



# JOURNAL OF CURRENT OPHTHALMOLOGY

Produced and Hosted by Elsevier B.V. on behalf of the Iranian Society of Ophthalmology

## AUTHOR INFORMATION PACK

### TABLE OF CONTENTS

●	<b>Description</b>	<b>p.1</b>
●	<b>Abstracting and Indexing</b>	<b>p.1</b>
●	<b>Editorial Board</b>	<b>p.1</b>
●	<b>Guide for Authors</b>	<b>p.3</b>



ISSN: 2452-2325

### DESCRIPTION

**Journal of Current Ophthalmology**, the official publication of the Iranian Society of Ophthalmology, is a peer-reviewed, open-access, scientific journal that welcomes high quality original articles related to vision science and all fields of ophthalmology.

Journal of Current Ophthalmology is the continuum of Iranian Journal of Ophthalmology published since 1969.

### ABSTRACTING AND INDEXING

Emerging Sources Citation Index (ESCI)  
PubMed Central  
PubMed  
Scopus  
Google Scholar  
EBSCOhost  
Directory of Open Access Journals (DOAJ)

### EDITORIAL BOARD

#### *Editor-in-Chief*

**K. Ghasemi Falavarjani**, Iran University of Medical Sciences, Tehran, Iran

#### *Senior Editor*

**H. Chams**, Tehran University of Medical Sciences, Tehran, Iran

#### *Managing Editor*

**S. Talebi**, Iranian Society of Ophthalmology, Tehran, Iran

#### *Associate Editors*

**S.Zarei Ghanavati**, Mashad University of Medical Sciences, Mashad, Iran

**S. Moghimi**, Tehran University of Medical Sciences, Tehran, Iran

**M.T. Rajabi**, Tehran University of Medical Sciences, Tehran, Iran

#### *Section Editors*

**M.R. Akabari**, Tehran University of Medical Sciences, Tehran, Iran

**A. Fotouhi**, Tehran University of Medical Sciences, Tehran, Iran

**A. Hedayatfar**, NOOR Ophthalmology Research Center, Tehran, Iran

**A. Peyman**, Isfahan University of Medical Sciences, Isfahan, Iran

**Editors**

**H. Ameri**, University of Southern California, Los Angeles, California, USA

**M. Bahmani Kashkoui**, Iran University of Medical Sciences, Tehran, Iran

**M. Entezari**, Shahid Beheshti University of Medical Sciences, Tehran, Iran

**M. Riazi Esfahani**, Tehran University of Medical Sciences, Tehran, Iran

**H. Faghihi**, Tehran University of Medical Sciences, Tehran, Iran

**Z. Aalami Harandi**, Tehran University of Medical Sciences, Tehran, Iran

**H. Hashemi**, Tehran University of Medical Sciences, Tehran, Iran

**M.N. Hashemian**, Tehran University of Medical Sciences, Tehran, Iran

**M.A. Javadi**, Shahid Beheshti University of Medical Sciences, Tehran, Iran

**R. Karkhaneh**, Tehran University of Medical Sciences, Tehran, Iran

**A.R. Lashay**, Tehran University of Medical Sciences, Tehran, Iran

**S. Lin**, UCSF and VA Medical Center, San Francisco, USA

**K. Mansouri**, University of Colorado, Denver, Colorado, USA

**M.A. Zare Mehrjerdi**, Tehran University of Medical Sciences, Tehran, Iran

**A. Mirshahi**, Tehran University of Medical Sciences, Tehran, Iran

**M. Naseripour**, Iran University of Medical Sciences, Tehran, Iran

**N. Nilforushan**, Iran University of Medical Sciences, Tehran, Iran

**M.M. Parvaresh**, Iran University of Medical Sciences, Tehran, Iran

**H. Mohammad Rabei**, Shahid Beheshti University of Medical Sciences, Tehran, Iran

**F. Rahimi**, Tehran University of Medical Sciences, Tehran, Iran

**E. Rahimy**, Palo Alto Medical Foundation, California, United States

**Zh. Rajavi**, Shahid Beheshti University of Medical Sciences, Tehran, Iran

**A. Ramirez-Miranda**, Universidad Nacional Autónoma de México (UNAM), Mexico City, Mexico

**A. Sadeghi Tari**, Tehran University of Medical Sciences, Tehran, Iran

**S.M. Hosseini Tehrani**, Tehran University of Medical Sciences, Tehran, Iran

**A. Uji**, Kyoto University Graduate School of Medicine, Kyoto, Japan

**M. Modarres Zadeh**, Iran University of Medical Sciences, Tehran, Iran

**Advisory Board**

**M. Abdollahi**, Tehran University of Medical