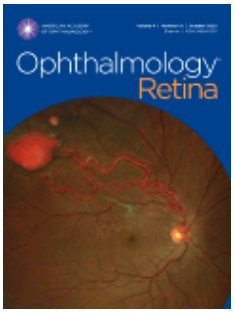
OPHTHALMOLOGY RETINA

AUTHOR INFORMATION PACK

TABLE OF CONTENTS



ISSN: 2468-6530

DESCRIPTION

Ophthalmology Retina, a journal of the American Academy of Ophthalmology, serves society by publishing clinical and basic science research and other relevant manuscripts that relate to the sense of sight. Excellence is pursued through unbiased peer-review, the advancement of innovation and discovery, and the promotion of lifelong learning.

Disclaimer Notice: Statements and opinions expressed in *Ophthalmology Retina* are those of the author(s) and are not necessarily those of the Academy or publisher, or indicative of Academy views, policy or editorial concurrence. The Editor(s), the Academy, and the Publisher assume no responsibility for any injury and/or damage to persons or property as a matter of product liability, negligence, or otherwise, or from any use or operation of any methods, products, instructions, or ideas contained in the material herein including those in a language other than English. No suggested test or procedure should be carried out unless, in the reader's judgment, its risk is justified and the patient has received information sufficient to give a fully informed consent. Because of the rapid advances in the medical sciences, medical practitioners should obtain independent verification of diagnoses and drug dosages. Discussions, views, and recommendations as to medical procedures, choice of drugs, and drug dosages are the responsibility of the authors. Consumers should consult with their own doctors about their individual health status before making any health decisions. The Academy does not endorse companies, drugs or other products.

ABSTRACTING AND INDEXING

PubMed/Medline
Scopus

EDITORIAL BOARD

GUIDE FOR AUTHORS

To submit a manuscript please go to Editorial Manager and log in as an author. This site is also available through https://www.ophthalmologyretina.org/ or the American Academy of Ophthalmology at http://www.aao.org/.

BEFORE YOU BEGIN

Submission Types

Submissions are divided up into Article Types. The main Article Types are listed below. Please select the appropriate Article Type to start the submission. Please be aware that *Ophthalmology Retina* will only infrequently consider basic science manuscripts, clinical trial baseline data and methods manuscripts, or clinical case reports.

Manuscripts – A "typical" submission; a manuscript that does not fall into any of the following categories.

Correspondence – Comments by readers about articles that have been published in *Ophthalmology Retina* within 6 months of its online posting. Please see specific criteria for submission in the Correspondence section of this Guide.

Editorial – Typically by invitation from the Editor-in-Chief. Please see specific criteria for submission in the Editorial section of this Guide.

Systematic Review or Meta-analysis - Please see specific criteria for submission in the Systematic Review/ Meta-analysis in this Guide. Translational Science Reviews - Typically by invitation from the Editorial Board. Please see specific criteria for submission in the Translational Science Reviews section of this Guide.

Report-Invited – Typically by invitation from the Editorial Board. Please see specific criteria for submission elsewhere in this Guide.

Pictures & Perspectives – Photographs, photomicrographs, radiologic or other imaging studies, or procedural illustrations that depict novel features of clinically important entities. If accepted, the images will be published when space permits, and as a result it may take several months before they appear in print.

Photographs (including those generated electronically from MRI, fluorescein angiography, perimetry, OCT, etc.) must be masked to prevent patient identification. Clinical photographs that permit identification of an individual (those exposing anything more than just the eyes) must be accompanied by a signed statement by the patient or guardian granting permission for publication of the images for educational purposes.

Contact Information

If you have questions about the submission process, please contact the Editorial Office by email at aaojournal@aao.org or by phone at 415-447-0261. If you are having trouble logging in to Editorial Manager, please visit https://service.elsevier.com/app/answers/detail/a_id/28452/supporthub/publishing/kw/editorial+manager/ for more information or visit our Support Center.

Communication about manuscripts occurs primarily through email and only with corresponding authors, so it is important for authors to keep their contact information (address, institution, phone numbers, and email address) current in Editorial Manager.

User Name and Password

Editorial Manager is used for processing all submissions and relies on correct e-mail addresses for all authors and reviewers. Your user name and password are the same regardless of your role as author or reviewer.

Duplicate registrations create substantial problems. Please follow the steps below to update this important information. Be sure to save any changes by clicking "Update" or "Submit" as appropriate before exiting. Please do not register a second time if you believe your information is already be in the system.

IF YOU KNOW YOUR USER NAME AND PASSWORD: Log into the home page https://www.editorialmanager.com/ORET/default.aspx using your user name and password and hit enter or click "Author Login" Click "Update My Information" in top left corner of the screen and review your contact information. Only one email address can be listed. Please be sure you use an email that you frequently check and is the least likely to change should you relocate to a new institution.
Here you can update all your current contact information and change your password. Please remember to click "Submit" to save changes before closing the window. Change data as needed – Be sure to click "Submit" on the bottom of the page.

We greatly appreciate you taking the time to update your information.

If you do not know your user name and password but believe you are in the system, please do the following:Go to Editorial Manager https://www.editorialmanager.com/ORET/default.aspx Click on "Send Login Details" and enter your email address you believe to be registered in the system. If you are already in the system, it will notify you via email to reset your password. If you have changed your email address recently and Editorial Manager does not recognize you, we suggest you also try entering your previous e-mail address so that you do not generate duplicate registrations within the system.

If you have never registered as an author or reviewer: If you have never been in the system in any role (author or reviewer) go to the home page at https://www.editorialmanager.com/ORET/default.aspx click on "Register Now" and follow the steps provided on the website.

If for any reason you cannot access your information or are not sure if you are in the system, please send an e-mail to aaojournal@aao.org with your first name, last name, city and state or city and country as appropriate and your new e-mail address. The Editorial office can verify if you have an existing account.

Author Checklist

Please ensure that the following has been completed prior to logging into Editorial Manager:___ Designate one author as the corresponding author with contact details. ___ If the paper was previously rejected by another journal, please prepare and submit copies of the reviews and your responses to them in the Cover Letter.___ Provide up to 6 Taxonomy classifications on the submission form.

When uploading files, please make certain that:___ Précis is 35 words or fewer.___ Manuscript file contains a title page.___ Manuscript file contains an abstract.___ Manuscript file contains continuous line numbering.___ Figures and tables are not embedded in the manuscript file; submit figures as separate tiff or eps files and tables as separate Word files.___ Abstract conforms to the journal's structured format.___ Tables include titles, brief description, and footnotes.___ Online-only figures/ tables are in PDF and properly labeled. Appropriate callouts are added to the manuscript file.

Further considerations:___Use the active voice when writing your manuscript.___Spell out acronyms.___ Spell-check and grammar-check your manuscript prior to submission.___ Ensure that references are in the correct AMA style format.___ Make certain that all references are cited in the text.___ Obtain permission for use of copyrighted material from other sources.

Downloadable Forms

Contributorship Form

ICMJE Conflict of Interest/Financial Disclosure

Reviewers

CME Credit Request for Manuscript Review

Other

Consort Agreement for a Randomized Controlled Trial

Cover Art Copyright Assignment

Pictures & Perspectives Copyright

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.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Guide to Uploading Files

Once files are uploaded, please place them in the correct order for the submission PDF by clicking the "Update File Order" button. The system will create a PDF of your uploaded files for your approval before completing the submission. If necessary, you may exit the system and return to approve the submission at your convenience. Please review your submission and approve it, or, if necessary, make corrections and repeat the process until you are satisfied. Incorrect file formats or missing components will prevent the PDF of your submission from building. If any changes are required to the uploaded files, you will need to remove the original file and upload a new file with your corrections. Changes cannot be made to files once they have been uploaded into the system. At the last step, when you are ready to approve the submission and click "Approve Submission" you must also agree to the **Ethics in Publishing** statement. A link is provided to the statement and you agree to it by checking the box.

A Manuscript Number will be assigned during the submission process. Please use this number in all communications regarding your submission.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (for more information on this and copyright, see https://www.elsevier.com/copyright). 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.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations (please consult https://www.elsevier.com/permissions). If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases: please consult https://www.elsevier.com/permissions.

Author rights
As an author you (or your employer or institution) have certain rights to reuse your work. For more information, see https://www.elsevier.com/copyright.

Funding body agreements and policies
Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some authors may also be reimbursed for associated publication fees. To learn more about these agreements please visit https://www.elsevier.com/fundingbodies

After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

Open Access
This journal offers authors a choice in publishing their research:

Open access
• Articles are freely available to both subscribers and the wider public with permitted reuse
• An open access publication fee is payable by authors or on their behalf (e.g., by their research funder or institution)
Subscription
• Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs.

