The American Journal of Ophthalmology accepts online submission of manuscripts through Editorial Manager?/SUP>. When a manuscript is submitted online, authors, selected reviewers, Editors, and the AJO office can each track the progression of the manuscript until a final disposition is made. Everyone involved with a specific manuscript receives e-mail notification as the manuscript proceeds through the system.

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The CONSORT Statement required for Randomized Control Trials and must be submitted offline. II. OFFLINE MANUSCRIPT SUBMISSION

All authors are requested to submit online. If you are unable to make your submission online, please send one hard copy of the manuscript, a digital file of the manuscript and either the digital figures or hard copy figures, all properly formatted as outlined below. All digital files sent to the AJO office must include the name of the file, the format and extension of the file, and information on the hardware and software used. Please see the Checklist for Authors and send the submission by mail to:

Thomas J. Liesegang, M.D., Editor-in-Chief American Journal of Ophthalmology Mayo Clinic

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For comments and questions, you may contact the Editorial Office of The AJO by telephone: (904) 953-2555; fax: (904) 953-2551; or e-mail: ajo@mayo.edu

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III. MANUSCRIPT REVIEW AND SELECTION

Original Articles, Brief Reports, and Perspectives are peer-reviewed.

After an initial review of the manuscript, the Editor-in-Chief selects an Executive Editor from the Editorial Board who is an expert in the field and who will be responsible for guiding the manuscript through the review process. The Executive Editor then selects several outside reviewers to ensure that at least two reviews are completed. The AJO does not reveal the identity of its reviewers.

Once these reviews are completed, the Executive Editor critiques them, synthesizing the comments of the reviewers with the Executive Editor's comments for transmission to the Editor-in-Chief. The Editor-in-Chief reviews all comments and the manuscript and makes the publication decision, which is then e-mailed to the author. Authors of Original Articles and Perspectives receive the consolidated comments of the reviewers of the manuscript. Authors of Brief Reports are, in general, not provided with these comments except when revisions are requested. Because of space constraints in the printed version, only about 30% of submitted manuscripts are accepted.

IV. DISCLOSURE PREPARATION

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Manuscripts must be accompanied by a cover letter that should include information on prior or duplicate publication or submission, as well as the originality of the manuscript and other information that the authors want to convey to the Editor-in-Chief.

The principal investigator or the Corresponding Author of a manuscript that contains original data needs to confirm in the cover letter that he or she "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis as well as the decision to submit for publication." The manuscript must be accompanied by copies of any permission to reproduce published material, to use illustrations or report information about identifiable people, or to name people for their contributions.

VIII. GENERAL MANUSCRIPT PREPARATION GUIDELINES

Manuscripts (including title page, abstract, text, references, legends, and tables) should be double-spaced on 21.5 x 28 cm (8.5 x 11 in.) paper (or digital format). Margins of at least 2.5 cm (1 in.) should be provided. Hard copies of manuscripts must be accompanied by an IBM formatted disk using Microsoft Word or Word Perfect as the word processor. All digital files must have a file extension. The right margin should not be justified.

STYLE

Follow guidelines of style, terminology, measurement, and quantitation as set forth in the American Medical Association Manual of Style (9th ed., Baltimore, MD: Williams & Wilkins; 1998).

ABBREVIATIONS

Restrict abbreviations to those that are widely used and understood. 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. Syst 鍵 e International units and abbreviations of standard measurements such as mm Hg, cm, and ml, are used without initial expansion.

STATISTICS

The AJO recommends that authors ensure statistical expertise for a study that has statistical content. When P values are used, the actual P value (for example, P = .032) is preferred to an inequality (for example, P < .05). Reporting basic summary statistics, such as the mean and the standard error, as well as confidence limits, will also help the reader understand the conclusions of the study. Models such as analysis of variance, covariance, multiple regressions, and the like must be specified. Numeric equivalents should precede all percentages, as in these examples: "Of 80 patients, 20 (25%) had retinopathy" or "20 (25%) of 80 patients had retinopathy."

