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DESCRIPTION

The American Journal of Ophthalmology is a peer-reviewed, scientific publication that welcomes the submission of original, previously unpublished manuscripts directed to ophthalmologists and visual science specialists describing clinical investigations, clinical observations, and clinically relevant laboratory investigations. Published monthly since 1884, the full text of the American Journal of Ophthalmology and supplementary material are also presented online at www.AJO.com and on ScienceDirect.

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Ophthalmologists

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Manuscripts are accepted with the understanding that they have not been and will not be published elsewhere substantially in any format, and that there are no ethical concerns with the content or data collection. Authors may be requested to produce the data upon which the manuscript is based and to answer expeditiously any questions about the manuscript or its authors. See AJO policies on redundant publication and access to data.

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Full-Length Articles are previously unpublished manuscripts directed to ophthalmologists and visual science specialists. They include clinical investigations, clinical observations, and clinically relevant laboratory investigations.

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Manuscripts reporting randomized controlled trials should adhere to the requirements for Manuscript Preparation. In addition, text (which may be up to 10 single-spaced typewritten pages in length) should contain subheadings and information specified in the Consolidated Standards of Reporting Trials (CONSORT) statement. A flow diagram to illustrate the randomization procedure or procedures and numbers and the AJO http://www.consort-statement.org Consolidated Standards of Reporting Trials (CONSORT) Statement Form must be submitted with the manuscript. Authors may decide whether this form will appear in print or only online as Supplemental Material. These requirements follow suggestions published in the Journal of the American Medical Association (JAMA). (Begg C, Cho M, Eastwood S, et al. Improving the quality of reporting of randomized controlled trials: the CONSORT Statement. JAMA 1996;276:637-639).

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A series of recent reporting or methodological tools, including risk of bias tools and the Cochrane Handbook, are strongly suggested as background knowledge in the preparation of the manuscript. These tools were originally designed to be used by systematic reviewers who assess published studies, thus the tools address quality issues which should have been implemented by study authors in the design and protocol phase. Nonetheless, these tools may assist them in preparing a manuscript that discloses strengths and limitations of their study. A further suggested tool is the use of the GRADE framework to help the authors assign an overall quality of the evidence and, finally, to better interpret their results.

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The submission should be accompanied by a cover letter which explains why the review question is important to clinicians or users, including patients and policymakers. This cover letter should also present the expertise of authors' team members with clinical skills as well as that of authors with systematic review methods and statistical expertise.

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References


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**APPENDIX**

Appendixes should be used sparingly, but they are appropriate to provide survey forms, list the members of a study group, or complex formulas and information. Please note that Supplemental Material for the AJO website may be provided for Full-Length Articles and Perspectives at the time of acceptance.

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G. confide CONFIDENTIALITY
The Editorial Board and reviewers should respect authors' confidentiality because authors have entrusted the AJO with the results of their scientific work and creative effort. Authors' rights may be violated by disclosure of the confidential details of the review of their manuscript.

Reviewers also have rights to confidentiality, which must be respected. Editors should not disclose information about manuscripts (including their receipt, their content, their status in the reviewing process, their criticism by reviewers, or their ultimate fate) to anyone other than the authors themselves and reviewers.
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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](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. microbial **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**

M. regist **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](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](http://www.controlled-trials.com).

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

AUTHOR INQUIRIES
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