Regardless of how you choose to publish your article, the journal will apply the same peer-review criteria and acceptance standards.

For open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

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

This license allows others to distribute and copy the article for non-commercial purposes or include in a collective work (such as an anthology) as long as authors are properly credited and the article is not altered or modified.

Open access
Please visit our Open Access page for more information.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

PREPARATION

Abbreviations/Acronyms and Use of the Active Voice
Please refer to the *AMA Manual of Style* for a listing of acceptable abbreviations and acronyms.

On the title page, please define any abbreviations and acronyms that are used in the manuscript. If the manuscript is accepted, this list will be included on the last page of the article in the footnotes as a convenience for readers.

Please be sure all abbreviations/acronyms are spelled out at first use in the abstract and again at first use in the text. An abbreviation/acronym should appear first in parentheses immediately after the term or phrase to which it refers. Every abbreviation used in any table or figure should be defined in each corresponding legend.

When writing the manuscript, use the active voice whenever possible.

Abstract
Abstract A structured abstract is required for Manuscripts, AAO Meeting Papers, and Systematic Reviews or Meta-Analyses. For Reports only: A 35-word unstructured abstract is required for editors'/ reviewers' view only and will not publish with the report, if accepted.

Abstracts for Manuscripts and AAO Meeting Papers should not exceed 350 words and should be submitted on a separate page in the text. Deletion of any required section of the abstract must be justified in the author cover letter. The following 7 sections must appear in the abstract; please select the most appropriate heading for each section (for example, chose either "Objective" or "Purpose" for the first section): Objective or Purpose: Concisely state the study goal. Design: Identify the study design using a phrase such as cross-sectional study, clinical trial, cohort study, etc. Study design types are summarized in the Study Design section of this guide. The CONSORT Worksheet is required for randomized controlled trials. Subjects, Participants, and/or Controls: Describe the persons or eyes studied and the controls if a separate control group is included. Methods, Intervention, or Testing: Describe the principal treatment(s), procedure(s), test(s), or observation(s) performed. Main Outcome Measures: Define the main parameter(s) being measured (e.g., intraocular pressure, visual acuity, degree of inflammation, etc.) Results: Summarize the principal measurements (data) obtained. Conclusions: State the conclusion(s) derived from the data analysis.

Abstracts for Systematic Reviews or Meta-Analyses should not exceed 350 words and must include 5 sections following the PRISMA guidelines: Topic: Provide an explicit statement of the specific clinical question being addressed with reference to a brief description of the participants, interventions (or exposures), comparators, and outcomes examined. Clinical relevance: Characterize the magnitude and importance of the condition; when relevant, define the current standard of care. Methods: Describe the key eligibility criteria for including studies in the systematic review, key databases searched and search dates, and methods of assessing the risk of bias in the individual included studies. Results: Summarize the number and type of included studies and participants, and relevant characteristics of studies; describe the results of main outcomes (benefits and harms), preferably indicating the number of studies and participants for each. If a meta-analysis was done, include summary measures and confidence intervals; report the direction of the effect or association (i.e., which group is favored) and size of the effect using language meaningful to clinicians and patients. Conclusion: Summarize the strengths and limitations of the evidence, your general interpretation of the results, and important implications.

Abstracts for Translational Science Reviews are unstructured and should not exceed 350 words.

AAO Meeting Papers and Posters

AAO Meeting Papers and Posters *Ophthalmology Retina* has the right of first refusal to any manuscript derived from a presentation at the American Academy of Ophthalmology Annual Meeting. Presentations at the Academy's subspecialty day programs are exempt from this requirement (although submissions from such presentations are welcome). Authors seeking publication may submit their manuscript to the journal before, during, or after the Annual Meeting presentation. Please note on the cover page of the manuscript that it is derived from an Annual Meeting paper or poster. Please be sure to select "AAO Meeting Paper" for the Article Type; please do not use "Manuscript" in these instances. A manuscript based on presentation at the AAO Annual Meeting can be submitted to other journals if Ophthalmology Retina declines to accept it after review (as documented by a rejection letter from the journal office) or if a waiver is granted in writing by the Editor-in-Chief.

General inquiries about AAO annual meeting abstract submission may be sent to jfennell@aao.org.

Acknowledgments

The journal requires acknowledgment of anyone who makes substantial contributions to a manuscript but does not qualify as an author. Please refer to the Authorship section of this guide, specifically regarding Ghost/Guest Authors. The journal does not allow ghost authors.

The journal will also acknowledge those who reviewed, discussed, edited scientific content, referred patients, translated references, provided extensive statistical assistance, or provided essential tissue, equipment, or other materials without which the study could not have been completed. (See: Lichter PR. The author wishes to thank. Ophthalmology 1988;95:293-4). In such cases, written permission from the person being acknowledged is required.

The journal does not print acknowledgments for those who participated in studies (e.g., patients), those who edited for grammar or formatting, or those who provided "helpful" or "moral" support or similar collegial aid to the authors. The journal does not publish acknowledgments of individuals whose service as employees contributed to a study, e.g., secretaries, clinic coordinators, technicians, ophthalmic photographers, or technologists.

Astigmatism Reporting

Astigmatism For clarity and uniformity, manuscripts about astigmatism should adhere to terminology and graphical representations originally described by Alpins.[1-3] An editorial by Reinstein et al outlines the argument for standardization.[4]

For details of the Alpins methodology and graphical reporting, please consult the following resources: Alpins N. Astigmatism analysis by the Alpins method. J Cataract Refract Surg 2001;27:31-49. Alpins NA. Vector analysis of astigmatism changes by flattening, steepening, and torque. J Cataract Refract Surg 1997;23:1503-14. Alpins NA. A new method of analyzing vectors for changes in astigmatism. J Cataract Refract Surg 1993;19:524-33. Reinstein DZ, Archer TJ, Randleman JB. JRS standard for reporting astigmatism outcomes of refractive surgery. J Refract Surg 2014;30:654-9.

Authorship

AuthorshipAuthorship

Authorship Criteria

The journal adheres to the Uniform Requirements set by the International Committee of Medical Journal Editors (http://www.icmje.org/) for authorship. Each author must meet criteria for Authorship. The ICMJE recommends that authorship be based on the following 4 criteria:
Substantial contributions to conception and design of the work; or the acquisition, analysis, or interpretation of data for the work; AND Drafting the work or revising it critically for important intellectual content; AND Final approval of the version to be published; AND Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

It is the responsibility of the corresponding author to confirm that each coauthor meets the requirements for authorship. These ICMJE forms should be uploaded during the revision stage. Please note that the list of contributions will publish with the manuscript should it be accepted.

Ghost/Guest Authors

Please note that the journal does not allow ghost authorship, based on the definition of ghost authorship as the failure to designate an individual who has made a substantial contribution to the research or writing of a manuscript (JAMA 2008;299(15):1800-12). If it comes to light that a substantial contribution has not been disclosed, the journal shall advise the corresponding author and withdraw the submission.

Based on the definition of guest authorship as the designation and acknowledgment of an individual who has contributed significantly but does not meet authorship criteria, any guest authors must (a) provide written permission to the corresponding author which is to be uploaded with the submission and (b) be listed by the corresponding author in the acknowledgments section (after text and before references in manuscript file) for their contribution (e.g., James Smith for statistical analysis). If the guest author is being acknowledged for writing assistance, it should specifically address if the guest author prepared a manuscript draft for the named authors to edit or if the named authors prepared the manuscript and received writing and formatting assistance from the guest author. If not self-employed, the guest author should disclose the name of his/her employer and any funding sources.

Corresponding Author

The corresponding author is the person responsible for a submission and all communication with the journal regarding a submission. The corresponding author must notify the editors and editorial office, via the submission form, of the following: Acknowledgment of any guest author, defined as an individual who does not meet authorship criteria but has made a substantial contribution to the research or writing of a manuscript. Confirmation that there are no "ghost authors," defined as an individual who has made a substantial contribution but does not qualify as an author and has not been disclosed to the editor. Submission of ICMJE conflict of interest and copyright forms from each of the co-authors; conflict of interest forms are required and requisite disclosures should be reported on the manuscript's cover page.Submission of the Contributorship Form (see downloadable forms).

Acknowledgment of funding by the US National Institutes of Health (NIH). Articles accepted for publication in *Ophthalmology Retina* from authors who have indicated that the underlying research reported in their articles was supported by an NIH grant will be sent by Elsevier to PubMed Central for public access 12 months after publication. The version of the article provided by Elsevier is the final accepted version after peer-review but before copyediting. Confirmation that Institutional Review Board issues have been addressed in the Methods section of the main manuscript. Confirmation that the authors are aware the journal occasionally, only after acceptance of a submission and on a confidential basis and with no rights prior to embargo date, shares some information with the American Academy of Ophthalmology public relations staff and/or *EyeNet* staff. After acceptance for publication, authors may designate more than one person to be contacted by readers.