Sciences, Tehran, Iran

**G. Amescua**, University of Miami, Miami, USA

**B. Beigi**, Norfolk & Norwich University Hospital, Norwich, UK

**J. Caprioli**, David Geffen School of Medicine at UCLA, Los Angeles, California, USA

**P. Gabel**, University Eye Hospital in Regensburg, Germany

**K. Golnik**, Cincinnati Eye Institute, Cincinnati, USA

**F. Hafezi**, Université de Genève, Geneva, Switzerland

**T.E. Johnson**, University of Miami, Bascom Palmer Eye Institute, Miami, USA

**F. Kuhn**, University of Alabama, Tuscaloosa, Alabama, USA

**J. Nerad**, Cincinnati Eye Institute, Cincinnati, USA

**Q. D. Nguyen**, University of Nebraska Medical Center (UNMC), Omaha, Nebraska, USA

**K. Nouri-Mahdavi**, David Geffen School of Medicine at UCLA, Los Angeles, USA

**S.R. Sadda**, Doheny Eye Institute, University of California Los Angeles, California, USA

**A. Singh**, Cole Eye Institute, Cleveland, Ohio, USA

**B.R. Straatsma**, UCLA, Department of Ophthalmology, Los Angeles, USA

**D. Taylor**, UCL Institute of Child Health, London, UK

**D. Tse**, University of Miami, Miller School of Medicine, Miami, Florida, USA

## GUIDE FOR AUTHORS

---

### INTRODUCTION

**The Journal of Current Ophthalmology** 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 quarterly since 1969, **Journal of Current Ophthalmology**, is a continuum of Iranian journal of Ophthalmology which was one of the first ophthalmology journals in Middle East.

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.

### Articles Type:

The **Journal of Current Ophthalmology** publishes Full-Length Articles, Review articles, Editorials, Correspondence, Short Reports.

### FULL-LENGTH ARTICLES

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

The authors are highly recommended to follow the guidelines for specific study designs according to the following sources. 1 **Initiative Type of Study Source** CONSORT Randomized controlled trials <http://www.consort-statement.org> STARD Studies of diagnostic accuracy <http://www.consort-statement.org/stardstatement.htm> QUOROM Systematic reviews and meta-analyses <http://www.consort-statement.org/Initiatives/MOOSE/moosestatement.org/Initiatives/MOOSE/moose.pdf> STROBE Observational studies in epidemiology <http://www.strobe-statement.org> MOOSE Meta-analyses of observational studies in epidemiology <http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf>

Authors should begin each component on a new page in the following order: (1) title page, (2) text, (3) acknowledgments, (4) references, (5) figure captions, (6) tables, (7) figures. The abstract should be embedded in the main manuscript.

### Articles Type:

Editorials provide a forum for interpretive, analytical, or reflective opinions related to manuscripts in the **Journal of Current Ophthalmology** or statements about clinical, scientific, or socioeconomic issues, by 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, except deemed necessary.

Because the essence of an Editorial is selection and interpretation of the literature, the **Journal of Current Ophthalmology** expects that authors of such articles will not have any significant financial interest in a company (or its competitor) that makes a product discussed in the article. Funding and financial disclosure is required in the Acknowledgments before the references. Editorials do not have an Abstract.

### CORRESPONDENCE

Letters about recent articles published in the **Journal of Current Ophthalmology** are encouraged and should be submitted through the Elsevier Editorial System soon. Correspondence may correct errors, provide support or agreement, or offer different points of view and additional information. Correspondence submitted should not exceed 500 words of text and six references. One of the references should be the Article in question.

