who have specific characteristics similar to cases (study subjects). Commonly used matching characteristics include age, gender, race, and socioeconomic status.
- **meta-analysis** Data gathered entirely from existing literature using statistical methodology to integrate and summarize results of several studies. The data from individual studies may be weighted by the degree of variance or other study characteristics to arrive at a pooled estimate of the relation between a factor and an

outcome. Usually now applied only to analysis of previously published randomized controlled trials.

- **modifiers** Terms used to specify details about a study: (comparative, prospective, retrospective, interventional, non-interventional, observational, randomized, non-randomized, controlled, non-controlled, histopathologic, experimental, human, non-human, primate, etc.)
- **multicenter clinical trial** A clinical (human) trial involving two or more clinical centers, a common study protocol, a data center, and a data coordinating center, or coordinating centers to receive, process and analyze study data.
- **observational study** No intervention or attempt to alter the natural course of disease or physical condition.
- **ocular trauma terminology** Terminology used in descriptions of ocular trauma should conform to the recommendations of the United States Eye Injury Registry and the International Society of Ocular Trauma. (See: Kuhn F, Morris R, Witherspoon CD, et al. A standardized classification of ocular trauma. *Ophthalmology* 1996; 103:240- 3).
- **odds (of an event)** Odds = $\frac{\text{\# of patients fulfilling endpoint criterion}}{\text{\# of patients not fulfilling endpoint criterion}}$
- **odds ratio (relative odds, cross product)** = ad/bc where:

	<u>Exposed</u>	<u>Unexposed</u>
Disease	a	b
No Disease	c	d
- **phase I, II, III, IV (FDA)** [US FDA Classifications: (modifiers) applicable to new human therapies, including drugs and devices, under consideration for marketing approval]
- **Phase I:** Safety and dose testing in humans (usually without controls) (Studies a small number of patients to determine tolerated doses [dose escalation] and side effects for risks of new agents, devices)
- **Phase II:** Testing of safety (with or without controls) and efficacy (requires controls) in affected subjects,
- **Phase III:** Testing of efficacy and safety (with controls) (randomized controlled trial)
- **Phase IV:** Post-market surveillance (with or without controls)]
- [retrospective, comparative studies of interventions, drugs, devices]
- **placebo** An inert (pharmacologically inactive) medication, which lacks a therapeutically active ingredient.
- **population-based** A study including all individuals in a defined geographical area or otherwise clearly defined subgroup of the population. A study conducted on a randomly selected representative group (10%, 20% etc.) of the population at risk.
- **prevalence** The proportion of subjects with a particular disease or condition at a point in time (best estimate of the probability of disease before performing the test or intervention).
- **prevalent** This term implies a characteristic which is widespread.

- **prospective study** Data are collected before and/or after interventions, measurements or events by using previously defined protocols.
- **protocol deviation** Departure from the planned sequence of testing, interventions follow-up, or analysis during a study.
- **publication bias** Negative studies are unlikely to be published and are less likely than positive studies to be available for detailed literature reviews or meta-analyses. Studies which duplicate previous studies are also less likely to be published.
- **randomized (controlled) trial** A trial (human or non-human) that involves at least one experimental treatment group and one control group, concurrent enrollment, and follow-up of the test and control groups, and in which the assignment to experimental and control groups is by a randomization process. Neither the subjects nor the persons responsible for treatment can influence the assignments, and the assignments remain unknown to the subjects and staff until eligibility has been determined.
- **referral based** The subjects studied are accumulated through an intermediary (referred).
- **relative frequency** The average rate of occurrences of a particular event in a large number of repeated trials.
- **relative risk** The Relative Risk (RR) =
$$\frac{\text{risk of disease in treatment group}}{\text{risk of disease in control group}}$$
- **retrieval bias** Retrieval bias may occur when data is not obtained from all relevant cases or studies.
- **retrospective study** Data collected and analyzed after all measurements, interventions, or events have taken place.
- **review** A manuscript which summarizes the scientific history and current understanding of a topic, procedure, or disease.
- **risk** The risk in a defined population and time equals:

$$\frac{\# \text{ patients fulfilling endpoint criterion}}{\text{total \# patients}}$$
- **sham procedure** A deliberately ineffective intervention.
- **single masked study** The subjects or the evaluators, but not both, know which intervention is applied.
- **study size:** (for *Ophthalmology* Data base Coding)
- (Total number of study subjects)
 - small series = $n \leq 10$
 - medium series = $10 > n \leq 30$
 - large series = $n > 31$
- **systematic review** A detailed review and analysis of previously published literature.
- **triple masked study** All participants are masked to the intervention. None of the investigators, the subjects, the data and safety monitoring committee, nor the biostatisticians know which intervention or analysis is applied.

