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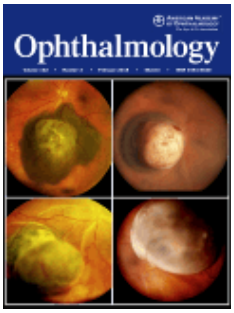

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Levin LA, Gottlieb JL, Beck RW, Albert DM, Liesegang TL, Hoyt CS, Dick A, Bhisitkul R, Schachat AP. Registration of clinical trials. Arch Ophthalmol 2005;123:1263-4.

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AB. Quality of life after LASIK. Paper presented at: AAO Annual Meeting, November 15, 2002; New Orleans). Once published, they should be treated as a regular reference for a book, journal etc. as shown below.

JOURNAL ARTICLES

Journal:

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

A discussion:

Allo MD. In discussion of: McKindley DS, Antibiotic pharmacokinectics following fluid resuscitation from traumatic shock. Arch Surg 1994;272:1825-31.

Foreign titles
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Journal available only online:Hussain N, Clive J, Bhandari V. Current incidence of retinopathy of prematurity, 1989-1997. Pediatrics [serial online] 1999;104:e26. Available at http://www.pediatrics.org/cgi/content/full/104/3/e26. Accessed July 12, 2002.

Letter

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

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BOOKS

Book:Miller NR. Walsh and Hoyt's 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:Sluzki CE, Beavin J. Symmetry and complementarity. In: Watzlawick P, Weakland JH, eds. The Interactional View. New York: Norton; 1977:711-30. Reprint from: Acta Psiquiatr Psicol Am Lat 1965;11:321-30.

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:Luria AR. The Mind of a Mnemonist [Solotarof L, trans]. New York: Avon Books; 1969:xx-xx. [original work published 1965].

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GOVERNMENT DOCUMENTSKlein 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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Features of a systematic review include "a clearly stated set of objectives with pre-defined eligibility criteria for studies; an explicit, reproducible methodology; a systematic search that attempts to identify all studies that would meet the eligibility criteria; an assessment of the validity of the findings of the included studies, for example through the assessment of risk of bias; and a systematic presentation, and synthesis of the characteristics and findings of the included studies (Higgins JPT, Green S (editors). Chapter 1. *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011).

It is possible to conduct a systematic review and meta-analysis of the evidence supporting any type of research question, whether the question is about intervention effectiveness or harm, etiology, prognosis, diagnostic accuracy, toxicity, incidence, or prevalence. Where intervention effectiveness questions are typically addressed by randomized controlled trials, most other questions are addressed using observational studies. Systematic reviews may be conducted for human or animal studies, in vivo or in vitro.

For standards and classic references in conducting systematic reviews and meta-analyses, please refer to: Institute of Medicine.*Finding what works in health care: standards for systematic reviews.* 2011. Chandler J, Churchill R, Higgins J, Tovey D. *Methodological standards for the conduct of new Cochrane Intervention Reviews.* Version 2.2. 17 December 2012. Higgins JPT, Green S (editors). *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. *Handbook for Diagnostic Accuracy Reviews* [Draft] Little J, Higgins JPT (editors). *The HuGENE™ HuGE Review Handbook*, version 1.0. Guidelines for systematic review and meta-analysis of gene disease association studies (see also Systematic Reviews of Genetic Association Studies, PLoS Medicine 2009;6(3):e1000028) *Systematic Reviews.* CRD's guidance for undertaking reviews in health care. Centre for Reviews and Dissemination, University of York, 2009

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The précis should indicate a new insight the article offers or a principal controversy that is addressed.

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Manuscript text

The text should utilize standard journal formatting and be divided into four distinct sections. The brief descriptions below are gathered from the PRISMA, the MOOSE guidelines, and the Standards for the Reporting of Cochrane Intervention Reviews. The text should report institutional review board approval or exemption, financial disclosures and potential conflicts of interest of the authors, and funding sources of the review.

• 1. **Introduction** (unlabeled) should provide a concise description of the condition or clinical problem addressed by the review question, provide perspectives on the importance of its management to patient well-being and quality of life, and why it is important to do the review. Always end the introduction with a clear and concise statement of the study's main objectives or hypotheses.

• 2. **Methods:** The methods section should include the following subheadings:*Eligibility criteria for considering studies for this review*: state eligibility criteria for participants, interventions (or exposures) and comparators, and eligible study design(s) if applicable. Define primary and secondary outcomes of the review and state whether an article had to report measurement of at least one of the outcomes to be eligible. If so, provide rationale.*Search methods for identifying studies*: list all information sources searched, including databases, trial registries, websites, difficult-to-access literature (e.g., grey literature, conference proceedings), reference lists of included studies, and whether individuals or organizations were contacted. For all searches, provide the date of the last search and whether there was any time period or language restriction. Present the exact full search strategy (or strategies) used for at least one database in an Appendix with sufficient detail to permit replication. Report which software was used to manage the records identified and eligibility status.*Study selection*: describe the process for selecting studies, how many people were involved at each step of the review, whether any steps were done by more than one person, and if so whether they worked independently and how different opinions were resolved.*Data collection and risk of bias assessment*: List and define data items extracted from the reports of included studies. Describe methods used for assessing risk of bias of included studies (risk of bias is a formal assessment of what is often considered study "quality"), and how this information was used in any data synthesis. Describe the process for data extraction and risk of bias assessment, how many people were involved at each step, whether any steps were done by more than one person, and if so whether they worked independently and how different opinions were resolved. Report the software used for data collection and management.*Data synthesis and analysis*: state the methods for combining results across studies, which include qualitative synthesis (see Chapter 4, section on "Qualitative Synthesis

of the Body of Evidence; *Finding what works in health care: standards for systematic reviews*) and quantitative synthesis (i.e., meta-analysis). State the summary measures used to quantify the treatment effect or association such as risk ratio, odds ratio, and difference in means. Describe methods for assessing clinical, methodological, and statistical heterogeneity (e.g., I2 statistic, tau-squared, statistical test). Describe methods for additional analyses such as meta-regression, subgroup analysis, and sensitivity analysis, if done, indicate which were pre-specified. State the statistical software used for analysis. Indicate whether a systematic review protocol exists, if so, where and how it can be accessed; and if available, provide systematic review registration information including registration number.

