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References

G. Virgili, R.K. 2nd Parrish. Preparing a Systematic Review for the American Journal of Ophthalmology: Updated Guidance. *Am J Ophthalmol.* 2017 Sep 6.A. Liberati, D.G. Altman, J. Tetzlaff, et al., The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: explanation and elaboration, *BMJ* 339, 2009, b2700.J.A. Sterne, M.A. Hernan, B.C. Reeves, et al., ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions, *BMJ* 355, 2016, i4919.1. P.F. Whiting, A.W. Rutjes, M.E. Westwood, et al., QUADAS-2 Group, QUADAS-2: a revised tool for the quality assessment of diagnostic accuracy studies, *Ann Intern Med* 155 (8), 2011, 529–536.M.M. Leeflang, J.J. Deeks, C. Gatsonis and P.M. Bossuyt, Cochrane Diagnostic Test Accuracy Working Group, Systematic reviews of diagnostic test accuracy, *Ann Intern Med* 149 (12), 2008, 889–897.J.A. Hayden, P. Cote and C. Bombardier, Evaluation of the quality of prognosis studies in systematic reviews, *Ann Intern Med* 144, 2006, 427–437.K.A. Robinson, I.J. Saldanha and N.A. Mckoy, Frameworks for determining research gaps during systematic reviews. *Methods Future Research Needs Report No. 2*, 2011, Agency for Healthcare Research and Quality (US), Rockville, Maryland, Available at: <http://www.ncbi.nlm.nih.gov/books/NBK62478/>. Accessed September 4, 2017.J.A. Hayden, D.A. van der Windt, J.L. Cartwright, P. Ct and C. Bombardier, Assessing bias in studies of prognostic factors, *Ann Intern Med* 158 (4), 2013, 280–286.H. Hemingway, P. Croft, P. Perel, et al., PROGRESS Group, Prognosis research strategy (PROGRESS) 1: a framework for researching clinical outcomes, *BMJ* 346, 2013, e5595. Higgins JPT, Green S, editors. *Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0 [updated March 2011]*. The Cochrane Collaboration, 2011. Available at www.handbook.cochrane.org. Accessed September 4, 2017.G.H. Guyatt, A.D. Oxman, G.E. Vist, GRADE Working Group, et al., GRADE: an emerging consensus on rating quality of evidence and strength of recommendations, *BMJ* 336 (7650), 2008, 924–926.

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app *APPENDIX*

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AJO policies

A. rejj *REJECTION BY PREVIOUS JOURNAL*

If the manuscript has been previously rejected or evaluated in any form by another journal, the authors should note that in the cover letter and indicate how they have improved the manuscript.

B. repeat *DUPLICATE PUBLICATION*

To protect the mission of the **AJO** as a peer-reviewed journal, only *original* material will be published in the **AJO**. Authors who distribute e-prints, preprints, reprints, or substantive content in any format, including digital, of an article into the public domain before publication risk losing the opportunity to publish in the **AJO**. When authors submit material for publication in the **AJO**, they must claim the copyright and must transmit copyright of their material to the **AJO**. Publication of the material elsewhere (*duplicate publication*) without permission of the **AJO** is a copyright infringement.

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C. sprior *STATEMENTS OF PRIORITY*

The **AJO** discourages statements of priority (such as "we are the first to report...") because of the inability to be familiar with all published works or presentations on a subject. Either consider deleting the statement of priority or provide a standard statement that adheres to **AJO** policy, such as "we are

unaware of previous reports of this finding (phenomenon, procedure, or other appropriate wording) and could find no reference to it in a computerized search (include the name of the database, such as PubMed)."

D. mcenter *MULTICENTER STUDIES*

The **AJO** encourages the submission of multicenter studies. On the title page, preferably the writing group authors should be listed along with the group name (eg, Smith TT, Jones JJ, on behalf of the Pediatric Amblyopia Study Group). Other group members should be listed in an appendix before the references. When the study group name alone is listed on the title page, the Copyright Transfer Agreement requires only the original signature of the Corresponding Author.

E. suggest *SUGGESTIONS FOR RESEARCH PRESENTERS AT SCIENTIFIC MEETINGS PRIOR TO PUBLICATION*

The **AJO** and the scientific community encourage presentation at meetings. Presenters planning to submit information to a peer-reviewed journal, however, should not share their slides, materials, or additional information with newspapers or tabloids before publication. If the presenter is given a preprint of a planned publication by a newspaper or tabloid, the presenter again could ask the writer to withhold the information until after the information has been published in the peer-reviewed literature. Violations could result in public reprimand regarding copyright infringement and may result in a presenter being subjected to greater scrutiny when future materials are considered for publication in the **AJO**.

F. correct *CORRECTIONS AND RETRACTIONS*

Errors may be noted in published articles that require the publication of a correction or an erratum. Most corrections are minor. Some errors, however, may negate the value of the initial manuscript. These do not include inadequacies exposed by the emergence of new scientific information, in which case no corrections or withdrawals are needed.

If substantial doubts arise about the honesty of a work, either submitted or published, it is the Editor-in-Chief's responsibility to ensure that the possible fraud is addressed. It is not usually the task of the Editor-in-Chief to conduct a full investigation or to make a determination; that responsibility lies with the institution where the work was done or with the funding agency. The Editor-in-Chief should be promptly informed of the final decision of the institution involved, and if a fraudulent article has been published, the **AJO** will print a retraction. If the study was not under the aegis of an IRB or if this method of investigation does not result in a satisfactory conclusion, the Editor-in-Chief may choose to publish an expression of concern with an explanation or a full retraction, following an attempt for clarification from the authors.