Reference Sources:

1. Riegelman RK, Hirsch RP: Studying a Study and Testing a Test, 2nd Ed., Little Brown, Boston, 1981.
2. Meinert CL and Tonascia S: Clinical Trials, Design, Conduct, and Analysis. Monographs in Epidemiology and Biostatistics, Vol 8, New York, Oxford, Oxford University Press, 1986.
3. Hennekens CH, Buring JE: Epidemiology in Medicine, Little Brown and Company, Boston and Toronto, 1987.
4. Last JM: A Dictionary of Epidemiology, Oxford University Press, Third Ed., New York, 1995.

GRAMMAR/LANGUAGE GUIDE

Good writing supports and augments good research. Clear, concise language is highly desirable in scientific communications and consistent with good scholarship. Sentence structure should be grammatically correct and language use should incorporate a reasonable breadth of vocabulary. Obfuscation, circuitous verbiage, and poor logic devalue the communication and only increase the risk of confusing the reader. Redundancy of text or duplication of text points in tables wastes precious space and unnecessarily complicate a manuscript. Authors should plan to do several revisions before submission to shorten and to focus an article. Clear writing itself greatly enhances the impact of research findings. If the following does not answer your basic issues, you may wish to submit your paper to an English Editor.

Examples of specific flaws in language use to avoid include:

a. Passive Voice

Active voice is much preferred to passive voice, which should be used sparingly. Passive voice tends to “depersonalize” the subject and remove the author(s) from active responsibility (or bias?) for his/her work. Active voice is generally more concise than passive voice and saves space and time. Passive voice may force the reader to stop and think about whom is doing the action. It does not relieve the author of direct responsibility for observations, opinions, or conclusions (e.g., “The problem of blood flow was investigated...” vs. “We investigated the problem of blood flow...”; “A slow gradual subsidence of the swelling and normalization of visual acuity was found.” vs. “The swelling subsided gradually and visual acuity returned to normal.”)

b. Impersonal Passive

Many authors “cheat” the passive voice with weak sentence openers that are literally active but functionally passive. Avoid phrases such as: “It is...”, “There is...”, “It is important to note that...”, “It is essential that...”. Removing such phrases permits more succinct and clear thought. (e.g., “Although there is evidence suggesting involvement of genetic factors, the exact role of such factors and mode of inheritance remain to be elucidated fully.” The same point is stated more clearly as: “The role of genetic factors is unknown.”)

c. Subject/Verb Separation

Remember that a reader can hold the subject of a sentence in his consciousness only so long. Sentences in which the subject sits many words away from its verb may force the reader to reread the entire paragraph to understand the thought. For example: “The smallest of the URFs (URFA6L), a 207-nucleotide (nt) reading frame overlapping out of phase the NH₂-terminal portion of the adenosinetriphosphatase (ATPase) subunit 6 gene, has been identified as the animal equivalent of the recently discovered yeast H⁺ - ATPase subunit 8 gene.” In this 41-word sentence, 23 words separate the subject “smallest” from its verb “has been identified.” A possible revision would appear: “The smallest of the URFs (URFA6L) has been identified as the animal equivalent of...”

Keep subjects and verbs reasonably close together.

d. Abstruse, Obtuse, Arcane, or Numerous Abbreviations/Acronyms

A reasonable balance must exist between the introduction of an unconventional abbreviation and the use of the full term. Many authors tend to use abbreviations/acronyms for any phrase that has two or three words in it, in titles, captions, and text. When these

abbreviations/acronyms are multiple and repetitive, reading becomes analysis of shorthand. In general, minimize use of abbreviations. Tables and figures need to make sense on their own so readers should not need to click back to the main text and search out definitions of abbreviations/acronyms. Abbreviations/acronyms need to be defined parenthetically in each figure and in a legend for each table. Similarly, they need to be defined in the précis and abstract since these things also need to make sense on a “stand alone” basis. Abbreviations should be defined again at first use in the main text. There is a brief list of abbreviations/acronyms that have become “accepted” overtime and these are the only ones that do not need defining and the only ones that can be used in titles.

e. Improper Subject-Verb Agreement

Rules of prescriptive grammar require the agreement of subject(s) and verb(s) in person and number and the agreement of pronouns and antecedents in number, person, and gender. Subjects and verbs must agree. “Data” is always plural.

