# American Journal of Ophthalmology

**Description**

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**Audience**

Ophthalmologists

**Impact Factor**

2018: 4.483 © Clarivate Analytics Journal Citation Reports 2019

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FULL-LENGTH ARTICLES

Full-Length Articles are previously unpublished manuscripts directed to ophthalmologists and visual science specialists.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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RANDOMIZED CONTROLLED TRIALS

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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Editorials provide a forum for interpretive, analytical, or reflective opinions related to manuscripts in the AJO or statements about clinical, scientific, or socioeconomic issues. The invitation-only Editorial should be objective and dispassionate, but is likely to provide alternative points of view and some bias. Editorials should not exceed 1200 words with no more than 15 references. In general, figures and tables should not be used.

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The American Journal of Ophthalmology (AJO) is interested in publishing high-quality systematic reviews and meta-analyses. Authors submitting a systematic review to AJO should refer to the article "Preparing a Systematic Review for the American Journal of Ophthalmology: Updated Guidance." Mandatory for each systematic review submission is inclusion of a completed PRISMA checklist (PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions) to optimize the reporting of the systematic review. When preparing the checklist, the authors should indicate the page and line at which each PRISMA statement requisite has been fulfilled in the manuscript.

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**References**


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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**
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. 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**

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**
**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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