Figures and tables are generally not accepted, except deemed necessary. The **Journal of Current Ophthalmology** does not use the Correspondence section for reporting case reports or short clinical research articles. Correspondence is considered for publication by the Editorial Board and is subject to editing. The authors of articles discussed in the correspondence are given an opportunity to reply in an expedited fashion, adhering to the **Journal of Current Ophthalmology** policy on Responsibility of Authors. If authors do not reply to the correspondence within 14 days, this statement may appear in the Journal of Current Ophthalmology print issue in association with the correspondence: "The Authors failed to provide a response to the correspondence in a timely manner." Please provide a complete title page as defined above under Full-Length Article instructions. Financial disclosures should be provided at the end of the correspondence and may be published. (see Acknowledgment section B for information to disclose).

When appropriate, an effort is made before publication to resolve any controversies between correspondents and the authors of an article.

## **SHORT REPORTS**

Case reports and case series less than four cases are published under short reports. The case reports are generally cases with unexpected and rare presentations or it can be new methods, or a preliminary report that can be accepted as two page papers; maximum length 750 words including abstract, tables, and legends. Short report should have an structured abstract.

Word count: up to 750 words

Illustrations and tables: up to 3

References: 10-15

**REPLICATION STUDIES** This journal encourages the submission of replication studies.

When submitting your manuscript select the replication study article type from the drop down menu in EVISE. Also ensure that the original study is clearly referenced by providing a link to the original study. Replication studies should include [brief] introduction and discussion sections that succinctly report the goal of the original paper. The original paper should be the work of a different author or group of authors.

For replication studies please also deposit your data in Mendeley data or another trusted repository and ensure your data is properly cited. Please refer to the section on Research data for further guidance on data deposition and citation.

(Research data section switched on & data citation)

## **BEFORE YOU BEGIN**

### ***Ethics in publishing***

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

### ***Use of animals in biomedical research***

If animals are used in the protocol or the study, the manuscript should describe in the Methods section the animal care protocol that was followed, name the institution that sponsored the study, and identify relevant IRB approval. Biomedical research involving animals must conform to generally accepted principles of animal maintenance and care, such as those of the Association for Research in Vision and Ophthalmology (<http://www.arvo.org>).

### ***Informed consent***

When human subjects participate in studies or reports, the authors must state in the Methods section that the study and data accumulation were carried out with approval from the appropriate Institutional Review Board (IRB), Informed Consent for the research was obtained from the patients or subjects, and, for US authors, the study is in accordance with HIPAA regulations. Alternatively, the authors can state that the IRB (name the IRB) waived the need for IRB approval; the authors, however, cannot make the decision that IRB approval was not needed. If waived, the authors must confirm that the study and data accumulation were in conformity with all country, federal, or state laws, informed consent was obtained, and the study was in adherence to the tenets of the Declaration of Helsinki. Do not use patients' names, initials, dates, or hospital numbers, especially in illustrative material.

Informed Consent for research requires that the subjects agreed to participate after explanation of the nature and possible consequences of the study. This Informed Consent for Research is distinct from the simple informed consent to perform a procedure or test on a patient.

### ***Conflict of interest in peer-review process and disclosure***

Authors, editors, or reviewers may hold conflicting or competing interests that could result in bias. These conflicts may be real, potential, or perceived. Authors and participants in the peer-review and publication should disclose their conflicting interests, and the information should be made available so that others can judge their effects for themselves.

### ***Checklist for Journal of Current Ophthalmology submission***

Below is a checklist of items required by the Journal of Current Ophthalmology for evaluation of a submission. These items should be included in each submission. Please be sure that you have thoroughly read the instructions for preparation and submission of your manuscript before submitting it. Otherwise, the peer reviewers may refuse to proceed with review.

- o Cover Letter (Optional) indicating the manuscript's category (Full-Length Article, Review article, Editorial, Correspondence)
- o Permission for figures if there is identifiable material or photograph .
- o One copy of the manuscript, single-spaced and formatted according to the instructions.
- o Title page should be submitted separately.
- Title
- Each author's complete name and affiliation. Academic degrees are no longer requested.
- The complete and correct address, phone number, fax number, and e-mail address of the Corresponding Author.
- Running title
- Authors conflict of interest
- Repetitive and double publication
- o Structured abstract limited to 300 words for Full-Length Articles and Review article and Short reports
- o Main text with no authors list
- o References
- o Figure Captions
- o Tables
- o Figures (properly formatted and labeled according to the instructions)

All source files (manuscript and tables) should be submitted in non-PDF format.