- “My own experience and that of my colleagues argue that...”
- “This datum from this study suggests that 1000 cGy of external beam photon therapy is not beneficial in treating CNV.”
- “The linkage data and haplotype data are presented.”
- “The majority of cases is considered to be multifactorial in origin.”

f. Avoid split infinitives

“My mother told me to never split an infinitive.” should be “My mother told me never to split an infinitive.”

g. Non-Agreement of Verb Tenses

The use of both past (or imperfect) and present tenses in the same sentence or paragraph can be awkward. (e.g., “On last examination, her visual acuity is 20/40 and further surgery was refused.”)

Harmonize tenses in a paragraph or presentation.

h. Redundancies

Repetition weakens a thought or presentation and sometimes can lead to amusing results

- “[Glaucoma] is caused by alterations in the sieve-like trabecular meshwork.”
- “The entire tumor was excised completely.”
- “For more information, communicate with the Director by writing him at...”
- “An area encompassing a 2 disc diameter radius centered on the foveal center was graded for each eye.”
- “We examined a large number of patients after a fairly long, and standardized, follow-up period.”
- “The family studied has twice previously been reported in the literature.”

i. Human Characteristics Attributed to Disease Processes

Insensitivity and jargon often cause us to attribute human senses to a disease (e.g., “We have no explanation for the tumor’s predilection for younger females.”.)

j. Circumlocution and Compression (too many words vs too few)

Sometimes, in an attempt to be brief, a compressed thought will yield a bizarre statement.

- “Sudden death from heart block may require early cardiac pacing.”
- “Blood shortages in Houston hit dangerously low levels.”

- “The eye with the more severe pathology was used in patients with bilateral clinically significant macular edema.”

k. Misplaced Modifiers

When an adjective or adverb directly precedes or follows the word that it modifies, the connection cannot be mistaken. But a modifier in an unusual position may fall into the wrong company and form an unsuitable attachment. The momentary misreading distracts from the substance of what you are saying. (e.g., “Forty-five patients were entered into the linkage analysis twenty-four of whom were affected.”)

Read each sentence and thought carefully and place the modifiers precisely.

l. Hyperbole of Emphasis

An author can make a point with a powerful word alone. Adding an emphatic modifier, an intensive adverb (e.g., very, really, truly, actually, etc.), attenuates the phrase and defeats the purpose. It reduces the adjective to conversational pabulum, depriving it of force. The repeated superlative or modified adjective indicates extreme positions (e.g., “absolutely no justification”, “much more frequently”).

m. Hyperbole of Thought

Don't use big words! Keep it simple versus

“When promulgating your esoteric cogitative or articulating your superficial sentimentalities and amicable philosophical and psychological observations, beware of platitudinous ponderosity. Let your verbal evaporations have lucidity, intelligibility, and veracious vivacity without rodomontade or thespian bombast. Sedulously avoid all polysyllabic profundity, pompous propensity, and sophomore vacuity.”

n. The Dangling Participle

Participles, verb forms functioning as adjectives, may detach themselves from the formal subject that they should qualify. In other words, they dangle. (e.g., “Having expressed a direct interest in our institution, we have enclosed the materials that you requested with an application form.”)

The most common and misused dangling participle in medical and scientific literature is “using.” Inexplicably, reviewers and editors have tolerated the admission of the dangling participle “using” in text and title. In these examples, who or what is “using”?

- “Genotyping was performed using a semi-automated fluorescence scanning system.”
- “Linkage analysis was performed using both genetic model-dependent and model-independent methods.”
- “The present study measured vision using the ETDRS protocol with standardized refraction.”
- “Patients with useful vision in the fellow eye were treated using a lateral field, entering at a 45-degree angle, using a 45-degree couch rotation to achieve this.”

Substitute a preposition as appropriate, or rewrite the phrase.

o. Stating the Obvious

“The development of this tumor probably precedes its clinical appearance.” Do we really need to be so informed?

p. Slang, Jargon, and Colloquialism

“This gene probably plays some role in “run-of-the-mill” glaucoma...”