INFORMED CONSENT

When human subjects participate in studies or reports, the manuscript must state in the Methods Section that the study and data accumulation were carried out with approval from the appropriate Institutional Review Board (IRB) and that Informed Consent was obtained from the patients or subjects and, for USA authors, is in accord with HIPAA regulations. All studies and reports involving humans in the USA require IRB approval for AJO consideration. If authors outside the USA do not have an IRB, the authors need to confirm that the study and data accumulation were in conformity with all Country, Federal, or State laws, and that the study was in adherence to the tenets of the Declaration of Helsinki. Do not use patients' names, initials, or hospital numbers, especially in illustrative material. Informed Consent was requires that the subjects agree to participation after explanation of the nature and possible consequences of the study.

USE OF ANIMALS IN BIOMEDICAL RESEARCH

If animals are used in the protocol or the study, the manuscript should describe the animal care protocol that was followed, name the institution that sponsored the study, and identify relevant IRB approval. Biomedical research involving animals must conform to generally accepted principles of animal maintenance and care, such as those of the Association for Research in Vision and Ophthalmology.

ENGLISH EDITING ASSISTANCE

Authors needing assistance with English-language editing, including grammar and usage, may contact the AJO office for a list of potential freelance Editors. The AJO neither endorses nor recommends any specific individual or service. The editor may return a submission and recommend professional editing prior to review or at the time a revision is suggested. Professional editing does not ensure acceptance of a manuscript.

IX. ORIGINAL ARTICLES

Original articles are previously unpublished manuscripts directed to ophthalmologists and visual science specialists describing clinical investigations, clinical observations, and clinically relevant laboratory investigations.

Original Articles should, in general, not exceed 14-16 double-spaced typewritten pages, including references, figure legends and tables (approximately 6-7 published pages).

Manuscripts should begin each component on a new page and be in the following order: (1) title page, (2) Abstract (3) text, (4) acknowledgements, (5) references, (6) figure legends, (7) tables, (8) figures, (9) contributions to authorship form, (10) disclosure form, and (11) permission forms. Refer to the checklist when submitting.

TITLE PAGE

The title page should include

- 1) the title of the article (informative and concise)
- 2) the name of each author with his or her highest academic degree(s) and complete address of institutional affiliation
- 3) the name and address of Corresponding Author
- 4) appropriate footnotes

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Indicate separately the name, mailing address, telephone, fax, and e-mail address of the Corresponding Author, who will be responsible for all questions about the manuscript and for reprint requests. Only one author is to be designated Corresponding Author; the Corresponding Author does not need to be the first author on the manuscript.

ABSTRACT

Provide a structured abstract of 250 words or less with the following five headings:

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

Design: Describe the study as retrospective or prospective. Identify the study design. Interventional studies should be listed as a randomized clinical trial, nonrandomized clinical trial, interventional case series (three or more cases), or interventional case report (one or two cases). Observational studies should be listed as a case control study, cross-sectional study, cohort study, observational case series (three or more cases), or observational case report (one or two cases). Experimental study should be listed as an animal study or laboratory investigation. A perspective, meta-analysis, or auto designation study should be indicated, as appropriate.

Methods: Utilize the following subheadings as appropriate for your study.

- Setting: Such as multicenter, institutional, or clinical practice.
- Patient or Study Population: Including patient numbers (one or both eyes), selection procedures, inclusion/exclusion criteria, randomization procedure, and masking.
- Intervention or Observation Procedure(s)
- Main Outcome Measure(s)

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

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

TEXT

Number the pages of the manuscript consecutively, beginning with the title page as page one. For Original Articles the text should, in general, not exceed 16 double-spaced typewritten pages.

Organize and prepare the manuscript to include the following sections:

Introduction: Describe the purpose of the study, the research rationale, and any major hypothesis that was tested.

Design: Identify the study design, as stated in the Abstract, and clarify specific features of the design as appropriate.

Methods: Describe the study as retrospective or prospective and utilize the following subheadings as applicable:

- Setting: Such as multicenter, institutional or clinical practice
- Patients or Study Population: Including patient numbers (one or both eyes), selection procedures, inclusion/exclusion criteria, randomization, and masking.
- Intervention or Observation Procedures(s)
- Main Outcome Measure(s)

Statement about IRB approval, adherence to tenets of Declaration of Helsinki, or patient consent should be included as appropriate for the study.

Previously published procedures should be identified by reference only.

Provide sufficient detail to enable others to duplicate the research.