### **Revised manuscripts**

Revisions must be returned to the Journal of Current Ophthalmology within 1 month to retain revision status; after that time, the Editor-in-Chief may accept, request another cycle of peer-review or reject the manuscript. The Corresponding Author must reply to each point made in the revision request and may state points of disagreement with the reviewer's comments. Please submit revisions in your

account under "Submissions Needing Revision" on Elsevier Editorial System with the files prepared according to online manuscript submission guidelines. Please follow the instructions on the Elsevier Editorial System under "Guidelines for Revisions".

### **Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [Crossref Similarity Check](#).

### **Attesting to authorship contributions**

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. The corresponding author is responsible to verify the authorship criteria before submission. The authors should involve in all following processes:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

### **Copyright**

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see [more information](#) on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

### **Author rights**

As an author you (or your employer or institution) have certain rights to reuse your work. [More information](#).

#### *Elsevier supports responsible sharing*

Find out how you can [share your research](#) published in Elsevier journals.

#### *Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)*

For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

#### *Elsevier Researcher Academy*

[Researcher Academy](#) is a free e-learning platform designed to support early and mid-career researchers throughout their research journey. The "Learn" environment at Researcher Academy offers several interactive modules, webinars, downloadable guides and resources to guide you through the process of writing for research and going through peer review. Feel free to use these free resources to improve your submission and navigate the publication process with ease.

#### *Language (usage and editing services)*

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's WebShop.

### **Online Manuscript Submission**

The **Journal of Current Ophthalmology** accepts online submission of manuscripts through Elsevier Editorial System. When a manuscript is submitted online, authors, selected reviewers, editors, and the **Journal of Current Ophthalmology** office can track the progression of the manuscript until a final disposition is made.

Elsevier Editorial System. can be accessed at [EWISE](#).

## Submit your article

Please submit your article via [EVISE](#).

## Peer review: manuscript review and selection

Full-Length Articles, Editorials, short reports and review articles are peer-reviewed. Only finely polished, publication ready manuscripts should be submitted to the **Journal of Current Ophthalmology** or risk possible rejection prior to peer review. After an initial review of the manuscript, the Editor-in-Chief determines whether the manuscript is in scope of the **Journal of Current Ophthalmology** and selects a section editor from the Editorial Board who is an expert in the field and who will be responsible for guiding the manuscript through the review process. The Executive Editor then selects several outside reviewers to ensure that at least two reviews are completed. The **Journal of Current Ophthalmology** follows a double-blind review process, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately: Title page (with author details): This should include the title, authors' names and affiliations, and a complete address for the corresponding author including an e-mail address. Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations. Once these reviews are completed, the Executive Editor critiques and synthesizes the comments of the reviewers, and provides additional Executive Editor's comments to the Editor-in-Chief. The Editor-in-Chief reviews the manuscript together with all comments and makes the publication decision, which is then e-mailed to the Corresponding Author, along with consolidated comments of the reviewers of the manuscript.

## General manuscript preparation guidelines

### COVER LETTER

Manuscripts may be accompanied by a cover letter that includes information on prior or duplicate publication or submission, as well as the originality of the manuscript and any other information that the authors want to convey to the Editor-in-Chief. The authors may indicate whether the manuscript was previously rejected or evaluated in any form by another journal, and they should describe specifically how they have improved the manuscript.

Manuscripts (including title page, abstract, text, references, figure captions, and tables) should be double-spaced. One-inch (2.5 cm ) margins should be used on all sides. The right margin should be ragged, not justified.