Avoid wordy and colloquial expressions such as:

- a majority of (= most)
- due to the fact that (= because)
- it is clear that (= clearly)
- prior to (= before)
- with respect to (= about)
- at the present time (= now)
- in the event that (= if)
- it is suggested that (= I think)
- take into consideration (= consider)

q. Run-on Sentences

Sentences should be reasonable in length and convey one primary thought or relationship. Presenting several thoughts or relationships in one sentence often is confusing and create questionably inter-related concepts. While brief is better, avoid one sentence paragraphs except in rare circumstances. Usually, the thought can be appended to the preceding or following paragraph.

r. Spelling Errors

In the modern era of electronic spell checkers, typographical and spelling errors should be less frequent. Remember that spell checkers and grammar checkers have their limits and nothing replaces a good, careful final read of the manuscript. Read the manuscript (again!). Private editing is a good investment. Even ask a colleague or spouse to read the manuscript before it is submitted to the Journal.

s. Its, It's, and Its'

Its conveys possession. *It's* is a contraction of it is. *Its'* is not in use.

ADDITIONAL RESOURCES

1. The AMA Manual of Style, 8th ed., Baltimore, Williams and Wilkins, 1988.
2. Cook, CK. Line by Line: How to Improve Your Own Writing, Houghton Mifflin Co., Boston, 1985.
3. Day RA. How to Write and Publish a Scientific Paper. 4th ed., Phoenix, Ariz. Oryx Press, 1994.
4. Huth EJ. How to Write and Publish Papers in the Medical Sciences, 2nd ed., Baltimore, Williams and Wilkins, 1990.
5. King LS. Why Not Say It Clearly: A Guide to Expository Writing. 2nd ed. Boston, Little Brown and Co., 1991.
6. Lichter PR. Good writing supports good scholarship. [Editorial] *Ophthalmology* 1989; 96:1581-1582.
7. Strunk Jr. W, White EB. The Elements of Style, 3rd ed., New York, Macmillan Publishers Inc., 1979.
8. Williams JM. Toward Clarity and Grace, Chicago, University of Chicago Press, 1990.
9. Style Manual Committee, Council of Biology Editors: Scientific Style and Format: The CBC Manual for Authors, Editors, and Publishers, 6th ed., Chicago, Council of Biology Editors Inc., 1995.
10. Truss, Lynne. Eats, Shoots, and Leaves, Gotham Books, Penguin Group, USA, New York,

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Journal:

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Taulbee P. Maryland Quality Project puts new focus on processes of care. Rep Med Guideline Outcomes Res. June 1994;10-1.

Supplements:

Davis JT, Allen HD, Powers JD, et al. Population requirements for capitation planning in pediatric cardiac surgery. Arch Pediatr Adolesc Med 1996;150(suppl):257-9.

In Press (accepted by a journal):

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Study Groups:

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Crist WM, Garnsey L, Beltangady MS, the Intergroup Rhabdomyosarcoma Committee. Prognosis in children with rhabdomyosarcoma: a report of the intergroup rhabdomyosarcoma studies I and II. *J Clin Oncol* 1990;8:443-52.

No authors listed other than the study group:

Fluorouracil Filtering Surgery Study Group. Fluorouracil filtering surgery study: one-year follow-up. *Am J Ophthalmol* 1990;109:613-6.

BOOKS

Book:

Miller NR. Walsh and Hoyts Clinical Neuro-Ophthalmology. Baltimore, MD: Williams & Wilkins; 1991:xx-xx. (include specific inclusive pagination for material being referenced)

Article or chapter in book:

Hollis S, Rozakis GW. Complications, special cases and management. In: Rozakis GW, ed. *Refractive Lamellar Keratoplasty*. Thorofare, NJ: SLACK Inc.; 1994:111-22.

Edited book:

Letheridge S, Cannon CR, eds. *Bilingual Education: Teaching English as a Second Language*. Vol. 1. 3rd ed. New York: Praeger; 1980:xx-xx.

Article in edited book, reprint from another source:

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Proceedings published as a book:

Chaddock TE. Gastric emptying of a nutritionally balanced liquid diet. In: Daniel EE, ed. *Proceedings of the Fourth International Symposium on Gastrointestinal Motility*. Ames, IA: Mitchell Press; 1974:83-92.

Book without authors or editors:

College Bound Seniors. Princeton, NJ: College Board Publications; 1979:xx-xx.

Several volumes in a multi-volume edited work:

Wilson JG, Fraser FC, eds. *Handbook of Teratology*. Vol. 1-4. New York: Plenum Press; 1977-88.