Use standard chemical or nonproprietary pharmaceutical nomenclature.

Identify in parentheses specific sources by brand name, company, city, and state or country.

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

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

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

ACKNOWLEDGEMENTS

Acknowledge statistical consultation and assistance (when provided by someone other than an author) in an acknowledgement at the end of the article, before the references. Include the name, degree, and affiliation of the individual. Consultants (other than statistical consultants), editorial assistants, photographers, artists, laboratory associates, and others who assist in preparation of a manuscript are not to be acknowledged, however valuable their service.

Because readers may infer their endorsement of the data and conclusions, all persons must have given permission to be acknowledged and this must be confirmed in the cover letter.

APPENDIX

An appendix should be used very sparingly but is appropriate to use to provide survey forms, to list the members of a study group, or complex formulas or information.

MULTICENTER STUDIES

The AJO encourages the submission of multicenter studies. On the title page, the writing group authors should be listed along with the group name (e.g. Smith TT, Jones JJ on behalf of the Pediatric Amblyopia Study Group). Other group members should be listed in an appendix before the references.

When the study group name alone is listed on the title page, the Copyright Transfer Agreement requires only the original signature of the Corresponding Author. When a series of authors is listed on the title page in conjunction with the study group name, the Copyright Transfer Agreement must include the original signatures of these authors.

REFERENCES

References should be numbered consecutively in the text and in the reference list. In the text, reference numbers are entered as superscripts. The references must be verified by the author(s) against the original documents. PubMed offers a useful reference checker.

References to journal articles should include

1) the author or authors (for more than six authors, list the first three followed by "et al")

- 2) title
- 3) journal name (as abbreviated in Index Medicus)
- 4) year
- 5) volume number
- 6) inclusive page numbers.

References to books should include

- 1) the author or authors
- 2) chapter title (if any)
- 3) editor or editors (if any)
- 4) book title
- 5) edition (other than the first)
- 6) city of publication
- 7) publisher
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- 9) inclusive pages of the chapter or section cited

Examples are as follows:

Journal article: Lim JI, Aaberg TM Sr, Capone A Jr, Sternberg P Jr. Indocyanine green angiography-guided photocoagulation of choroidal neovascularization associated with retinal pigment epithelial detachment. Am J Ophthalmol 1997; 123:524-532.

Journal article: Hoh ST, Greenfield DS, Mistlberger A, et al. Optical coherence tomography and scanning laser polarimetry in normal, ocular hypertensive, and glaucomatous eyes. Am J. Ophthalmol 2000;129:129-135.

Journal article with organization as author: The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust 1996; 164: 282-284.

Book: Rootman J, Stewart B, Goldberg RA. Orbital surgery: a conceptual approach. Philadelphia: Lippincott-Raven, 1994:1-394.

Book chapter: Macsai MS, Mannis MJ, Huntley AC. Acne rosacea. In: Mannis MJ, Macsai MS, Huntley AC, editors. Eye and skin disease. Philadelphia: Lippincott-Raven, 1996:335-341.

A reference to a study that has been accepted for publication but is not yet published should be identified as "forthcoming" rather than as "in press." The reference should name the journal or other publication in which the study will appear.

Unpublished data, such as studies in preparation or submitted for publication, posters, and unpublished abstracts the reader cannot retrieve in a literature search are to be incorporated parenthetically into the text, as in this example: (Marman HE, unpublished data, 1997).

Association for Research and Vision (ARVO) and other abstract references are to appear parenthetically within the text, not as bibliographic references The parenthetical comment should include: (1) name of first author; (2) periodical or meeting or text; (3)year; and (4) the word "Abstract."

Example: In their prior presentation (Harbour, AJ. ARVO Meeting, 2000, Abstract)...

Personal communications are to be cited parenthetically in the text, as in this example: (Evans DW, written communication, September 1, 1997). The Corresponding Author is to provide authorization for use of this personal communication. Web references should be limited to important full-length articles that are not available in print or have been updated on the Internet

since it's initial print publication. If a print reference is available, it should be used. The reference should be listed with complete information with the addition of the URL address and accession date.