### STATISTICS

The **Journal of Current Ophthalmology** requests authors to ensure statistical expertise for a study that has statistical content. Statistical methods must be identified in the manuscript whenever they are used. Software programs used for statistical analyses should be identified so reviewers or readers may verify calculations. When P values are used, the actual P value (for example,  $P = .032$ ) is preferred to an inequality (for example,  $P < .05$ ). Reporting basic summary statistics, such as the mean and the standard error, as well as confidence limits, also helps the reader understand the conclusions of the study. Models such as analysis of variance, covariance, multiple regressions, and the like must be specified. A sample size calculation and power analysis should be included when appropriate. Authors should state the levels for alpha and beta errors and the clinically significant difference that was used to determine the power calculation. Numeric equivalents should precede all percentages, as in the following examples: "Of 80 patients, 20 (25%) had retinopathy " or "20 (25%) of 80 patients had retinopathy."

**Use of word processing software** It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no

grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: <http://www.elsevier.com/guidepublication>). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

## **Article structure**

### **Title page**

Title page should be submitted separately and all authors information and identifiers including the name of the institution should be removed from main text file. The manuscript's title should be as brief as possible and no longer than 135 characters and spaces. The title page must include:

1. The title of the article (informative and concise; avoid questions, declarative sentences, and abbreviations).
2. The full name of each author and complete address of institutional affiliations.
3. The name, address, phone number, fax number and e-mail address of the Corresponding Author.
4. Once a manuscript has been submitted, the order and number of authors should not change.
5. The Corresponding Author will be responsible for all questions about the manuscript and for reprint requests. Only one author can be designated as Corresponding Author; the Corresponding Author need not be the first author on the manuscript. Select a Corresponding Author who will be located at the same address for an extended period in order to respond to post-publication correspondence. Corresponding authors that do not reply in an expeditious manner to all correspondence from **Journal of Current Ophthalmology** both before and after acceptance may be restricted from further submissions to the **Journal of Current Ophthalmology**.
6. Conflict of interest should be declared.
7. Running title.
8. No duplicate or repetitive submission.

Number the pages of the manuscript consecutively, beginning with the Abstract page as page 1. Please use a spell-checker in addition to careful editing of the manuscript before submission. Authors should not add line numbering as this is automatically added by Elsevier Editorial System. Organize and prepare the manuscript to include the following sections:

**Introduction:** Describe the purpose of the study, the research rationale, and any major hypothesis that was tested. The Introduction should present the hypothesis and limit references to only the most pertinent previous publications.

**Methods:** The first paragraph of the Methods section should describe all the specifics of the study design (see glossary of study designs below) and information about human informed consent or animal care. Indicate precisely what the IRB approved. Name of IRB that approved the research or provide a statement and rationale as to why the named IRB waived approval. Indicate proper informed consent for the treatment and/ or participation in the research, and confirm compliance with HIPAA, Clinical Trials registration (number and location of the registration), Investigational New Drug (IND) or Investigational Device Exemption (IDE) (provide number), and Institutional Animal Care and Use Committee guidelines. If the IRB waived the need for approval of this research or study, then indicate adherence to the Declaration of Helsinki and all federal or state laws in your country. Authors cannot make the decision as to whether IRB approval is needed; your IRB should make that decision and provide a waiver if they feel it does not require IRB approval. Methods section should also include setting (multicenter, institutional, or clinical practice); patients and study population (including patient numbers, selection procedures, inclusion/exclusion criteria, randomization, and masking); intervention or observation procedure; and main outcome measure(s). Previously published procedures should be identified by reference only unless they are uncommon to



**Journal of Current Ophthalmology** readers. Provide sufficient detail to enable others to duplicate the research. Use standard chemical or nonproprietary pharmaceutical nomenclature. Identify in parentheses specific sources by brand name, company, city, state, and/or country.

Describe outcomes and measurements in an objective sequence with a minimum of discussion. Tables and figures should be cited in text in sequence. Data should be accompanied by confidence intervals (usually at the 95% interval) and exact P values or other indications of statistical significance.

**Discussion:** Elucidate (but do not reiterate) the results, identify any statistically or clinically significant limitations or qualifications of the study, provide responses to other and contradictory literature, and state the conclusions that are directly supported by the data. Excessive generalization and undue speculation should be avoided. Give equal emphasis to positive and negative findings, state whether and what additional study is required, and conclude with the clinical applications or implications supported by the study. The conclusions should be incorporated into the end of the discussion.