The Editor-in-Chief may ask the authors' institution to assure the **AJO** of the validity of earlier work published in the **AJO** or to retract it.

G . confide *CONFIDENTIALITY*

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H. conduct *CONDUCT AND COMMUNICATION OF CLINICAL TRIALS*

The **AJO** recommends that researchers and authors (and commercial companies) adopt and adhere to the Pharmaceutical Research and Manufacturers (PhRMA) "Principles for the Conduct of Clinical Trials and Communication of Clinical Trial Results" listed at

the http://www.phrma.org/sites/default/files/pdf/042009_clinical_trial_principles_final.pdf. These principles describe the relationship of PhRMA member companies with others involved in clinical research and set forth the rules companies have volunteered to follow in order to protect the safety of research participants wherever the companies conduct clinical trials. In the principles, the PhRMA companies commit to the timely communication of all meaningful results of clinical trials, whether those results are positive or negative. The principles further state that the results should be communicated in an objective, accurate, balanced, and complete manner.

I. access *AJO ACCESS TO SCIENTIFIC DATA*

Thorough peer review by the **AJO** may require that organizations that sponsor research provide access to data and analyses that are not provided in a submitted manuscript, and sometimes such access is needed after publication as well. The opportunity also exists to post this information on the **AJO** website as Supplemental Material in association with the published manuscript.

J. microb *REPORTING NEW MICROBIAL ORGANISMS IN OPHTHALMIC INFECTIONS*

The **AJO** is interested in confirming that certain organisms participate in ocular disease. The text must provide adequate laboratory information that can substantiate the microbial identification. This requires that any unusual pathogen be confirmed by two different methods or at two independent laboratories. The journal *Cornea* initiated this confirmatory policy (Wilhelmus KR. New corneal infections: preventing a crisis of identity. *Cornea* 2003;22:95-96).

K. cancer *CANCER CLASSIFICATION SCHEME*

Authors should use the American Joint Commission on Cancer classification scheme when describing patients with ophthalmic malignancies; see American Joint Committee on Cancer. ACC Cancer Staging Manual, Seventh Edition, Springer, New York.

L. ocular *OCULAR TRAUMA TERMINOLOGY*

It is suggested that the 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 (Birmingham Eye Trauma Terminology [BETT], Kuhn F, Morris R, Witherspoon D, et al. A standardized classification of ocular trauma. *Ophthalmology* 1996;103:240-243).

M. regis *CLINICAL TRIALS REGISTRATION*

The **AJO** requires that human clinical trials are registered before enrollment in order for the results to be published in the **AJO**. See *Arch Ophthalmol* 2005;123:1263-1264 for complete statement. Phase III trials should be registered as well as many phase II trials. Most phase I trials do not need to be registered. The Methods section should contain a statement about where the registration information is available to the public. Satisfactory public databases include the National Institute of Health maintained site at <http://www.clinicaltrials.gov> (for either NIH or non-NIH sponsored studies) or the International Standard Randomized Controlled Trials at <http://www.controlled-trials.com>.

N. refractive surgery *STANDARDIZED GRAPHS AND TERMS FOR REFRACTIVE SURGERY RESULTS*

The **AJO** prefers the use of standardized graphs and terms in displaying refractive surgery results in order to permit an easier and evident comparison among comparative studies in the literature. See: Stulting RD, Dupps WJ Jr, Kohnen T, Mamaluis N, Rosen ES, Koch DD, Obstbaum SA, Waring GO 3rd, Reinstein DZ. Standardized graphs and terms for refractive surgery results. *Cornea*. 2011;30(8):945-947.

Forms

A.flow [CONSORT STATEMENT](#)

B.idphoto [CONSENT FORM FOR IDENTIFIABLE PHOTOGRAPHS](#)

Glossary of study designs

Randomized Clinical Trial: A human trial involving at least one experimental treatment group and one control treatment group, concurrent enrollment, and follow-up of the experimental and control groups with assignment to experimental and control groups by a randomization process. Persons responsible for treatment and subjects are not able to influence the treatment assignment, and assignment remains unknown to the staff and subjects until eligibility has been determined.

Nonrandomized Clinical Trial: A human trial involving at least one experimental treatment group and one control group, concurrent enrollment, and follow-up of the treatment and control groups. Assignment to experimental control groups is by a process other than randomization.

Interventional Case Series: Three or more cases, which may or may not be consecutive, that describe the outcome of an intervention without a control group for comparison.

Cohort Study: A longitudinal observational study that includes subjects with identifying characteristics and involves measurements or observations on more than one occasion.

Case-control Study: An observational, and usually retrospective, study of subjects with identifying characteristics and a disease or abnormality (cases) for comparison to subjects with similar characteristics, but without the disease or abnormality (controls). Comparison proceeds from effect to cause and generally yields odds ratio (usually an approximation of relative risk).

Cross-sectional Study: An observational study that identifies subjects with and without the disease or abnormality being studied at the same time. Study yields prevalence data and may or may not be population based.

Observational Case Series: Three or more cases in which natural history of the disease or abnormality is described. Cases may be collected and studied retrospectively or prospectively over any time frame.

Experimental Study: Animal or laboratory research describing observations, surgical or medical interventions, testing, or devices. Experimental studies are generally prospective and utilize a protocol in which controls are included.

Meta-analysis of Literature: Analysis of literature using statistical methods to integrate and summarize several studies.

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