Example: International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Available at http://www.icmje.org. Accessed December 12, 2002

FIGURE LEGENDS

Each figure should be numbered consecutively in the text and have a legend that completely describes what is shown. Use complete sentences for legends

Example. FIGURE 1. Patient 1. Histologic section of the left eye shows infiltrating histiocytes (hematoxylin and eosin x70).

When multiple-panel figures are submitted, refer to each panel from top left to top right, then bottom left to bottom right.

Example. FIGURE 1. Patient 3. (Top left) The patient's cornea is shown preoperatively with the abscess located superior to the visual axis, (top right) 3 days postoperatively with the corneal transplant well centered and clear, and (bottom left) 4 months postoperatively with a crystal clear cornea. (Bottom right) The patient, 1 year postoperatively, shows smooth corneal surface with all sutures removed.

All legends should be listed together on a Legend page preceding the Tables.

TABLES

Tables should be numbered consecutively in Arabic numerals by order of citation in the text. Each table should have a brief title that is fully understandable without reference to the text. The table number and table title should be on the same line.

As the AJO does not accept Excel files, all tables should be created in a Word or WordPerfect document using the table tools. Do not format tables as columns or tabs.

Each table should be double-spaced. Use additional sheets of paper when a table does not fit onto one page.

Each column in a table should have a short descriptive heading such that the table may stand alone.

Footnotes to tables are indicated by superscripted conventional footnote symbols in the following sequence: * (asterisk), (dagger), (double dagger), ?(section mark), (parallels), (paragraph mark), and # (number sign).

FIGURES

As with the manuscript, digital figures for submission need to be uploaded to the Editorial Manager?/SUP> system. If you are unable to upload digital files or if you choose to submit them in hard copy, you may send the digital or hard copy to the AJO office to upload into Editorial Manager?/SUP> in preparation for peer-review.

AJO Requirements for Peer-review Quality Digital Figures

Digital Figures submitted through the Editorial Manager?/SUP> system or sent by disk for the peer-review process should be formatted according to the following guidelines:

Line Art/Graph File size: No larger than 12 Mb; Picture size: at least 3.5" wide. Scanned Resolution: 1000 dpi. Format: JPG, TIF, or Word or Excel if the graph was created in that program.

Photographs File size: No larger than 12 Mb; Picture size: at least 3.5" wide. Scanned resolution:

at least 300 dpi. Format: JPG or TIF. Any photographs with text should be saved as a TIF file.

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Upon acceptance, hard copies of the figures are required for the publication process because of many nuances and variations in the digital media content submitted. The Publisher will require two 5 X 7 inch high quality glossy prints of each figure in black & white or in color with sharp contrasts of each figures, labeled only on the back and submitted in a separate protected envelope. The first author's last name and the number of figures enclosed should be indicated on each envelope. No printing should appear on the front of the figure, except minimal letters and/or arrows. The back of the figure should be labeled with the figure number and the manuscript number as assigned by the AJO, as well as the author name and contact information. Graphs and line art should be from a high-quality printer or prepared by a graphic artist. Individual pieces or panels of a figure are not to be mounted, taped, or paper-clipped together.

Other General Figure Guidelines

Each hard copy figure or separate panel of a figure is to be identified with a label on the back that includes the figure number as it appears in the text, an arrow indicating the top of the figure, and the first author's name.

No text should appear on the face of a figure. Lettering, arrows, and other symbols should be large enough to remain legible after reduction. Arial font should be used for any lettering or text on a figure.

Figures should be cropped to show only significant details. When a patient is identifiable in a photograph, the author or authors must supply The AJO with evidence of the patient's permission to publish the photograph (must be submitted to the AJO by mail or scanned and sent through Editorial Manager?/SUP>).

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Most manuscripts have been accepted with the understanding that high quality figures are necessary and available to demonstrate the important points in the manuscript. The Editor-in-Chief reserves the right to withdraw a previously accepted manuscript if the author cannot produce high quality figures to accompany the text. If unsatisfactory figures are supplied to the Publisher that do not meet the hard copy requirements, additional charges may be applied.