English translation of a book:

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GOVERNMENT DOCUMENTS

Klein R, Klein BE. Beaver Dam Eye Study. Manual of Operations (Revised). Report for 16 Jun 87 - 31 May 92. Springfield, VA: US Dept of Commerce; 1991:xx-xx. NTIS Publication PB91-149823.

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Comparing observations or results on similar patients who have been treated in more than one way? Comparing a treated and untreated group?	COMPARATIVE CASE SERIES	
Comparing previous exposure(s) between a group of patients with a given disease or outcome and a group without the given disease or outcome?	*CASE-CONTROL STUDY	
Determining the prevalence of a symptom, sign, or disease in a group of individuals or examining associations between factors <u>at one point in time</u> ?	CROSS-SECTIONAL STUDY	Clinic-based, hospital-based, community-based, population-based
Reporting on a group of individuals with defined characteristics before developing a condition or undergoing a procedure, and then observing them over time for the appearance of a disease or surgical result or complication.	COHORT STUDY	
Reporting the results of a clinical experiment, that you have registered with clinicaltrials.gov , or a similar database, in	CLINICAL TRIAL	Randomized, non-randomized, masked, multicenter

which defined groups of subjects receive different treatments, placebo, or no treatment?		
Evaluating a diagnostic test or comparing more than one diagnostic test?	EVALUATION OF DIAGNOSTIC TEST OR TECHNOLOGY	
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Based on the definition of “guest authorship” as the designation of an individual who does not meet authorship criteria and “ghost authorship” as the failure to designate an individual who has made a substantial contribution to the research or writing of a manuscript (see the paper in JAMA. 2008;299(15):1800-12.), the use of any ghost/guest authors need to be disclosed on the Corresponding Author Declaration Page. If ghost writers were used, prior discussion must occur with the Editor-in-Chief.

The Corresponding Author Declaration Page allows for the following three disclosures:

There are no authors other than those listed on the title page of this manuscript

There is a guest author(s) who is not listed as an author. We have recognized that contribution in our acknowledgment section and have their permission to do so. A letter or e-mail confirming this acknowledgement is included with our submission.

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VIDEO CLIPS

If you opt for to submit a video as an online supplement, add a reference to it in parenthesis at an appropriate place within the the text of the manuscript. Also, add a statement to the title page that should read similar to: "This article contains a video as additional online-only material. The following should appear online-only: Clip 1, Clip 2 and Clip 3" The materials will not appear in the printed version but will be archived with the online version on the publisher's website <http://www.ophsource.com/periodicals/ophtha> and accessible through Medline and other online databases.

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4. ADDITIONAL GUIDELINES FOR EVIDENCE-BASED MANUSCRIPTS

The journal is eager to receive evidence-based manuscripts. These papers incorporate a systematic review of the literature and summarize clinical recommendations using the structured format outlined below. Authors interested in submitting these manuscripts are encouraged to correspond with the Editor-in-Chief in advance to be sure that the topic is of interest. The main text of these articles will conclude with summary recommendations for testing or therapy of the clinical problem discussed. Each recommendation will include author-designated and peer reviewed ratings displayed in superscripts (see definitions below) indicating the importance of recommendations to clinical outcome (A, B, C) and the overall strength of evidence of supporting literature (I, II, III). The strength of evidence ratings will be based on author judgment as to the quality and validity of the existing fund of peer-reviewed or other published literature. Authors and co-author methodologists with special expertise in the topic may be recruited by the Journal Editor to write these summary updates.

Authors will be expected to conduct thorough literature searches (systematic reviews) of national and international peer-reviewed publications utilizing available databases and other sources as necessary. In many topic areas no recent high-quality studies may be available, in which case the discussion should emphasize to clinicians what studies are needed and the inadequacy of the evidence that justifies current management.

Completed articles will be reviewed using the usual Journal peer-review process, including author-assigned ratings for the importance of clinical recommendations and the strength of supporting evidence. Publication may be scheduled, after revisions as indicated through peer-review, and articles will be placed in regular forthcoming issues at the discretion of the Editor-in-Chief.

Definitions of Superscript Ratings:

Superscript ratings for clinical recommendations:

"A" indicates that the recommendation is considered very important or crucial to a good clinical outcome

"B" that the recommendation is considered moderately important to clinical outcome

"C" that the recommendation may be relevant but cannot be definitely related to clinical outcome.