Study Group/Writing Committee Authorship
If study group/writing committee authorship is used and the corresponding author is the study chair, please state this on the cover page. However, if he/she is not the study chair, please enclose with the submission a statement from the study chair that the group authorship as stated on the cover page and/or members of the responsible writing committee are both correct. The journal promotes transparency of authorship to editors, reviewers, and readers.

Members of the group can be listed in initial group papers in print and in subsequent papers, either by reference to an earlier manuscript, or at times for length and format reasons, in online supplemental material. Members are appropriately acknowledged by the byline "…for the XYZ Study Group" or "… on behalf of the XYZ Group." If you believe group members are more appropriately acknowledged by including them as authors, each must meet authorship criteria and complete the required ICMJE authorship criteria, copyright assignment, and conflict of interest forms.

With transparency and space limitations in mind, the following are the journal's policies regarding study group/writing committee authorship: If an individual is authoring for a group (e.g., a Study Chair) it should be listed as

Henry A. Fiddle, MD for the Laser ROP Study Group

Small study groups (≤ 10 members) can author as the group or they can list writing committee members names "and the XYZ Study Group" as long as all the members qualify as authors. Otherwise, only those who qualify should be listed and the remainder can be acknowledged.

Debra L Hanson, MS; Susan Y. Chu, PhD; Karen M. Farizo, MD; John W. Ward, MD; and the Adult and Adolescent Spectrum of HIV Disease Project Group

Large study groups (>10 members) should not author a paper as an entity. In large groups it is not likely that every single member of the group or network contributed as required by the authorship criteria mentioned above. Large study groups should either list the writing committee members as authors and then "for the XYZ Study Group" or list "Writing committee for the XYZ Study Group*" as the author and the names of the writing committee members will be listed at the end of the article with the asterisk. Regardless, members of the writing committee must qualify as authors and complete the appropriate ICMJE authorship forms.

Debra L Hanson, MS; Susan Y. Chu, PhD; Karen M. Farizo, MD; John W. Ward, MD ***for*** *the Adult and Adolescent Spectrum of HIV Disease Project Group OR The Writing Group for the DISC Collaborative Research Group* OR The DISC Collaborative Research Group Writing Committee**

Any digression from these authorship guidelines must be addressed, prior to submission, via email to aaojournal@aao.org. The Executive Editor and/or Editor-in-Chief will discuss with the corresponding author on a case-by-case basis.

Entering Authors into the Submission System
Enter the title, first and last name, and email address for all authors. The number of authors on the submission form must match the list on the title page. Be sure to indicate which author is the corresponding author by checking the appropriate box. All correspondence regarding a submission must come from and will be sent to the corresponding author only. Author order can be changed by dragging the blue handle button up or down next to the author's name. Please do not have staff members list themselves as authors for the purpose of uploading files.

NOTE: Once a manuscript has been submitted, the order of authorship (including adding or removing authors) cannot be changed without a written request to the Editorial Office from the corresponding author. The request must include a statement that all authors are in agreement with the change and signed by all authors. Specifically, if an author is removed, a letter from that author agreeing to his/her removal is required. If the authors are not able to agree among themselves on authorship changes, please withdraw the paper. The editors and Editorial Office do not arbitrate such debates. Authorship changes cannot be submitted with proof changes. The publisher is not authorized to make such changes.

Cancer Classifications

We encourage authors to use the American Joint Commission on Cancer TNM Classification scheme when describing patients with ophthalmic malignancies. AJCC Cancer Staging Manual. (7th ed. New York, NY: Springer; 2009). The classification scheme can also be found at https://cancerstaging.org/references-tools/Pages/What-is-Cancer-Staging.aspx.

Clinical Trials and Clinical Trial Registration

A clinical trial is defined as any study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. With regards to the reporting of clinical trials, Ophthalmology Retina's policies are similar to the policies of The New England Journal of Medicine (NEJM), and The Journal of the American Medical Association (JAMA) which can be viewed at https://jamanetwork.com/journals/jama/pages/instructions-for-authors#SecReportingClinicalTrials

Please note that these policies require all manuscripts reporting clinical trials to include a copy of the original trial protocol, the complete statistical analysis plan and any amendments to protocol and/or plan. Consistent with these policies, prospective clinical trial registration is required. Please state in the Methods section where the clinical trial registration information is publicly available. Satisfactory public databases include the NIH's http://www.clinicaltrials.govand the site from the International Standard Randomized Controlled Trials at http://www.controlled-trials.com.

For all manuscripts that report clinical trials, CONSORT guidelines must be followed, including submission of a CONSORT flow diagram and checklist. If a subanalysis of a clinical trial is reported independently and it draws on the same population as the parent trial, the subanalysis can refer to the parent trial report in lieu of including the flow diagram and checklist. If however, the subanalysis reports on a subset of patients, a flow diagram and checklist are recommended.

Ophthalmology Retina strongly recommends that figures include a display of the individual-level outcomes by arm. Presentation methods might include histogram, density plot, scatter plot, or box-and-whiskers plot and should display outcome distribution as well as the overlap between treatment group and controls.

Ophthalmology Retina supports the National Institutes of Health Principles and Guidelines for Reporting Preclinical Research. Please refer to the following site for additional information: http://www.nih.gov/about/reporting-preclinical-research.htm

Conflict of Interest (financial disclosure)

Each co-author must complete an ICMJE Conflict of Interest Form and submit it to the corresponding author. Although the ICMJE form requires "potential" and "relevant" conflicts, to promote transparency we request authors to report all financial relationships. Mutual funds need not be listed. Such disclosure will not affect the review of the manuscript.

For further information, please refer to: Liesegang TJ, Schachat AP. Enhanced reporting of potential conflicts of interest: rationale and new form. Am J Ophthalmol 2011:151:391-3.

Liesegang TJ, Bartley GB. Toward transparency of financial disclosure. Ophthalmology 2014;121:2077-9.

Liesegang TJ, Bartley GB. Footnotes, acknowledgments, and authorship: toward greater responsibility, accountability, and transparency. Ophthalmology 2014;121:2297-8.

All submissions must have the ICMJE Conflict of Interest Form completed and uploaded for each author preferably as part of the initial submission process, but no later than first revision. The form posted on the ICMJE website (http://www.icmje.org/coi_disclosure.pdf) and enclosed in our guide as a downloadable form includes instructions to help authors provide the correct information. For non-native English speakers, there is a glossary of terms that are used in the form.

Every published manuscript will have a blanket statement, inserted by the publisher; either "None of the authors has any conflicts of interest to disclose." OR "Authors with financial interests or relationships to disclose are listed after the references." Corresponding authors are asked to confirm or update conflict of interest statements as part of the final steps of manuscript acceptance with the journal office, prior to transmittal to the publisher. For further information, see https://www.elsevier.com/authors/journal-authors/policies-and-ethics

Publication Ethics
Before completing the online submission, authors will have to confirm that their submission is in conformity with the Elsevier Guidelines for Ethics in Publishing, see https://www.elsevier.com/publishingethics and https://www.elsevier.com/ethicalguidelines.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (for more information on this and copyright, see https://www.elsevier.com/copyright). 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.

Signed copyright forms state that the undersigned authors either own the copyright or have written permission to use all the material in their article. If authors are submitting any material to which they do not own copyright, they need to secure permission to use the copyrighted materials.

NOTE: Once a manuscript has been accepted, the order of authorship (including adding or removing authors) cannot be changed without a written request to the Editorial Office from the corresponding author. This request must include a statement signed by all authors that they agree with the change along with a new copyright form, both signed by all authors. Specifically, if an author is removed, a letter from that author agreeing to his/her removal is required. The new copyright form must show the title and authors' names in the order they should appear in print on the top of the form and include original signatures from each author; signature order does not matter. If the original authors are not able to agree among themselves on authorship changes, please withdraw the paper. Authorship changes cannot be submitted with proof changes. The publisher cannot approve such changes and it will delay publication of the manuscript.

Correspondence and Replies

Correspondence (previously Letters to the Editor) allows concise commentary about an article published in the journal within 6 months of its online posting. The text should raise a question for clarification, offer an alternative perspective, or explain a flaw in methodology or a perceived misinterpretation of data. The correspondence should address no more than three points. Correspondence should not be used as an avenue to introduce new material without subjecting it to typical peer review.

Format: Correspondence is limited to 700 words, double-spaced, with no more than 5 references including the article to which the authors are responding. Figures, tables, or graphs are typically not included. The title follows the following format: Re: [insert last name of first author of published article] et al.: [insert title of the published article to which the Correspondence refers.] The correspondence should start with "To the Editor" and the article being commented on should be referenced in the first paragraph and be the first listed reference. Comments such as "… I commend the author for their fine study" or overly critical remarks are neither necessary nor appropriate. Letters should end with the name, degree, and location (city, state or city, country) for each author.