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Manuscripts reporting randomized controlled trials should adhere to the requirements for Manuscript Preparation. In addition, text (which may be up to 20 double-spaced typewritten pages in length) should present subheadin of Reporting Trials (CONSORT) statement. A flow diagram to illustrate the randomization procedure or procedures and numbers and The AJO Consolidated Standards of Reporting Trials (CONSORT) Statement Form (FLOW DIAGRAM LINK) must be submitted with the manuscript. These requirements follow suggestions published in the Journal of the American Medical Association (JAMA). (Begg C, Cho M, Eastwood S, et al. Improving the quality of reporting of randomized controlled trials: the CONSORT Statement. JAMA 1996; 276:637-639)

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A Brief Report for the AJO is original content that is a case report, a small case series, or a study with a concise methodology and message. The specific content appropriate for Brief Reports is published in an Editorial (Am J Ophthalmol 2003; 135: 737-739 and at www.AJO.com) and should be read by all authors prior to submission of a Brief Report.

Manuscripts of Brief Reports adhere to the requirements for Original Articles except as specifically noted hereafter.

Brief Reports undergo peer-review, but reviewer comments are not generally provided to the author.

ABSTRACT

Include a structured abstract of 150 words or less with the following five headings:

Purpose

Design

Methods

Results

Conclusions

Please refer to the Abstract Section of Original Articles for detailed information.

TEXT

The text is limited to 500 words.

REFERENCES

Brief Reports are limited to five references. Please refer to the References Section of Original Articles for the format to be used.

FIGURES AND TABLES

Because of space constraints, no more than two figures may be used; if appropriate, however, a figure may have two parts. Tables are discouraged but may be used in place of figures. Color figures may be submitted with Brief Reports. Additional content may be posted at www.AJO.com upon acceptance of the Brief Report.

Please see the figure instructions as provided in the Original Articles section above for formatting requirements of text, tables, figures, references, and legends.

As with Original Articles, authors share in the cost of color figure reproduction.

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The invited AJO Perspectives are conceived as focused reviews of material relevant to clinical ophthalmology as currently practiced or as will be practiced in the next three to five years. The Perspective preparation should follow the Guidelines of an Original Article, including a structured Abstract of 250 words or less. The Perspective should be of appropriate length but should not exceed 18 pages of double-spaced typewritten text, 35 references, and eight figures or equivalent tables. Perspectives are subject to the standard peer-review process, which is necessary to meet the policies and standard procedures of The AJO.

Because the essence of a Perspective is selection and interpretation of the literature, the AJO expects that authors of such articles will not have any significant financial interest in a company (or its competitor) that makes a product discussed in the article.

XIII. EDITORIALS

Editorials provide a forum for interpretive, analytical or reflective opinions related to manuscripts in the AJO or statements about clinical, scientific or socioeconomic issues. The invited Editorial should be objective and dispassionate, but is likely to provide alternative points of view and some

bias. Editorials should not exceed 1200 words, with no more than 15 references.

Because the essence of an editorial is selection and interpretation of the literature, the AJO expects that authors of such articles will not have any significant financial interest in a company (or its competitor) that makes a product discussed in the article.

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Below is a checklist of items required by the AJO for evaluation of a submission. These items should be included in each submission, whether sent through Editorial ManagerTM or by mail. Please be sure that you have thoroughly read the instructions for preparation and submission of your manuscript before sending it to the AJO office.

- Cover Letter indicating the manuscript's category (Original Article, Brief Report, Correspondence) and content
- Official Elsevier Transfer of Copyright agreement with original signature by author (by mail only)
- Author Disclosure Statement (may be scanned and uploaded or sent by mail with Copyright Transfer)
- AJO Contributions of Authors and Sponsors Form
- Statement of Informed Consent for manuscripts containing identifiable material or photographs
- IRB statement or a statement that the collection of data for the study was in conformity with all country/federal/state laws
- One copy of the manuscript, double-spaced and formatted according to the instructions (either to be uploaded or sent in digital format by mail to the office)
- o Title page
- o Title
- o Each author's name, academic degree or degrees, and affiliation
- o The complete and correct address, phone number, fax number, and e-mail address of the Corresponding Author
- o Acknowledgement of sponsors, grants, and proprietary commercial interests
- Structured abstract (limits: 250 words for Original Articles; 150 words for Brief Reports)
- Text (limit: 500 words for Brief Reports)
- Acknowledgements (if appropriate)
- Appendix (if appropriate)
- References (limit: 5 for Brief Reports)
- Figure Legends
- Tables (limit: two attachments tables or figures or a combination of both for Brief Reports)
- Figures (properly formatted and labeled according to the instructions)
- CONSORT statement for Randomized Controlled Trials

BACK TO TOP OF PAGE

XV. REVISED MANUSCRIPTS

Revisions must be returned to The AJO within 3 months to retain revision status; after that time, a manuscript will be considered a new submission. Please submit revisions in your account under "Submissions needing Revision" on Editorial ManagerTM with the files prepared according to online manuscript submission guidelines. Please follow the instructions on the Editorial ManagerTM homepage under "Guidelines for Revisions" and note that hard copy figures are

required before final acceptance.

