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of Ophthalmology is a peer-reviewed, scientific publication that welcomes the submission of original, previously unpublished manuscripts directed to ophthalmologists and visual science specialists describing clinical investigations, clinical observations, and clinically relevant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

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

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

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

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

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Errors may be noted in published articles that require the publication of a correction or an erratum. Most corrections are minor. Some errors, however, may negate the value of the initial manuscript. These do not include inadequacies exposed by the emergence of new scientific information, in which case no corrections or withdrawals are needed.

If substantial doubts arise about the honesty of a work, either submitted or published, it is the Editor-in-Chief's responsibility to ensure that the possible fraud is addressed. It is not usually the task of the Editor-in-Chief to conduct a full investigation or to make a determination; that responsibility lies with the institution where the work was done or with the funding agency. The Editor-in-Chief should be promptly informed of the final decision of the institution involved, and if a fraudulent article has been published, the AJO will print a retraction. If the study was not under the aegis of an IRB or if this method of investigation does not result in a satisfactory conclusion, the Editor-in-Chief may choose to publish an expression of concern with an explanation or a full retraction, following an attempt for clarification from the authors.

The Editor-in-Chief may ask the authors' institution to assure the AJO of the validity of earlier work published in the AJO or to retract it.

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

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

The *AJO* recommends that researchers and authors (and commercial companies) adopt and adhere to the Pharmaceutical Research and Manufacturers (PhRMA) "Principles for the Conduct of Clinical Trials and Communication of Clinical Trial Results" listed at the [http://www.phrma.org/sites/default/files/pdf/042009_clinical_trial_principles_final.pdf](http://www.phrma.org/sites/default/files/pdf/042009_clinical_trial_principles_final.pdf). These principles describe the relationship of PhRMA member companies with others involved in clinical research and set forth the rules companies have volunteered to follow in order to protect the safety of research participants wherever the companies conduct clinical trials. In the principles, the PhRMA companies commit to the timely communication of all meaningful results of clinical trials, whether those results are positive or negative. The principles further state that the results should be communicated in an objective, accurate, balanced, and complete manner.

I. access **AJO ACCESS TO SCIENTIFIC DATA**

Thorough peer review by the *AJO* may require that organizations that sponsor research provide access to data and analyses that are not provided in a submitted manuscript, and sometimes such access is needed after publication as well. The opportunity also exists to post this information on the *AJO* website as Supplemental Material in association with the published manuscript.

J. microbial **REPORTING NEW MICROBIAL ORGANISMS IN OPHTHALMIC INFECTIONS**

The *AJO* is interested in confirming that certain organisms participate in ocular disease. The text must provide adequate laboratory information that can substantiate the microbial identification. This requires that any unusual pathogen be confirmed by two different methods or at two independent laboratories. The journal *Cornea* initiated this confirmatory policy (Wilhelmus KR. New corneal infections: preventing a crisis of identity. Cornea 2003;22:95-96).

K. cancer **CANCER CLASSIFICATION SCHEME**

Authors should use the American Joint Commission on Cancer classification scheme when describing patients with ophthalmic malignancies; see American Joint Committee on Cancer.ACC Cancer Staging Manual, Seventh Edition, Springer, New York.

L. ocular **OCULAR TRAUMA TERMINOLOGY**


M. regis **CLINICAL TRIALS REGISTRATION**

The *AJO* requires that human clinical trials are registered before enrollment in order for the results to be published in the *AJO*. See Arch Ophthalmol 2005:123:1263-1264 for complete statement. Phase III trials should be registered as well as many phase II trials. Most phase I trials do not need to be registered. The Methods section should contain a statement about where the registration information is available to the public. Satisfactory public databases include the National Institute of Health maintained site at [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov) (for either NIH or non-NIH sponsored studies) or the International Standard Randomized Controlled Trials at [http://www.controlled-trials.com](http://www.controlled-trials.com).

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

Forms
A. flow CONSORT STATEMENT
B. idphoto CONSENT FORM FOR IDENTIFIABLE PHOTOGRAPHS

Glossary of study designs

Randomized Clinical Trial: A human trial involving at least one experimental treatment group and one control treatment group, concurrent enrollment, and follow-up of the experimental and control groups with assignment to experimental and control groups by a randomization process. Persons responsible for treatment and subjects are not able to influence the treatment assignment, and assignment remains unknown to the staff and subjects until eligibility has been determined.

Nonrandomized Clinical Trial: A human trial involving at least one experimental treatment group and one control group, concurrent enrollment, and follow-up of the treatment and control groups. Assignment to experimental control groups is by a process other than randomization.

Interventional Case Series: Three or more cases, which may or may not be consecutive, that describe the outcome of an intervention without a control group for comparison.

Cohort Study: A longitudinal observational study that includes subjects with identifying characteristics and involves measurements or observations on more than one occasion.

Case-control Study: An observational, and usually retrospective, study of subjects with identifying characteristics and a disease or abnormality (cases) for comparison to subjects with similar characteristics, but without the disease or abnormality (controls). Comparison proceeds from effect to cause and generally yields odds ratio (usually an approximation of relative risk).

Cross-sectional Study: An observational study that identifies subjects with and without the disease or abnormality being studied at the same time. Study yields prevalence data and may or may not be population based.

Observational Case Series: Three or more cases in which natural history of the disease or abnormality is described. Cases may be collected and studied retrospectively or prospectively over any time frame.

Experimental Study: Animal or laboratory research describing observations, surgical or medical interventions, testing, or devices. Experimental studies are generally prospective and utilize a protocol in which controls are included.

Meta-analysis of Literature: Analysis of literature using statistical methods to integrate and summarize several studies.

AUTHOR INQUIRIES

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