Submission: Signed ICMJE conflict of interest forms should be submitted along with your correspondence.

Process: Correspondence is reviewed by the Editor-in-Chief, members of the Editorial Board, and, in rare instances, by outside reviewers. If the editor would like to consider the correspondence further, it is forwarded to the corresponding author of the original article for the opportunity to respond. The corresponding author of the article being discussed will receive an email entitled "Invitation to reply to a letter to the editor regarding your recent Ophthalmology article". Authors of the original manuscript are given 10 days to submit a reply. If the invitation is accepted, both the correspondence and reply are edited and published together. If the invitation to reply is declined, the original correspondence may be processed and published by itself.

All correspondence and replies are published online, although the material is listed in the print Table of Contents.

When requested to revise a Correspondence, please submit a point-by-point file to demonstrate how the editor's questions or recommendations were addressed. The point-by-point template can be accessed at: https://www.elsevier.com/__data/promis_misc/oph-template-form.docx.

Cover Letter

Cover Letters are required for all new submissions. Please use the cover letter to note if your manuscript was previously submitted to this or any other journal (see "Rejection of Manuscripts" section of this guide), or to notify the editorial board or editorial office of any additional information.

Drug and Equipment Names

Drug names

Do not use drug trade names in titles. Please use the generic name in the abstract, as appropriate, but include the trade name once, in parentheses, after the first use of the generic name. Similarly, in the text, use the generic name, but include the trade name once, in parentheses, after the first use of the generic name.

Device/Equipment Names

A device name is permitted in the title, abstract, and text. However, after the device has been identified at first use in the abstract and text, thereafter refer to it generically. In the case of equipment, include the manufacturer's name, city, state, and/or country parenthetically at the first use in the text.

Editorials

Editorials are usually solicited by the Editor-in-Chief, although unsolicited submissions will also be considered. Editorials may address clinical or non-clinical topics in summary form and generally do not exceed 1700 words, including references. If a figure is desirable, please decrease the word count by approximately 200. The ICMJE conflict of interest form should be uploaded for each of the co-authors with initial submission and if accepted, copyright form will be collected during the production stage. Editorials, whether invited or unsolicited, undergo peer review.

English Editing Assistance

The journal office may return a submission and recommend professional editing prior to formal review. Authors who require editing to eliminate 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 http://webshop.elsevier.com/languageediting/ or visit the customer support site https://service.elsevier.com for more information. However, *Ophthalmology Retina* neither endorses nor recommends any specific individual or service and professional editing does not ensure acceptance of a manuscript.

Figures

Figures (photographs, illustrations, or graphs) will be included in the final PDF but figure file names will not be visible to reviewers. Non-composite figures should be loaded as individual files and clearly identified. For all figures, the figure number must be entered in the file description field before uploading each figure. To upload figures, go to the "Attach Files" page of the submission form. Click "Browse" to browse your desktop for the files or drag and drop them into the window. Select "Figure" as the File Type. In the "Description" box enter the figure number for each figure file. Please do not upload legends here. Legends for print figures should be included at the end of the Manuscript file.

Figures at revision should be uploaded as high resolution .tif files; one figure per file. Online-only supplemental figures must be PDF files with the legend included in the PDF; one figure per PDF file and uploaded as "Supplemental Figures" files.

Photographs (including those generated electronically from MRI, fluorescein angiography, perimetry, OCT, etc.) must be masked to prevent patient identification. Clinical photographs that permit identification of an individual (those exposing anything more than just the eyes) must be accompanied by a signed statement by the patient or guardian granting permission for publication of the images for educational purposes. All graphics, including composites (such as clinical photographs, fluorescein angiography, CT, MRI, OCT, photomicrographs, etc.) should be submitted at the actual size that they would be presented in the journal, i.e., 100% of their print dimensions to avoid scaling. The width should be no more than 7 inches.

The publisher will not re-draw or rework photographs or other figures. Submit all figures in the order they appear in the legends. If there are 6 or more color pictures, a composite maybe preferred. However, only use composites that do not compromise figure integrity or quality. The completed composite must meet the guidelines for artwork submission. Composites must also be labeled using typed text in the corner of each image. Composites are encouraged for multi-panel figures (e.g., Fig 1A, 1B, 1C, 1D, 1E). Please see this chart for additional details: https://www.elsevier.com/__data/promis_misc/OPHTHAFigurechartupdated.pdf and Elsevier's Artwork and Media Instructions https://www.elsevier.com/authors/author-schemas/artwork-and-media-instructions.

General Physical dimensions of artwork must fit dimensions of the pages within the journal (i.e., width no more than 7 inches). Be consistent in font type and size used in the artwork (8-point Helvetica). Artwork must use recommended naming conventions. Some examples include fig1.tif (figure 1 in TIFF format). Ensure the file extension is present to allow format identification.

Style Points

Please adhere to the following journal-specific style points when creating figures: Remove commas from thousands Change commas to decimals in numbers on axis Add part labels to figure panels Use letters for footnotes not symbols Add spacing around mathematical equations in figures/graphs Use title case in the X/Y axis labels (ie, capitalize the first word, last word, and all major words in between)

Financial Support

Please disclose all funding sources, public and private. On the title page please state "Financial Support: None" or provide the agency name and city, company name and city, fellowship name, and grant number. If there is financial support, please provide also one of the two following statements, "The sponsor or funding organization had no role in the design or conduct of this research." OR "The sponsor or funding organization participated in (list those that are appropriate, e.g., the design of the study, conducting the study, data collection, data management, data analysis, interpretation of the data, preparation, review or approval) of the manuscript."

Institutional Review Board

If the study involved human subjects, human-derived materials, or human medical records, please include one of the two following statements in the Methods section: "Institutional Review Board (IRB)/ Ethics Committee approval was obtained" OR "IRB/Ethics Committee ruled that approval was not required for this study." For Report submissions only: If institution's IRB does not require approval for case reports, provide an exemption letter or public URL that reiterates the policy that approval is not needed.

Legends

Legends for photographs, illustration, graphs, etc. should be written to be understandable on their own, without reference to the article's text. Figures must be numbered consecutively as they appear in the text. Histological figures, stains, and magnifications should be noted in the legends. Any figure that has been published elsewhere should have an acknowledgment to the original source; a copy of the release to publish the figure, signed by the copyright holder, must also be submitted. Legends must identify all symbols, abbreviations, acronyms, or letters that appear on the prints. Table legends should be within the table. All abbreviations in each table must be defined even when repetitive to other tables.

Manuscript Text Format

Double-space the entire manuscript after the title page and add continuous line numbering to the manuscript file. The average published manuscript in *Ophthalmology Retina*, including references, is 6 printed pages or less. This corresponds, depending on font size and printing, to 16-20 pages of double-spaced draft.

1. Title Page

The title page should include the following information.a) Title: The title should be meaningful and brief (no longer than 135 characters); abbreviations should not be used. Please ensure the manuscript title on the cover page matches the title entered into the submission system. b) Authors: Provide first name, middle initial, last name, and no more than two advanced degrees. The journal does not print society affiliations. Indicate each author's affiliation during the course of the study in footnotes on the title page using superscript numbers, not symbols (e.g., John Smith[1]). Specifically identify the corresponding author. Please carefully review the Authorship section of this guide, which addresses authorship criteria, group/writing committee authorship, ghost authors, guest authors, corresponding authors, and related responsibilities. Verify numbers of authors when entering author names into the system. c) Meeting Presentation: If the material is under consideration for presentation or has been previously presented, supply the name, place, and date of the meeting. (e.g., the American Academy of Ophthalmology Annual Meeting, 20XX). This is especially important for AAO Meeting papers as the journal has the right of first refusal for these manuscripts. d) Financial Support: Identify all sources, public, and private. On the title page please state "Financial Support: None" or provide the agency name and city, company name and city, fellowship name, and grant number. If there is financial support, please provide also one of the two following statements, "The sponsor or funding organization had no role in the design or conduct of this research." OR "The sponsor or funding organization participated in (list those that are appropriate, e.g., the design of the study, conducting the study, data collection, data management, data analysis, interpretation of the data, preparation, review or approval of) the manuscript." e) Conflict of Interest: A blanket statement that "no conflicting relationship exists for any author" is requested on the title page, if appropriate. Otherwise, the corresponding author should summarize the disclosures sent by each author and upload the ICMJE COI form of each author. f) Running head: The running head, also known as the short title, which appears on the top of each right-hand published page of the manuscript, should be a maximum of 60 characters. g) Address for reprints