Authors should avoid statements of economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority (first publication) of the content unless you provide the literature search protocol used. Do not allude to work that has not been completed.

#### **ACKNOWLEDGMENTS:**

Acknowledgments such as Statisticians, Medical Writers, Expert contributions may be added. Because readers may infer endorsement of the data and conclusions, all persons must have given permission to be acknowledged and this must be confirmed in the cover letter.

#### **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 Journal of Current Ophthalmology website may be provided for Full-Length Articles at the time of acceptance.

#### **Abstract**

Provide a structured abstract of 300 words or less with the following four headings for all full-length articles, review articles and short reports:

**Purpose:** State the principal question or objective of the study and the major hypothesis tested, if any.

**Methods:** Identify the study design, Setting, Patient or Study Population, Intervention or Observation Procedure(s), and main Outcome Measure(s).

**Results:** Describe the outcome and measurements, when applicable. Results should be accompanied by data with confidence intervals and the exact level of statistical significance. Results should also identify any significant limitations or qualifications of the data.

**Conclusions:** State the conclusions directly supported by the data and describe the clinical applications. Avoid over-generalizations. Give equal emphasis to positive and negative findings, and note specific additional study required.

#### **Abbreviations**

Restrict abbreviations to those that are widely used and understood by all ophthalmologists. Avoid abbreviations that have meaning only within the context of the specific manuscript. Introduce each abbreviation in parentheses after the first use of the full term in the abstract, in the text, in the figures captions, and in the tables. Systeme International units and abbreviations of standard measurements, such as mm Hg, cm, and mL, are used without initial expansion. Avoid abbreviations in any titles, headings, or subheadings.

#### **Units**

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

## Math formulae

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

## Artwork

### Digital figures

Digital figures must be uploaded individually into the Elsevier Editorial System according to publication-ready requirements. Figures cannot be embedded in the manuscript text file. Photographic figures should not be in Word, nor are PDFs, Excel files, or PowerPoint slides permitted for any figure due to their low native resolution.

a) **Journal of Current Ophthalmology** Requirements for Publication Quality Digital Figures: Digital figures should be of high quality and in one of the following file formats only: TIFF (with LZW compression), JPEG (with "maximum quality" setting), or EPS. Line art and graphs only may be submitted in Word, if they were created in Microsoft Word or Excel. Figures must be at least 3.5 inches wide, at least 300 dpi resolution, and a minimum of 1050 pixels wide. NIH guidelines for online figures suggest a minimum of 1500 pixels wide. Individual figure files should not be larger than 12 MB.

Text on figures should be avoided unless absolutely necessary. Multi-part figures should be named according to location, ie, Top Right, Center, etc., rather than by letter. Any text, arrows, and other symbols should be large enough to remain legible after reduction. All symbols or abbreviations that appear on the figures should be defined in the caption. Arial font at an appropriate size should be used for any text on a figure. PLEASE NOTE: Manuscripts cannot be reviewed until publication-quality figures have been submitted.

### b) Other General Figure Guidelines

Figures should be cropped to show only significant details. When a patient is identifiable in a photograph, the author(s) must supply the **Journal of Current Ophthalmology** with evidence of the patient's permission to publish the photograph. (The permission must be submitted to the **Journal of Current Ophthalmology** as a scanned document through Elsevier Editorial System.) The Editor-in-Chief reserves the right to withdraw a previously accepted manuscript if the author cannot produce high-quality figures in a timely manner to accompany the text.

## Color Artwork

The authors should use color figures only when necessary. If a manuscript has been submitted and reviewed with color photos, it will be published in color unless the Editor-in-Chief elects otherwise after communication with the Corresponding Author. All color figures and art works will be published free of charge.

### *Illustration services*

Elsevier's WebShop (<http://webshop.elsevier.com/illustrationservices>) offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

## Figure captions

All captions should be listed together on a Caption page after the references. Each caption should be numbered consecutively in the text, have a brief title, and contain a complete description of each figure. The brief title should generally name the disease process or study patients that are in

the manuscript. The title and caption should contain enough information so that the figure can be understood independently of the manuscript text and as a "stand alone. Use complete sentences for the captions except in the title, and avoid abbreviations. Single figures should not be numbered.