• 3. **Results:** Provide numbers of studies retrieved, screened, assessed in full for eligibility, included in the review, and included in the meta-analysis, with reasons for exclusion at each stage, ideally with a flow diagram. Present characteristics of included studies including information on the study design, participants, interventions (or exposures) and comparators, outcomes, and source of funding, ideally in a table. Present domain-based risk of bias assessment of each study, ideally in a table or a figure. Composite quality scores and scales are discouraged. For all outcomes considered, irrespective of the direction or strength of the results, present, (1) simple summary data for each group, and (2) estimates of treatment effect (or association) between groups with a measure of statistical uncertainty (e.g., confidence intervals). If meta-analysis was done, report meta-analytical results ideally with a forest plot, number of studies and participants for each meta-analysis, as well as measures of statistical heterogeneity. Present results of any additional analyses (such as meta-regression, subgroup analysis, and sensitivity analysis) if done. Provide a thoughtful qualitative synthesis by analyzing the nature, strengths, and weaknesses of the evidence, and developing a deeper understanding of how an intervention might work (or not), or whether a true association exists, for whom and under what circumstances.

• 4. **Discussion:** Summarizes the main findings including the strength of evidence for each main outcome. Provide a general interpretation of the evidence considering their relevance to key stakeholders, including patients, healthcare providers, researchers, payers, and policy makers. A Summary of Findings or GRADE table is optional. Discuss limitations at study and outcome level (such as risk of bias), and at review level (such as incomplete retrieval of identified studies, reporting biases). Provide a general interpretation of the results in the context of other evidence, and implications for practice and future research.

In the cover letter to the Editor, please state explicitly (1) whether reporting guidelines have been followed, if so, which reporting guidelines; (2) whether the exact full search strategy (or strategies) used for at least one database was presented in an Appendix with sufficient detail to permit replication. Failure to follow the reporting guidelines or upload the search strategy may result in delay in review or rejection of the manuscript. Please submit a PRISMA worksheet and diagram as separate files.

Checklist: http://www.prisma-statement.org/2.1.2%20-%20PRISMA%202009%20Checklist.pdf

Diagram:
http://www.prisma-statement.org/2.1.4%20-%20PRISMA%20Flow%202009%20Diagram.pdf

Tables

Tables require substantial space; please give careful consideration to the number of tables submitted and design tables to fit on one formatted page. The information should not be extensively iterated in the text. Place the information in the text or in a table but not both.

Each table must be titled and numbered consecutively as mentioned in the text. Each column must have a heading. Terminology used within tables should be able to stand independently, without the requirement of explanation from the text. Use abbreviations and acronyms only if imperative for reasonable table formatting. All abbreviations and acronyms must be explained in the table legend. References for tables should be included in the main reference list. If unpublished data or abstract need to referenced in a table, please place it as a footnote.

Translational Science Reviews

Translational Science Reviews aim to provide authoritative and cutting-edge summaries of topical state-of-the-art basic research that is expected to have broad clinical impact within a few years. For example, in the years prior to the FDA approval of anti-VEGF drugs to treat neovascular age related macular degeneration, an article in this section might have summarized the relevant basic research

that supported Phase 1 human studies for anti-VEGF drugs that are now widely used. Manuscripts should be broadly accessible as the intended audience includes ophthalmologists whose primary focus is usually clinical practice. Please avoid jargon and do not assume that laboratory techniques will be understood by all readers. Translational Science Reviews are usually solicited by the editor for this section, Jayakrishna Ambati, M.D. However, suggestions for topics are welcome and can be directed to Dr. Ambati (jamba2@email.uky.edu).

Format is as follows:

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If submitting video as an online supplement, add a reference to it in parentheses at an appropriate place within 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 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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REVIEW PROCESS

Review and Publication Process

It is the corresponding author's responsibility to check periodically the status of his/her manuscript. An email with a decision will be sent with instructions to the corresponding author to go to the online submission site if a revision is warranted.

Each manuscript submission will be acknowledged in the order received in the Editorial Office. The acknowledgment letter will note the number assigned to the manuscript. All subsequent inquiries about the manuscript must indicate the manuscript number. Usually two and sometimes several reviewers and Editorial Board members will participate in the review of a manuscript. The journal does not reveal the identity of its reviewers but does provide pertinent comments to the corresponding author. Re-review may be required after revision if, in the judgment of the Editor-in-Chief, sufficient modification of the manuscript or data justifies another review cycle or if one (or more) of the reviewers requested to see the revision. A point-by-point response is required to the reviewers' comments. Authors should upload two versions of the revised manuscript – one showing "track changes" to show where revisions have been made and a "clean" copy.

Once a paper is accepted based on scientific content, a "Preliminary Acceptance" letter is generated. This means the Editorial Board has accepted the paper for publication and it will go through final format and reference checking. Once returned from the reference checker, another email will advise if there are final reference, editorial, or format issues for authors to address or will confirm that the manuscript is complete, accepted, and sent to the publisher.

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AFTER ACCEPTANCE

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