2. Abstract – see separate " Abstract" section

3. Texta. Introduction: Without a heading, the two- to three-paragraph introduction should explain why the study was done and in particular what hypothesis is being tested. The introduction should refer only to the most pertinent past publications and should not be an extensive review of the literature.b. Methods, Intervention, or Testing: This section should be written with sufficient detail to permit others to duplicate the work. Also required are the following, as appropriate within the methods section:
FOR HUMAN SUBJECTS: Informed Consent - Manuscripts reporting the results of experimental investigation on human subjects must include a statement that informed consent was obtained (see Ophthalmology 2003;110:1074-5). IRB/Ethics Committee - Human subjects/materials/medical records - If the study involved human subjects, human-derived materials or human medical records, please include one of the following statements in the Methods section: "Institutional Review Board (IRB)/Ethics Committee approval was obtained" OR "IRB/Ethics Committee ruled that approval was not required for this study." Declaration of Helsinki - A statement is required that the described research adhered to the tenets of the Declaration of Helsinki. Clinical Trial Registration - A statement in the Methods confirming where the clinical trial is registered and publicly available. (See Clinical Trial Registration for more detailed information.) Authors are encouraged to use the American Joint Commission on Cancer TNM Classification scheme when describing patients with ophthalmic malignancies (AJCC Cancer Staging Manual. 7th ed. New York, NY: Springer; 2009). The classification scheme can also be found at https://www.cancerstaging.org/references-tools/Pages/What-is-Cancer-Staging.aspx**FOR ANIMAL SUBJECTS:**If animals were used in a study, the notice of approval by the appropriate Institutional Animal Care and Use Committee should be included in the Methods section of the manuscript. c. Results: Results should be concise. Information presented in tables should not be repeated in the

text.d. Discussion: The discussion should be restricted to interpretation and application of the study's notable findings. Discussion is the final section of a manuscript. Please do not insert a conclusion section; only the abstract has a conclusion section.

Online Supplemental Materials

Because space in *Ophthalmology Retina* is highly competitive, some supplemental materials are published online only. Such supplements generally include tables, charts, figures, etc. that would further enhance a published article but for which there is insufficient room in the print edition.

The availability of additional information will be noted in the Table of Contents by a tablet or video icon. The materials are archived with the online version on the publisher's website. In the printed manuscript, on the cover page, and in the appropriate corresponding section of text, there will be a notation that "Supplemental material available at https://www.ophthalmologyretina.org/."

When opting for an online supplement, add a reference to it in parentheses after the mention of the information to appear online: For example, "…as shown in Table N (available at https://www.ophthalmologyretina.org/)." Online tables or figures should be numbered consecutively as they appear in the text, in the same sequence as printed figures or tables. Also, add a statement to the title page that should read similar to "This article contains additional online-only material. The following should appear online-only: Figures X, Y, Z and Table N." All online-only supplemental files must be submitted as PDF files. One table, figure, or appendix per PDF file. Please note that these files will not be copyedited or composed and will be posted online as they appear submitted.

All supplemental materials must follow the same criteria as if they were to appear in print. For example, tables must be able to stand alone with all abbreviations, references, etc. identified. Table legends would include definitions for the abbreviations, if any. Supplemental Figures must include the legend with the image in the PDF file.

Permission to Use Copyrighted Materials

Permission requests should be submitted to: Elsevier Health Sciences Rights Department, Global Rights Department, Oxford, United Kingdom; phone: 44-(0)1865-843830; fax: 44-(0)1865-853333. Requests may also be completed online; Email: permissions@elsevier.com. However, it is preferable to submit requests via the online form at https://www.elsevier.com/authors/obtain-permission as it ensures that Global Permissions receives the most complete information regarding your request.

You may contact the Permissions Helpdesk (permissionshelpdesk@elsevier.com) with any questions prior to submitting your request. Authorization to photocopy items for internal or personal use or the internal or personal use of specific clients is granted by the American Academy of Ophthalmology, Inc. [Applies to libraries and others registered with the Copyright Clearance Center (CCC) transactional reporting service provided that the base fee of $20 is paid directly to CCC, 222 Rosewood Drive, Danvers, MA. 01923.] All other copyright inquiries should be addressed as shown above.

Permission to use materials to which others hold copyright in a submission to *Ophthalmology Retina*.

The copyright form states that the author either owns the copyright or has written permission to use all the material in a submission. Examples include a clinical image/chart that was published in another journal or book, or a photograph of an ophthalmic device obtained from a pharmaceutical company. In most cases, permission can be obtained by e-mailing the publisher or company and explaining specifically what the author wishes to use, where (print and online versions of *Ophthalmology Retina*), and why (in an article entitled XXXXX). Most copyright holders will reply with a "permission granted" letter which should be uploaded with the submission. Please allow ample time (typically 3-6 weeks) to receive permissions.

Pictures & Perspectives

The journal welcomes submission of high quality photographs, photomicrographs, radiologic or other imaging studies, or procedural illustrations that depict novel features of clinically important entities. Single images or a related pair of images may be submitted and the accompanying legend should be 100 words or fewer. There is a limit of three authors. If accepted, the submission will be published when space permits in the print journal.

To submit an image for consideration, please log in to https://www.editorialmanager.com/ORET/default.aspx as an Author and select "Pictures & Perspectives" as the Article Type for a New Submission. Upload a single or composite high resolution .tif image file and a Word document for the title, author byline, and legend. *Ophthalmology Retina* will need a completed copyright transfer form at acceptance (see Downloadable Forms). Once the form is accepted and transmitted, the Editorial Office will assign the image for a future issue. Images submitted by photographers and clinicians in this manner are used for the "Pictures & Perspectives" section occasionally, so it may be several months before it appears in print.

Précis

All full-length manuscripts must include a précis of 35 words or less summarizing the main finding/outcome of the study. The précis should not duplicate the abstract conclusion. If the paper is published, the précis will appear under the title in the Table of Contents. The précis is submitted as a separate file and should not be included in the manuscript file. Please refrain from using abbreviations/acronyms in the précis.

Prior and Repetitive Publication; Plagiarism

The journal will not consider manuscripts that have appeared in other journals, in part or in total, in other publications, except in special circumstances approved by the Editor-in-Chief. Likewise, updates of previously published studies that add minimal new information to an existing publication will not be considered. Overlap between patient groups described in serial manuscripts must be acknowledged, and references to previous publications that include the same patients must be provided. Authors uncertain as to whether specific data might be considered prior or repetitive publication should alert the Editor-in-Chief on the cover letter and provide copies of the publications in question.

To decrease the risk of unintentional plagiarism, and potential copyright violations, please consider analyzing your manuscript with plagiarism detection software prior to submission. Several programs are commercially available. The publisher uses *iThenticate* to verify the originality of written work when a manuscript is received. If duplicative text from published sources, whether from the author(s) previous work or not, is identified without proper citation, the manuscript cannot be considered for peer review and will be returned to the authors. For additional information, please consult: Bartley GB, Albert DM, Liesegang TJ. Choosing Our Words Carefully: Plagiarism in the Internet Age. Ophthalmology 2014;121:807-808. Available at http://www.aaojournal.org/article/S0161-6420%2813%2901249-9/fulltext.

Precedence

Authors who claim precedence for an idea, observation, or therapy should describe the literature search methodology used to support their assertion.

Reference Format

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 please refer to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9.

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

Most manuscripts in *Ophthalmology Retina* are neither intended to be review articles nor require encyclopedic referencing. Twenty or 30 references suffice for the majority of manuscripts and nearly all can be presented with less than 40.

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 13.03.03.

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. http://dx.doi.org/10.17632/xwj98nb39r.1

Reporting Refractive Surgery Outcomes and Astigmatism

Astigmatism_Reporting_links_to_Reporting_Refractive_Surgery_Outcomes_and_AstigmatismWhen reporting refractive surgery outcomes, please include 6 graphs to illustrate the following (references 1-3): Uncorrected distance visual acuity Change in corrected distance visual acuity Spherical equivalent (attempted versus achieved) Spherical equivalent refractive accuracy Spherical equivalent refraction stability Refractive astigmatism

Descriptions of astigmatism should adhere to terminology and graphical representations originally described by Alpins (references 4-6). An editorial by Reinstein et al (reference 7) presents the argument for standardization.