When multiple-panel figures are submitted, refer to each panel from Top left to Top right, then Bottom left to Bottom right. Do not use lettering (eg, A, B, C, etc) on the figures.

## **Tables**

Tables take up substantial space in the print journal and should be limited in number. The information in the text and tables should not be duplicative.

Tables should be numbered consecutively in Arabic numerals by order of citation in the text. Each table should have a brief title so that the reader can understand what is being displayed in the table without reference to the text. The table number and table title should be on the same line at the top of the table. Avoid abbreviations in any titles. All abbreviations within the table and comments about the table should be included in a footnote to the table. All tables should be created in a Microsoft Word document using the table tools. Do not format tables as columns or tabs. Do not use picture tools to create tables. Use additional pages when a table does not fit onto one page. Footnotes to tables are indicated by superscripted letters a, b, c, etc.

Internet references should be limited to important Full-Length articles that are not available in print or have been updated on the Internet since initial print publication. If a print reference is available, it should be used. The online reference should be listed with complete information including title and authors with the addition of the URL address and accession date. The URL address and availability must be confirmed again with any revision submission. Because Internet articles frequently are not available at a future date, the authors must make a print copy of the material they are referencing from the Internet, hold it indefinitely, and provide it to the **Journal of Current Ophthalmology** at any time in the future.

Example: International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Available at <http://www.icmje.org> . Accessed November 12, 2006.

## **Reference management software**

Most Elsevier journals have a standard template available in key reference management packages. This covers packages using the Citation Style Language, such as Mendeley (<http://www.mendeley.com/features/reference-manager>) and also others like EndNote (<http://www.endnote.com/support/enstyles.asp>) and Reference Manager (<http://refman.com/support/rmstyles.asp>). Using plug-ins to word processing packages which are available from the above sites, authors only need to select the appropriate journal template when preparing their article and the list of references and citations to these will be formatted according to the journal style as described in this Guide. The process of including templates in these packages is constantly ongoing. If the journal you are looking for does not have a template available yet, please see the list of sample references and citations provided in this Guide to help you format these according to the journal style.

## **Journal abbreviations source**

Journal names should be abbreviated according to the List of Title Word Abbreviations: <http://www.issn.org/services/online-services/access-to-the-ltwa/>.

## **Reference style**

Text: Indicate references by (consecutive) superscript Arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas, inside colons and semicolons. For further detail and examples you are referred to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9 (see <http://www.amanualofstyle.com>).

List: Number the references in the list in the order in which they appear in the text.

Reference to a journal publication:

1. Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. *J Sci Commun*. 2010;163:51-59.

Reference to a book:

2. Strunk W Jr, White EB. *The Elements of Style*. 4th ed. New York, NY: Longman; 2000.

Reference to a chapter in an edited book:

3. Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, eds. *Introduction to the Electronic Age*. New York, NY: E-Publishing Inc; 2009:281-304.

## Video data

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect: <http://www.sciencedirect.com>. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages at <http://www.elsevier.com/artworkinstructions>. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

## Accepted manuscript/supplemental material

With revision or acceptance of the manuscript, the Corresponding Author may submit Supplemental Material for consideration for posting on the Internet. For Supplemental Material, the text must be in Microsoft Word format, and the digital audio/visual must adhere to the requirements for figures listed above.

### Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

### Reference style

**Text:** Indicate references by (consecutive) superscript arabic numerals in the order in which they appear in the text. The numerals are to be used *outside* periods and commas, *inside* colons and semicolons. For further detail and examples you are referred to the [AMA Manual of Style](#), A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9.

**List:** Number the references in the list in the order in which they appear in the text.

### Examples:

Reference to a journal publication:

1. Van der Geer J, Hanraads JAJ, Lupton RA. The art of writing a scientific article. *J Sci Commun*. 2010;163:51-59.

Reference to a book:

2. Strunk W Jr, White EB. *The Elements of Style*. 4th ed. New York, NY: Longman; 2000.

Reference to a chapter in an edited book:

3. Mettam GR, Adams LB. How to prepare an electronic version of your article. In: Jones BS, Smith RZ, eds. *Introduction to the Electronic Age*. New York, NY: E-Publishing Inc; 2009:281-304.