XVI. ACCEPTED MANUSCRIPTS

The Corresponding Author of an accepted Original Article is requested to provide a statement up to 75 words in length for the Table of Contents of The AJO. This statement should be prepared in suitable language for a general ophthalmology audience, describing the rationale, implications, and significance of the accepted manuscript. This is different from a version of the abstract.

The AJO also seeks to further enhance recognition for the contributors of the scientific content in the AJO. Therefore, the first author (or both authors if there are only two) of accepted manuscripts will be asked to provide a biographic sketch (limited to 50 words) and a digital photo to be placed on the website linked with the online version at www.AJO.com . Affiliations and the author's primary research interests should also be included. Photographs must be sent through Editorial ManagerTM in digital format (and at least 300 dpi). Upload these separate files with the other final manuscript files.

With revision or acceptance of the manuscript, the Corresponding Author may submit supplementary material to the office for consideration of posting on the Internet. Appropriate content may include expanded data sets and spreadsheets, additional digitized figures and illustrations, videos, or expanded techniques and methods sections.

When submitting supplementary material, the text must be in Microsoft Word or WordPerfect format and the digital audio/visual must adhere to the following guidelines:

LINE ART/GRAPH FILE SIZE

No larger than 12 Mb; Picture size: at least 3.5" wide. Scanned Resolution: 1000 dpi.

Format: TIF (or Word or Excel, if the graph was created in that program)

PHOTOGRAPHS FILE SIZE

No larger than 12 Mb; Picture size: at least 3.5" wide. Scanned Resolution: at least 300 dpi.

Format: TIF or EPS; any photographs with text should be saved as a TIF file.

DIGITIZED VIDEOS

FPS: 8-15 frames per second (fps)

Format: Apple QuickTime, AVI or MPEG

VIDEO TAPE

Format: VHS, S-VHS, DV-CAM, MiniDV

Length: Up to 3 minutes

Note: Video should highlight only the desired procedure, lecture, etc. The Editorial Board reserves the right to further edit the tape.

The Editor-in-Chief accepts the manuscript with the understanding that the authors cooperate in a timely manner with the production process, including any response to future correspondence from the AJO or its readers. The Publisher employs skilled copyeditors, and it is likely that your article will be substantially edited after acceptance. You will receive a proof from the production manager. That proof should be corrected and returned within 48 hours. Good quality illustrations using the above guidelines must be made available to the printer; the Editor-in-Chief reserves the right to withdraw acceptance at any time if the images do not meet expectations, the authors do no provide them in a timely fashion, or other aspects of the publication process are not diligently followed to the satisfaction of the Editor-in-Chief.

The authors may participate in scientific programs providing the highlights of manuscript but should be aware that the manuscript acceptance will be withdrawn if it is published in substantive

content elsewhere in print or electronically prior to the AJO publication, per the Policy on Duplicate Publication.

XVII. PUBLICATION PROCESS

After acceptance, a copy of the manuscript will be sent to the Production Editor for copyediting in accordance with AJO style. The article will then be processed into page proofs, with all art and tables in place. The author will receive e-mail notification that the proofs are available for viewing on a secure website or, alternatively, will receive the galleys by mail or e-mail (in PDF format). Authors must check their proofs very carefully because approval indicates that all copyediting changes have been accepted unless corrections are returned to the Production Editor.

It is the responsibility of the Corresponding Author to review the proofs and provide corrections to the Production Editor at the publication office according to a timely schedule. Notification of the costs for printing illustrations in color and page charges will be provided at this proofing stage. An order form for the article reprints will be sent to the Corresponding Author before publication. Reprints should be ordered prior to publication.