Waring GO III, Reinstein DZ, Dupps WJ, Kohnen T, Mamalis N, Rosen ES, Koch DD, Obstbaum SA, Stulting RD. Standardized graphs and terms for refractive surgery results. J Refract Surg 2011;27:7-Erratum in J Refract Surg 2011;27:88. Reinstein DZ, Waring GO III. Graphic reporting of outcomes of refractive surgery. J Refract Surg 2009;5:975-8. Waring GO III. Standard graphs for reporting refractive surgery. J Refract Surg 2000;16:459-66. Erratum in J Refract Surg 2001;17:following table of contents. Alpins N. Astigmatism analysis by the Alpins method. J Cataract Refract Surg 2001;27:31-49. Alpins NA. Vector analysis of astigmatism changes by flattening, steepening, and torque. J Cataract Refract Surg 1997;23:1503-14. Alpins NA. A new method of analyzing vectors for changes in astigmatism. J Cataract Refract Surg 1993;19:524-33. Reinstein DZ, Archer TJ, Randleman JB. JRS standard for reporting astigmatism outcomes of refractive surgery. J Refract Surg 2014;30:654-9. Erratum in: J Refract Surg 2015;3:129.

Reports

Reports are typically submitted after invitation from the Editorial Board. Specifically, some full-length manuscripts contain noteworthy information that can be presented in a more concise communique. The Editorial Board may invite the authors to abridge their work, taking into consideration suggestions for revision in the initial reviews, and resubmit the paper as a Report. Reports do not exceed 1000 words or include more than 7 references, and may feature one figure, graph, chart, or concise table on the print version. Three additional items can be included as online supplemental material. Please insert "(available at https://www.ophthalmologyretina.org/)" at relevant point(s) in your manuscript. Please note that online supplemental material must conform to the same requirements regarding legends, abbreviations, etc. as for the print publication. A 35-word unstructured abstract is required for editors'/reviewers' view only and will not publish with the report. The text should be in narrative rather than a structured format. When uploading Reports, please select the "Case Report" submission type, select "Manuscript to Report (Invited)" as the Manuscript Category, and include the manuscript number of the original submission on the cover letter. Please include a point-by-point response to the original reviewer(s)' questions and suggestions. Please note that an acknowledgment section is reserved for grants and funding only.

Review Articles

Systematic Reviews and Meta-analysis
Systematic reviews seek to collect and critically assess all evidence that fits pre-specified criteria to answer a clinical question pertaining to the cause, diagnosis, prognosis, prevention, or therapy for a condition. A systematic review may contain a meta-analysis, which uses statistical methods to combine results from similar but independent studies.

Features of a systematic review include "a clearly stated set of objectives with pre-defined eligibility criteria for studies; an explicit, reproducible methodology; a systematic search that attempts to identify all studies that would meet the eligibility criteria; an assessment of the validity of the findings of the included studies, for example through the assessment of risk of bias; and a systematic presentation, and synthesis of the characteristics and findings of the included studies (Higgins JPT, Green S (editors). Chapter 1. *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011).

It is possible to conduct a systematic review and meta-analysis of the evidence supporting any type of research question, whether the question is about intervention effectiveness or harm, etiology, prognosis, diagnostic accuracy, toxicity, incidence, or prevalence. Where intervention effectiveness questions are typically addressed by randomized controlled trials, most other questions are addressed using observational studies. Systematic reviews may be conducted for human or animal studies, in vivo or in vitro.

For standards and classic references in conducting systematic reviews and meta-analyses, please refer to: Institute of Medicine. *Finding what works in health care: standards for systematic reviews.* 2011.Chandler J, Churchill R, Higgins J, Tovey D. *Methodological standards for the conduct of new Cochrane Intervention Reviews.* Version 2.2. 17 December 2012.Higgins JPT, Green S (editors). *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. *Handbook for Diagnostic Accuracy Reviews* [Draft]Little J, Higgins JPT (editors). *The HuGENE™ HuGE Review Handbook*, version 1.0. Guidelines for systematic review and meta-analysis of gene disease association studies (see also Systematic Reviews of Genetic Association Studies, PLoS Medicine 2009;6(3):e1000028)*Systematic Reviews.* CRD's guidance for undertaking reviews in health care. Centre for Reviews and Dissemination, University of York, 2009

For reporting systematic reviews and meta-analyses, if you are submitting a report ofA systematic review and/or meta-analysis of randomized controlled trials, please follow the PRISMA guidelines for reporting; A systematic review and/or meta-analysis of observational studies, please follow the MOOSE guidelines for reporting.

A complete list of guidelines for reporting systematic reviews and meta-analyses can be found at the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network's website. We strongly recommend you visit the EQUATOR's website for reporting guidelines for systematic reviews and meta-analyses of other study designs (e.g., individual participant data, health equity, genetic association studies). The Cochrane Collaboration also has developed Standards for the Reporting of Cochrane Intervention Reviews.

Title Page:

The title should clearly describe the research question and identify the report as a systematic review, meta-analysis, or both in the subtitle. (Example: Anti-vascular endothelial growth factor for neovascular age-related macular degeneration - A systematic review and meta-analysis.)

Prcis:

The prcis should indicate a new insight the article offers or a principal controversy that is addressed.

Structured Abstracts:

Abstracts for systematic reviews and meta-analysis must be limited to 350 words and include five sections following the PRISMA guidelines: Topic: provide an explicit statement of the specific clinical question being addressed with reference to a brief description of the participants, interventions (or exposures), comparators, and outcomes examined. Clinical relevance: characterize the magnitude and importance of the condition; when relevant, define the current standard of care. Methods: describe the key eligibility criteria for including studies in the systematic review, key databases searched and search dates, methods of assessing the risk of bias in the individual studies. Results: summarize the number and type of included studies and participants, and relevant characteristics of studies; describe the results of main outcomes (benefits and harms), preferably indicating the number of studies and participants for each. If a meta-analysis was done, include summary measures and

confidence intervals; report the direction of the effect or association (i.e., which group is favored) and size of the effect using language meaningful to clinicians and patients. Conclusion: summarize the strengths and limitations of the evidence, your general interpretation of the results, and important implications.

Note that the abstract content and conclusions should agree with what is in the manuscript text.

Manuscript text

The text should use standard journal formatting and be divided into four distinct sections. The brief descriptions below are gathered from the PRISMA, the MOOSE guidelines, and the Standards for the Reporting of Cochrane Intervention Reviews. The text should report institutional review board approval or exemption, financial disclosures and potential conflicts of interest of the authors, and funding sources of the review.

1. **Introduction** (unlabeled) should provide a concise description of the condition or clinical problem addressed by the review question, provide perspectives on the importance of its management to patient well-being and quality of life, and why it is important to do the review. Always end the introduction with a clear and concise statement of the study's main objectives or hypotheses.

2. **Methods**: The methods section should include the following subheadings: *Eligibility criteria for considering studies for this review*: state eligibility criteria for participants, interventions (or exposures) and comparators, and eligible study design(s) if applicable. Define primary and secondary outcomes of the review and state whether an article had to report measurement of at least one of the outcomes to be eligible. If so, provide rationale. *Search methods for identifying studies*: list all information sources searched, including databases, trial registries, websites, difficult-to-access literature (e.g., grey literature, conference proceedings), reference lists of included studies, and whether individuals or organizations were contacted. For all searches, provide the date of the last search and whether there was any time period or language restriction. Present the exact full search strategy (or strategies) used for at least one database in an Appendix with sufficient detail to permit replication. Report which software was used to manage the records identified and eligibility status. *Study selection*: describe the process for selecting studies, how many people were involved at each step of the review, whether any steps were done by more than one person, and if so whether they worked independently and how different opinions were resolved. D*ata collection and risk of bias assessment*: List and define data items extracted from the reports of included studies. Describe methods used for assessing risk of bias of included studies (risk of bias is a formal assessment of what is often considered study "quality"), and how this information was used in any data synthesis. Describe the process for data extraction and risk of bias assessment, how many people were involved at each step, whether any steps were done by more than one person, and if so whether they worked independently and how different opinions were resolved. Report the software used for data collection and management. *Data synthesis and analysis*: state the methods for combining results across studies, which include qualitative synthesis (see Chapter 4, section on "Qualitative Synthesis of the Body of Evidence; *Finding what works in health care: standards for systematic reviews*) and quantitative synthesis (i.e., meta-analysis). State the summary measures used to quantify the treatment effect or association such as risk ratio, odds ratio, and difference in means. Describe methods for assessing clinical, methodological, and statistical heterogeneity (e.g., I2 statistic, tau-squared, statistical test). Describe methods for additional analyses such as meta-regression, subgroup analysis, and sensitivity analysis, if done, indicate which were pre-specified. State the statistical software used for analysis. Indicate whether a systematic review protocol exists, if so, where and how it can be accessed; and if available, provide systematic review registration information including registration number.

