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of Ophthalmology is a peer-reviewed, scientific publication that welcomes the submission of original, previously unpublished manuscripts directed to ophthalmologists and visual science specialists describing clinical investigations, clinical observations, and clinically relevant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of Ophthalmology (AJO) is a peer-reviewed, scientific publication that welcomes the submission of original, previously unpublished manuscripts directed to ophthalmologists and visual science specialists.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

The AJO publishes Full-Length Articles, Perspectives, Editorials, Correspondence, Book Reports and Announcements. Brief Reports and Case Reports are no longer published. We recommend submitting Brief Reports and Case Reports to our companion publication, the American Journal of Ophthalmology Case Reports.

Manuscripts are accepted with the understanding that they have not been and will not be published elsewhere substantially in any format, and that there are no ethical concerns with the content or data collection.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.

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Full-Length Articles are previously unpublished manuscripts directed to ophthalmologists and visual science specialists.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

Full-Length Articles should, in general, not exceed 7 to 8 single-spaced typewritten pages of manuscript text. References, figure captions, and tables are additional pages that should be used judiciously. Supplemental Material may be provided for the AJO website if a manuscript is accepted. Manuscripts should begin each component on a new page in the following order: (1) title page, (2) text, (3) acknowledgments/disclosure, (4) references, (5) figure captions. The following items are uploaded separate from the manuscript file: (1) abstract, (2) tables, (3) figures, (4) permission forms, (5) appendices/supplementary material. Refer to the Checklist when submitting.

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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).

PERSPECTIVES

Invitation-only AJO Perspectives are focused opinions regarding the evidence supporting the use of a current technique, procedure, therapy, or clinical approach, tempered by the experience and viewpoints of the authors(s). Perspectives should not be a review article. Perspective preparation should follow the guidelines of a Full-Length Article, including a structured abstract of 250 words or less and Table of Contents statement of 75 words or less. The Perspective should be of appropriate length but should not exceed 9 pages of single-spaced typewritten text, 35 references, and 8 figures or equivalent tables. Authors share the cost of color figure reproduction. Perspectives are subject to the standard peer-review process, which is necessary to meet the policies and standard procedures of the AJO.

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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.

Editorials do not have an Abstract.

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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.

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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The principal investigator or the Corresponding Author of a manuscript containing original data must confirm in the cover letter that he or she "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis as well as the decision to submit for publication." Cover letters for revised manuscripts must answer, point by point, any concerns noted by reviewers.

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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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**Example.** FIGURE 1. Patient 3 with staphylococcal corneal abscess. A. The patient's cornea is shown preoperatively with the abscess located superior to the visual axis, B. 3 days postoperatively with the corneal transplant well centered and clear, and C. 4 months postoperatively with a crystal clear cornea. D. The patient, 1 year postoperatively, shows smooth corneal surface with all sutures removed.

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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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