XVIII. APPEALS PROCESS

The AJO recognizes that Editors and reviewers make mistakes. It is a fact, however, that the majority of manuscripts must be rejected, some due to space limitation. If an author of an original manuscript believes that an editor has made an error in declining an article, the AJO welcomes an appeal. In your appeal letter, please state why you think the decision is mistaken and set out your specific responses to any peer-reviewers' comments if those seem to have been the main cause of rejection. Brief Reports are not subject to appeal.

XIX. AJO ON THE INTERNET

The AJO Table of Contents and Abstracts for each month are on the Internet at www.AJO.com or by push e-mail and available to the general public. Forthcoming issue line-ups can also be viewed on the site or received via e-mail by signing up at ContentsDirect. The full-text of AJO is available online to subscribers of the print edition. Supplementary material augments Original Articles, Brief Reports, and Perspectives, and special features present new content on the electronic AJO. InternetAdvance offers clinically significant articles in draft form (not yet copyedited) that have been accepted but not yet printed in the AJO. Authors Interactive®, currently available in limited form, is undergoing an upgrade and Clinical Trials Digest continues to expand. Book Reviews and Announcments are listed in the print issue with more complete information available at www.AJO.com. AJO.com also provides a keyword search and an electronic link to abstracts for many of the references in published material.

XX. CORRESPONDENCE

Letters about recent Original Articles published in The AJO should be submitted in the Editorial ManagerTM system within 8 weeks of publication. Correspondence may correct errors, provide support or agreement, or offer different points of view and additional information. Correspondence submitted should not exceed 500 words of text and five references. Figures are generally not accepted. Correspondence is considered for publication by the Editorial Board and is subject to editing. The authors of articles discussed in the correspondence are given an opportunity to reply, adhering to the AJO policy on Responsibility of Authors. If you are unable to use Editorial ManagerTM to submit your correspondence, the correspondence can be sent by e-mail to the AJO office at ajo@mayo.edu. Please provide the name and location (city, state, country) of

each of the authors on a separate title page. Please also provide a full street address and e-mail contact for the Corresponding Author on the title page.

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

Because Brief Reports are limited in length and restrict the opportunity for an extended discussion or review, The AJO generally does not publish correspondence concerning Brief Reports.

XXI. ANNOUNCEMENTS

The AJO offers limited opportunity to make announcements about national or international meetings, symposia, or workshops. Other honors or awards may also be appropriate to announce. The Editor-in-Chief makes the final decision of material to include. The announcements are presented in very brief form in the print publication, with more extensive information at www.AJO.com. Announcements should be sent in digital format by e-mail to the AJO at ajo@mayo.edu.

XXII. BOOK REVIEWS

The AJO offers limited opportunity for reviews of ophthalmic books, monographs, or software. Publishers or authors are invited to submit this material to the AJO Book Review Editor, Dr David Coats at the address below:

6621 Fannin MC-CCC 640-00

Houston, TX 77030

The Book Review Editor will then forward the material to one or more of the AJO's reviewers for evaluation. The Editor-in-Chief makes the final decision as to what material will be published. The reviews are announced in very brief format in the print publication, with more extensive information available at www.AJO.com.

XXIII. OBITUARIES

Obituaries may be offered from readers or requested by the Editor-in-Chief to commemorate the lives of remarkable individuals who are internationally renowned for their contributions to Ophthalmology. The Editor-in-Chief makes the final decision about publishing the Obituary. Usually, limited information will be given in the print version with more complete information at www.AJO.com.

XXIV. POLICIES

DUPLICATE PUBLICATION

These guidelines were adapted from forthcoming manuscript in the Archives of Ophthalmology by Neil M Bressler, MD, Thomas J Liesegang, MD, Andrew P Schachat, MD, and Daniel M Albert, MD.

To protect the mission of the American Journal of Ophthalmology, the AJO follows the Ingelfinger rule and its revisions first proposed in the 1970s by Franz Ingelfinger, an editor of The New England Journal of Medicine. The Ingelfinger rule stated that the New England Journal of Medicine would not publish a research report that already had been presented substantively elsewhere (N Engl J Med 1977;296: 1258-1264). Extrapolating from this rule, only original material will be published in the AJO. Authors who distribute e-prints or preprints or reprints of an article into the public domain prior to publication risk losing the opportunity to publish in the AJO. When authors submit material for publication in the AJO, they must transmit copyright of their material to the AJO. Publication of the material elsewhere (duplicate publication) after

transmitting copyright to the AJO without permission of the AJO would be a copyright infringement against United States law.