Reference to a website:

4. Cancer Research UK. Cancer statistics reports for the UK. <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/>; 2003 Accessed 13 March 2003.

Reference to a dataset:

[dataset] 5. Oguro, M, Imahiro, S, Saito, S, Nakashizuka, T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

### **Research data**

This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data](#) page.

#### *Data linking*

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the [database linking page](#).

For [supported data repositories](#) a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

#### *Mendeley Data*

This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to *Mendeley Data*. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the [Mendeley Data for journals page](#).

#### *Data statement*

To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the [Data Statement page](#).

### **Use of the Digital Object Identifier**

The Digital Object Identifier (DOI) may be used to cite and link to electronic documents. The DOI consists of a unique alpha-numeric character string which is assigned to a document by the publisher upon the initial electronic publication. The assigned DOI never changes. Therefore, it is an ideal medium for citing a document, particularly 'Articles in press' because they have not yet received their full bibliographic information. Example of a correctly given DOI (in URL format; here an article in the journal *Physics Letters B*): <http://dx.doi.org/10.1016/j.physletb.2010.09.059> When you use a DOI to create links to documents on the web, the DOIs are guaranteed never to change.

### **Proofs**

One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author or a link will be provided in the e-mail so that authors can download the files themselves. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to download Adobe Reader version 7 (or higher) available free from <http://get.adobe.com/reader>. Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the Adobe site: <http://www.adobe.com/products/reader/tech-specs.html>. If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and return by fax, or scan the pages and e-mail. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately - please let us have all your corrections within 48 hours. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility. Note that Elsevier may proceed with the publication of your article if no response is received or may reject your article.

### **Publication process**

The Editor-in-Chief accepts the manuscript with the understanding that the authors cooperate in a timely manner with the production process, including any response to future correspondence from the **Journal of Current Ophthalmology** or its readers. The authors are required to provide an edited print-ready version of the manuscript at the final revision stage (or earlier). The Publisher employs copy editors that format the manuscript to **Journal of Current Ophthalmology** style but do not perform extensive editorial copyediting.

The article will then be processed into page proofs, with all art and tables in place. The Production Editor will send the Corresponding Author a galley proof by e-mail or mail, which should be corrected and returned within 48 hours. Authors must check their proofs very carefully, because approval indicates that all copyediting changes have been accepted unless corrections are returned to the Production Editor. A second proof will not be provided. Authors must also answer any copyediting queries within the proof. **Good quality illustrations using the above guidelines must be made available to the printer; the Editor-in-Chief reserves the right to withdraw acceptance at any time if the images do not meet expectations, the authors do not provide them in a timely fashion, or other aspects of the publication process are not diligently followed to the satisfaction of the Editor-in-Chief.**

The authors may participate in scientific programs and presentations providing the highlights of the manuscript but should be aware that the manuscript acceptance will be withdrawn if it is published in substantive content elsewhere in print or electronically prior to the **Journal of Current Ophthalmology** publication, per the Policy on Duplicate Publication.

### **Journal of Current Ophthalmology policies**

**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 **Journal of Current Ophthalmology** 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 **Journal of Current Ophthalmology** of the validity of earlier work published in the **Journal of Current Ophthalmology** or to retract it.

### **Offprints**

The corresponding author will be notified and receive a link to the published version of the open access article on [ScienceDirect](#). This link is in the form of an article DOI link which can be shared via email and social networks. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's [Webshop](#). Authors requiring printed copies of multiple articles may use Elsevier Webshop's 'Create Your Own Book' service to collate multiple articles within a single cover.

### **Confidentiality**

The Editorial Board and reviewers should respect authors' confidentiality because authors have entrusted the **Journal of Current Ophthalmology** 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.

### **AUTHOR INQUIRIES**

Visit the [Elsevier Support Center](#) to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.

You can also [check the status of your submitted article](#) or find out [when your accepted article will be published](#).

© Copyright 2018 Elsevier | <https://www.elsevier.com>