3. **Results**: Provide numbers of studies retrieved, screened, assessed in full for eligibility, included in the review, and included in the meta-analysis, with reasons for exclusion at each stage, ideally with a flow diagram. Present characteristics of included studies including information on the study design, participants, interventions (or exposures) and comparators, outcomes, and source of funding, ideally in a table. Present domain-based risk of bias assessment of each study, ideally in a table or a figure. Composite quality scores and scales are discouraged. For all outcomes considered, irrespective of the direction or strength of the results, present, (1) simple summary data for each group, and (2) estimates of treatment effect (or association) between groups with a measure of

statistical uncertainty (e.g., confidence intervals). If meta-analysis was done, report meta-analytical results ideally with a forest plot, number of studies and participants for each meta-analysis, as well as measures of statistical heterogeneity. Present results of any additional analyses (such as meta-regression, subgroup analysis, and sensitivity analysis) if done. Provide a thoughtful qualitative synthesis by analyzing the nature, strengths, and weaknesses of the evidence, and developing a deeper understanding of how an intervention might work (or not), or whether a true association exists, for whom and under what circumstances.

4.**Discussion**: Summarizes the main findings including the strength of evidence for each main outcome. Provide a general interpretation of the evidence considering their relevance to key stakeholders, including patients, healthcare providers, researchers, payers, and policy makers. A Summary of Findings or GRADE table is optional. Discuss limitations at study and outcome level (such as risk of bias), and at review level (such as incomplete retrieval of identified studies, reporting biases). Provide a general interpretation of the results in the context of other evidence, and implications for practice and future research.

In the cover letter to the Editor, please state explicitly (1) whether reporting guidelines have been followed, if so, which reporting guidelines; (2) whether the exact full search strategy (or strategies) used for at least one database was presented in an Appendix with sufficient detail to permit replication. Failure to follow the reporting guidelines or upload the search strategy may result in delay in review or rejection of the manuscript. Please submit a PRISMA worksheet and diagram as separate files.

Checklist: http://prisma-statement.org/documents/PRISMA%202009%20checklist.doc

Diagram: http://prisma-statement.org/documents/PRISMA%202009%20flow%20diagram.doc

Translational Science Reviews

Translational Science Reviews aim to provide authoritative summaries of state-of-the-art research that bridges the gap between basic and clinical science and which may have broad clinical impact within a few years. For example, in the years prior to the FDA approval of anti-VEGF drugs to treat neovascular age related macular degeneration, an article in this section might have summarized the relevant basic research that supported Phase 1 human studies for anti-VEGF drugs that are now widely used. Manuscripts should be broadly accessible as the intended audience includes ophthalmologists whose primary focus is usually clinical practice. Please avoid jargon and do not assume that laboratory techniques will be understood by all readers. Translational Science Reviews are usually solicited by the editor for this section, Marco Zarbin, M.D., Ph.D. Suggestions for topics are welcome, however, and can be directed to Dr. Zarbin (send suggestions to aaojournal@aao.org and add "TSR" in the subject line).

Statistics

Statistical methods must be identified in table footnotes, illustration legends, or text explanations. Software programs used for complex statistical analyses must be identified to enable reviewers to verify calculations. For manuscripts in which the study conclusions infer equivalency in treatment effect, a sample size calculation and power analysis should be included. Levels for alpha and beta errors should be clearly stated in the Methods section of the Abstract and text. Authors should state the clinically significant difference that was used to determine the power calculation. The journal strongly advises statistical consultation about data collection and analysis.

We follow *The New England Journal Medicine's* guidelines for reporting *P* values: Except when one-sided tests are required by study design, such as in non-inferiority trials, all reported *P* values should be two-sided (except when one-sided tests are required by study design). In general, *P* values larger than 0.01 should be reported to 2 decimal places, those between 0.01 and 0.001 to 3 decimal places; *P* values smaller than 0.001 should be reported as $P < 0.001$. Notable exceptions to this policy include *P* values arising in the application of stopping rules to the analysis of clinical trials and genetic-screening studies. For tables comparing treatment or exposure groups in a randomized trial (usually the first table in the trial report), significant differences between or among groups should be indicated by * for $P < 0.05$, ** for $P < 0.01$, and *** for $P < 0.001$ with an explanation in the footnote if required. The body of the table should not include a column of *P* values.

Study Design
Authors are asked to describe the design of their study as part of the structured abstract. Doing so serves several purposes. It encourages authors to give careful thought to what they have actually done, it provides a useful shortcut for editors and reviewers to categorize the submission, and it gives the reader a useful descriptor of the type of study that was performed.

The CONSORT Worksheet http://www.consort-statement.org/Media/Default/Downloads/CONSORT%202010%20Checklist.doc for randomized controlled trials has been required since 1996 and is available online. The following chart (https://www.elsevier.com/__data/promis_misc/OPHTHA_STUDY_DESIGN.docx) provides basic information regarding study designs.

Tables
Tables require substantial space; please give careful consideration to the number of tables submitted and design tables to fit on one formatted page. The information should not be extensively iterated in the text. Place the information in the text or in a table but not both.

Each table must be titled and numbered consecutively as mentioned in the text. Each column must have a heading. Terminology used within tables should be able to stand independently, without the requirement of explanation from the text. Use abbreviations and acronyms only if imperative for reasonable table formatting. All abbreviations and acronyms must be explained in the table legend. References for tables should be included in the main reference list. If unpublished data or abstract need to be referenced in a table, please place it as a footnote.

Tables for print publication must be uploaded as individual Word documents, one table per file. If a table is longer than one page in Microsoft Word, it may be too large to print and would work better as an online-only Supplemental Table. Online-only Supplemental Tables must be uploaded as PDF files, one table per PDF file. Supplemental Tables must be uploaded as "e-Component" file types to your submission.

Video Clips
If submitting video as an online supplement, add a reference to it in parentheses at an appropriate place within the text of the manuscript. Also, add a statement to the title page that should read similar to "This article contains a video as additional online-only material. The following should appear online-only: Clip 1, Clip 2 and Clip 3." The materials will be archived with the online version on the publisher's website.

We do not have video editing software, but a website with useful tips on reducing file size can be found at http://www.deskshare.com/Resources/articles/dmc_ReduceFileSize.aspx

Maximum: 8 minutes total. We recommend several smaller clips that do not exceed 8 minutes. Size: recommended size 10-50 MB, and the maximum size is 100 MB. File extension types: .MPG (MPEG-1 or 2), .AVI, .MOV Upload a still image of each video clip. Audio commentary to describe the video is highly recommended. Please do not use background music. Within the submission, there must be a brief legend describing contents of the video and indicates the viewing order. Video files should be loaded with the submission into the electronic submission system. File names should correspond to video legends. On the title page include "This manuscript contains [insert number of video clips]. Upload with submission using the "multimedia" file type.

REVIEW PROCESS
Review and Publication Process
It is the corresponding author's responsibility to check periodically the status of his/her manuscript. An email with a decision will be sent with instructions to the corresponding author to go to the online submission site if a revision is warranted.

Each manuscript submission will be acknowledged in the order received in the Editorial Office. The acknowledgment letter will note the number assigned to the manuscript. All subsequent inquiries about the manuscript must indicate the manuscript number. Usually two and sometimes several reviewers and Editorial Board members will participate in the review of a manuscript. The journal does not reveal the identity of its reviewers but does provide pertinent comments to the corresponding author. Re-review may be required after revision if, in the judgment of the Editor-in-Chief, sufficient

modification of the manuscript or data justifies another review cycle or if one (or more) of the reviewers requested to see the revision. A point-by-point response is required to the reviewers' comments. Authors should upload two versions of the revised manuscript – one showing "track changes" to show where revisions have been made and a "clean" copy. Revised manuscripts are due within 60 days.

Revision Submission

If invited to revise a manuscript, the corresponding author will receive an email that contains the revise decision as well as the reviewers' and/or editors' comments. Log on as an author to https://www.editorialmanager.com/oret with your user name and password. The manuscript will be in the author menu under "My submissions that need revision"

Review the editor/revision comments and, as appropriate, make changes to files based on these comments as well as the editorial office comments. Save two versions of the manuscript file – one showing "track changes" and the other a clean copy with all changes accepted. When all files are revised, go to https://www.editorialmanager.com/oret. Under "My submissions that need revision" select "Agree to Revise" to start the revision submission.

Instructions are provided on how to upload revised files and replace old ones in the "Upload Files" section. The following File Types are required to submit a revised article: Manuscript File (the clean revised version) Revised Manuscript File with Track Changes Highlights (Précis) Author Agreement (Contributorship Form) Conflict of Interest (ICMJE form, one per author) Cover Letter Response to Reviewers (Point-by-Point response)

A final opportunity is provided to review the completed revised version before clicking the final button "Complete Submission." Please read and acknowledge the Ethics in Publishing statement before final submission.

If you elect to withdraw your paper rather than submit a revision, please log on to the system and select "Decline to Revise."