Superscript ratings for peer reviewed or other cited evidence:

"I" indicates strong evidence in support of the statement. In general, the study or studies cited used designs which allowed the issue to be addressed, were performed in the population of interest, were executed in a manner to produce reliable and accurate data, and were analyzed using appropriate statistical methods. The study or studies produced either statistically significant differences between control and experimental groups or showed no statistically significant differences, despite a design, which had high statistical power to detect differences and/or narrow confidence limits on the parameters of interest.

Strong evidence includes well-done randomized controlled clinical trials designed to address the issue in question, especially regarding the efficacy of treatment or the superiority of one treatment over another. Well-done meta-analyses (retrospective reviews of previously published randomized controlled trials) may also constitute level "I" supporting evidence.

"II" indicates there is substantial evidence in support of the statement but the evidence lacks some qualities, thereby preventing its justifying the statement without qualification. Deficiencies might include unavailability of well-done randomized trials, or studies lacking other elements of high-quality evidence such as adequate control groups, sufficiently long follow up, good compliance with therapy, or acceptable loss to follow up.

Nonrandomized comparative trials involving sufficient subjects to demonstrate statistically significant differences between study and control groups might provide strong evidence for the efficacy of a therapy. Noncomparative case series or case reports might be justifiably included as strong evidence for linking complications or adverse events to a specific therapy without stating the probability of their occurrence.

Observational studies, including control groups such as Cohort studies and Case-control studies, might provide strong evidence for or against therapy in terms of longitudinal data about disease natural history, outcome of therapy, adverse events, or specific anatomical or functional outcomes. Well-done cross-sectional studies might provide strong evidence for the importance of the clinical

problem. Well-done systematic literature reviews or meta-analyses might also provide moderately strong evidence for or against a test or therapy.

Even an otherwise well-done randomized controlled trial dealing with the issue of interest might have been performed using too select a population and may not be clearly applicable to a broader population of interest, or it might have produced only marginally statistically significant differences between control and experimental groups. A large consecutive case series might also fit into this category if it compares outcome only to a historical control group from the same clinical setting.

“III” indicates a weak body of evidence insufficient to provide support for or against the efficacy of a test or therapy and would generally apply to panel consensus or individual opinions, small noncomparative case series, and individual case reports. Noncomparative studies (without controls), cohort studies with variable follow up across the patient population studied, retrospective chart reviews with missing data, or even randomized controlled trials evaluating highly subjective outcome data would be examples of weak forms of evidence.

Authors of evidence-based manuscripts should follow the guidelines outlined in the Instructions for authors unless specifically stated below:

1. Title Page

The title should clearly describe the main topic and indicate the manuscript is an evidence-based summary. (Example: Management of nonsymptomatic retinal tears and lattice degeneration: an evidence-based summary.) The title should include the phrase: evidence-based review or evidence-based update.

2. Précis

The précis should indicate what new insight the article offers or what principal controversy persists.

3. Structured Abstract

Abstracts for evidence-based manuscripts must be limited to 250 words and include the following five sections:

- a. Topic: identify the specific clinical problem and therapy to be evaluated.
- b. Clinical relevance: characterize the magnitude/importance of the problem/disorder and define the current standard of care.
- c. Methods/literature reviewed: describe the sources of peer-reviewed materials utilized and dates of publication.
- d. Results: summarize the materials identified and obvious contrasts with prior and current standards of care.
- e. Conclusion: summarize the strength of evidence for the recommended therapy or test.

4. Text The text should utilize standard Journal formatting as described in *Ophthalmology's* Instructions for Authors and be divided into five distinct sections:

a) The introduction/background (unlabeled) should clarify the magnitude of the clinical problem, (prevalence or incidence) and provide perspectives on the importance of its management to patient well-being and quality of life.

b) The Sources and Methods of Literature Search (titled) should identify the databases and/or specific journals searched and the dates of publication. The methodology of the literature search, including criteria utilized for selection and inclusion, should be listed in sufficient detail to permit duplication of the effort. If only poor quality supporting evidence exists, author comments should emphasize this in the discussion, in addition to assigning appropriate overall ratings for the strength of supporting literature.

Suggested sources for literature searches include, for example, PubMed (<http://www.pubmed.com>) and Medical Matrix (<http://www.medmatrix.org>).

The Cochrane Library is an additional excellent source of high quality reviews of general medical information, systematic reviews, and meta-analyses, including some eye topics (<http://www.cochranelibrary.com>).

c) The Summary of Evidence (titled) should summarize the findings in text or tables.

d) The Clinical Recommendation(s) (titled) should be listed in order of importance, and each separate recommendation accompanied by bracketed superscripts "A," "B," or "C," indicating the author's impression as to its importance to clinical outcome. Superscripts "I," "II," or "III" will also be used to indicate the author's judgment about the overall (average) veracity of supporting literature. When appropriate, recommendations should include typical clinical scenarios. (Example of clinical recommendation and author-designated superscripts: A symptomatic superior horseshoe retinal tear with a cuff of surrounding subretinal fluid should be promptly encircled by several rows of laser burns. [A, I]). Please indicate appropriate crosschecking with AAO products (PPPs, Pro-Vision Series, Focal Points, Basic and Clinical Science Course Books) to avoid or acknowledge inconsistencies in clinical recommendations.

e) References should be limited to the highest quality studies available, regardless of the study type. One set of complete copies of all cited references should be included. Duplicates will be sent to peer reviewers upon request. For reference formatting examples, please go to References and Reference Style Guide

5. CME Credit

AUTHORS will provide a series of five multiple-choice questions on the material. Each question will have four possible responses and the correct answers should be indicated to the Editorial Office. In addition to the content-based questions, a standard additional question will ask the respondent to estimate the extent to which the article will affect their practice.

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READERS who are Academy members, read the evidence based study papers and submit their answers to the AAO can receive CME credit. Returning completed questions via electronic communication (at no cost) will earn one hour of category I CME credit through American Academy of Ophthalmology sponsorship. To request credit, members should access the Academy website (www.aaopt.org), select "Request CME Credits" and then select this article from the dropdown menu that will appear. You will be asked to answer the questions that follow the article. There is no charge for CME credit requested online, and your credit will immediately appear on your Academy CME transcript.

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San Francisco, CA 94120-7424

5. REVIEW AND PUBLICATION PROCESS

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Once a paper is accepted based on scientific content, a "Preliminary Acceptance" letter is generated. This means that the Editors have accepted your paper for publication and it will now process through final format and reference checking. Once returned from the reference checker, another email will advise that either there are some final reference, editorial or format issues for you to address or the manuscript is complete, accepted and has been forwarded on to the publisher.

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Occasionally the Editor may suggest that a full length paper that is rejected, for various reasons, might be resubmitted as a Letter to the Editor. In these circumstances, please advise the editorial office of your decision to resubmit so that the original manuscript can be released back to the corresponding author so that the history stays together under the same manuscript number. However, when resubmitting please remember to change the document type from "manuscript" to "MS to LTR". Your letter should generally follow the guidelines for Letters to the Editor, allowing for any exceptions granted by the Editor in Chief.

6. SUBMISSION OF REVISED MANUSCRIPTS

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- b) convert the images to grayscale (e.g. black and white) assuming the information that you are communicating with this figure would still be evident in black and white.
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Insert"

If anyone should write a Letter to the Editor addressing an article on which you were the corresponding author, you may receive an email Invitation to Reply to a Letter to Editor. It is imperative that you log onto the system as an author and accept this invite immediately and then upload and submit your reply letter within 14 days to the Editorial Office.

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8. EDITORIALS

General: A two-page editorial is usually published in each issue of Ophthalmology. Editorials are generally solicited by the Editor-in-Chief, although unsolicited submissions will also be considered. Editorials may deal with clinical or non-clinical topics in summary form and must not exceed 1400 words, including references. Often editorials are linked with a particular manuscript awaiting publication and, therefore, adherence to deadlines is critical and mandatory. Although discouraged, if a figure is absolutely necessary, decrease the word count by approximately 200.

Submission: Only the text of the editorial and a signed copyright need to be submitted – you can add anything you wish the editor to know in the comments section. Figures are generally not included in these types of submissions; however, if figures are used please submit following the same criteria for manuscripts outlined above. Copyright forms must be scanned as a PDF after original signatures are obtained or faxed (443-287-2448) to ensure integrity of signatures, electronic submissions or signatures are not acceptable.

Process: Editorials undergo peer review regardless of whether they are solicited or unsolicited submissions. Once received, an Editorial is assigned a number of which the author is advised. The paper will go through the usual review process, often with some specific insight or guidelines offered to reviewers by the Editor. The author is then advised of any changes which need to be made and references are checked. Upon return of the revised paper, the editor gives his approval and it goes to the publisher.

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