PLEASE REMEMBER: Point-by-point response: Please include a point-by-point response to each of the comments from the reviewer(s), editor(s), and/or editorial office. One technique that has proved useful both for authors and the Editorial Office is to create a 3-columned table, in a Word file, to summarize your revisions. (See template https://www.elsevier.com/__data/promis_misc/oph-template-form.docx and sample https://www.elsevier.com/__data/promis_misc/oph-sample-form.docx.) In the first column, list the reviewer's suggestion, question, or comment. In the second column, outline your response. If you disagree with the reviewer, please explain your reasoning. In the third column, specify where in the manuscript you have made any changes. Adding line numbers to the manuscript file and referring to specific line numbers will be useful in determining which parts of the manuscript changed. Please ensure that revisions in the text are also changed in any relevant tables or figures. References: At first revision, please review the reference format style guide and ensure that references are in the correct format.To expedite processing of a revised manuscript, please provide a photocopy of the title page (including journal name, volume number, year, page numbers) of any work cited that was published prior to 1970 in the United States. This information can be submitted as "related file." Figures: Please note any changes to figures in the point-by-point response.If applicable, the revision decision letter will provide instructions on how to prepare figures to meet specific artwork guidelines for the publisher. If you cannot meet these guidelines, contact the editorial office before submitting your revisions.Please insert into the text at first mention of the supplemental figures "(available at www.aaojournal.org)" as well as specify on the cover page which figures are to be online-only supplemental materials. Authors: Please ensure the manuscript title on the cover page matches the title entered into the submission system. Any changes to authors require written explanation, as detailed above under "Authorship." File submission: Please upload two versions of your revised manuscript -- one showing "track changes" and one that is "clean." Do not submit more than one version of any other file type unless specifically requested by the editorial office. Each file, revised or not, should be the current version of the submission. If not done with the initial submission, ICMJE conflict of interest forms from all authors and the Contributorship Form must be included at revision.

Rejection of Manuscripts

By Other Journals

Rejection by another journal does not compromise consideration by *Ophthalmology Retina*. Authors are required to inform the Editor-in-Chief of rejection by another journal on the cover letter and include copies of the previous review commentary and the authors' responses. Please use the point-by-point response template: https://www.elsevier.com/__data/promis_misc/oph-template-form.docx.

Appeals Regarding Manuscripts Rejected by *Ophthalmology Retina*

Ophthalmology Retina is able to accept a relatively small percentage of submissions received. Therefore, many good manuscripts have to be declined, oftentimes despite favorable peer reviews. If your paper is rejected but the reviews are accurate, please do not appeal the decision and request additional reviews. Doing so distracts the journal's editors and reviewers from evaluating submissions and editorial staff from processing other manuscripts and is unfair to the authors of those papers. If, however, the reviewer or editor assessments are in reconsidered, the Editor-in-Chief will entertain an appeal and reopen the manuscript's file.

Any appeal must be made by the corresponding author to the Editorial Office by email prior to resubmitting the manuscript. Please do not resubmit until your original manuscript is released back to you. By waiting for the manuscript release, it ensures that your paper is processed under the same manuscript number, keeping the manuscript history intact.

Occasionally, a manuscript is rejected but the Editorial Board offers the option to resubmit a revised, abridged version as a Report. Please see the Report section for details.

Reference management software
Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support Citation Style Language styles, such as Mendeley. Using citation plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. If you use reference management software, please ensure that you remove all field codes before submitting the electronic manuscript. More information on how to remove field codes from different reference management software.

Users of Mendeley Desktop can easily install the reference style for this journal by clicking the following link:
http://open.mendeley.com/use-citation-style/ophthalmology
When preparing your manuscript, you will be able to select this style using the Mendeley plug-ins for Microsoft Word or LibreOffice.

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.

AFTER ACCEPTANCE

Proofs
If the submission is accepted, the corresponding author will receive typeset page proofs online. Each corresponding author is expected to proofread all pages carefully and answer all queries posed by the copy editor. Page proofs should be reviewed by more than one person to enhance accuracy. All page proofs must be returned to the publisher within 72 hours of receipt to avoid delay in publication. The publisher does not send reminders; responding to the publisher with responses to author queries and requested changes is the corresponding author's responsibility. The journal reserves final editorial approval for style, format, and grammar.

Reprints

A reprint order form will either be e-mailed or accompany your copyedited manuscript and page proofs. You must return this form to the publisher with your corrected page proofs, whether or not you order reprints. The cost of reprints increases significantly if they are ordered after the initial print run. Reprints, except special orders of 100 or more, are available only for authors.

Cover Figures

Ophthalmology Retina publishes photographs and images on the cover of the printed journal. The images are selected by the Editorial Board.

We will consider submissions for cover figures accompanied by a descriptive caption from professional ophthalmic photographers and clinicians. Cover figures are sometimes generated from figures in articles appearing in a given issue. Images should be visually striking, technically excellent, and of appropriate size for the cover format.

To submit an image for consideration as a cover, please send the files to the editorial office at aaojournal@aao.org. Please use the subject header "Cover Image for Ophthalmology Retina" so that the e-mail is appropriately flagged. Send the editorial office a JPG version of the image along with a photograph title, photographer and institutional affiliation, and equipment used to capture the image. If the photograph is appropriate, the editorial office will work with the submitter to generate appropriate file(s) for publication (see technical considerations below).

If an image is selected for use as a potential cover image, *Ophthalmology Retina* will need a completed copyright transfer form (see downloadable forms). Once the form is received, the editorial office will assign the image for a future issue. Please be aware it may be several months before it appears in print.

Technical Considerations

The four-color printing process used in producing the journal cover requires high resolution files to achieve the best quality. Should an image be chosen for the cover, the file(s) should be available as minimally compressed JPG or ideally uncompressed (e.g., TIF or PSD) high resolution files of at least 8"x8" at 300 dpi. Screen grabs from video (even high definition video) do not upscale adequately for print and can appear blurred; similarly, output from most diagnostic instruments do not upscale well and can look pixelated.

Please do not perform any post-processing of the digital image other than light dusting and spot removal. sRGB colorspace is fine; do not convert to CMYK as this will be done by the publisher during pre-press processing. The high resolution files for final publication are usually too big to send by e-mail. A web-based large file transfer service (e.g., http://www.yousendit.com) can be used; please contact the editorial office (aaojournal@aao.org) if you need assistance with transmitting large files.

Copyright Considerations

Copyright for image(s) must be transferred to the American Academy of Ophthalmology. The copyright transfer form must be signed by all listed authors. Please note that if the image has already appeared as part of an article in another journal or in a textbook, the author or photographer probably does not have the right to transfer the copyright to the AAO. Similarly, if the image has appeared as part of a photography contest (and especially if it won a prize), the conditions of contest participation should be clarified. The copyright transfer form should be submitted to the editorial office at aaojournal@aao.org.

In Press/Online Release

Availability of Accepted Article

This journal makes articles available online as soon as possible after acceptance. This concerns the accepted article (both in HTML and PDF format), which has not yet been copyedited, typeset or proofread. A Digital Object Identifier (DOI) is allocated, thereby making it fully citable and searchable by title, author name(s) and the full text. The article's PDF also carries a disclaimer stating that it is an unedited article. Subsequent production stages will simply replace this version.

Manuscripts are available online as "in press" articles after completing the publisher's proofing process. The online release is not a draft version since it is produced after all editorial and author corrections are made; however, there is a disclaimer in case a critical error is found. No routine editing will occur once an article appears online. The "in press" designation is removed as soon as the monthly issue is available online.

It is the corresponding author's responsibility that all editing be done at the time the original proofs are received from the publisher and that the publisher is notified immediately if the authors do not wish to have the "in press" article released online. All notifications regarding proof approvals, proof corrections, or requests that an article not be released "in press" prior to publication must come from the corresponding author and sent to Katy Powers (k.powers@elsevier.com).

Data Sharing

To promote transparency and opportunities for further research, authors of work published in *Ophthalmology Retina* are encouraged to provide access to relevant datasets in compliance with contemporary reporting standards. Authors may use domain-specific public archives (for example, ClinicalTrials.gov, GenBank, Protein Data Bank), or generic databases (for example, Dataverse, Dryad, Mendeley, or the Open Science Framework, or an institutional repository).

For additional information, please consult:
Taichman DB, Backus J, Baethge C, et al. Sharing Clinical Trial Data: A Proposal From the International Committee of Medical Journal Editors. JAMA 2016;315(5):467-468.

AUTHOR INQUIRIES

If you have questions about the submission process or are unable to access the system, please contact the editorial office by e-mail at aaojournal@aao.org or by phone at 415-447-0261.

Communication about manuscripts occur primarily through email and only with corresponding authors, so it is important for authors to keep their contact information (address, institution, phone numbers, and e-mail address) current.