To assist newspapers with their mission of presenting new scientific information in a timely fashion, the AJO often provides embargoed information to science writers with the understanding that the information not be reproduced until after publication of the peer-reviewed information. This embargo process allows a reporter the opportunity to investigate and prepare reports and potentially make them more accurate and understandable for the reporter's readers. Writers who break this embargo, though, risk losing the privilege of receiving future embargoed information. For ophthalmic clinical trials, this approach often allows study participants to receive results at the same time that eye care professionals receive the information and at the same time that the information is disseminated to the public by science writers for the press.

Internet access to an article when it is accepted (before it is copyedited by the Publisher) is now provided for selected publications in the American Journal of Ophthalmology, allowing an article or parts of it to appear prior to the print publication without endangering the mission of the peer-reviewed journal.

SUGGESTIONS FOR RESEARCH PRESENTERS AT SCIENTIFIC MEETINGS PRIOR TO PUBLICATION

These guidelines were adapted from forthcoming manuscript in the Archives of Ophthalmology by Neil M Bressler, MD, Thomas J Liesegang, MD, Andrew P Schachat, MD, and Daniel M Albert, MD.

Presenters that plan to submit information to a peer-reviewed journal should not share their slides, materials or additional information with newspapers or tabloids prior to publication. If the presenter is given a preprint of a planned publication by a newspaper tabloid, the presenter again could ask the writer to withhold the information until after the information has been published in the peer-reviewed literature. Editors, reviewers, authors, and readers of peer-reviewed journals who want to maintain the peer-review process should report violations of duplicate publications to the journals. Such violations could result in public reprimand regarding copyright infringement at the least and may result in a presenter losing the ability subsequently to have material accepted for publication in the AJO.

SECONDARY PUBLICATION

These guidelines were adapted for the AJO from the International Committee of Medical Journal Editors' (http://www.icmje.org/) Uniform requirements for manuscripts submitted to biomedical journals. (Ann Intern Med. 1997; 126:36-47).

Secondary publication in the same or another language, especially in other countries, is justifiable, and can be beneficial, provided all of the following conditions are met

- 1) The authors have received approval from the editors of both journals; the editor concerned with the secondary publication must have a photocopy, reprint, or manuscript of the primary version
- 2) The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors).
- 3) The article for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient
- 4) The secondary version faithfully reflects the data and interpretations of the primary version
- 5) The footnote on the title page of the secondary version informs readers, peers, and documenting

agencies that the article has been published in whole or in part and states the primary reference. A suitable footnote might read: "This article is based on a study first reported in the [title of journal, with full reference]"

DEFINING AUTHORSHIP CONTRIBUTIONS

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article.

Authorship credit should be based only on:

- 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data
- 2) drafting the article or revising it critically for important intellectual content
- 3) final approval of the version to be published.

Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

Authors should provide a description of what each contributed in the AJO Contributions of Authors and Sponsors form. Others who contributed to the work who are not authors might be named in the Acknowledgements (see Acknowledgements below) and what they did should be described. The order of authorship on the byline should be a joint decision of the coauthors. Authors should be prepared to explain the order in which authors are listed.

In multicenter trials, the writing group authors should be listed along with the group name (e.g. Smith TT, Jones JJ on behalf of the Pediatric Amblyopia Study Group). Other group members should be listed in an appendix before the references.

CONFLICT OF INTEREST IN PEER-REVIEW PROCESS AND DISCLOSURE

These guidelines were adapted directly by the AJO from various sources including the the Uniform requirements for manuscripts submitted to biomedical journals, from the Council of Science Editors, and from the New England Journal of Medicine (Drazen, J. M., Curfman, G. D. (2002). Financial Associations of Authors. N Engl J Med 346: 1901-1902).

Authors, editors, or reviewers may hold conflicting or competing interests that could result in bias. These conflicts may be real, potential, or perceived. Financial relationships and their effects are less easily detected than other conflicts of interest. Participants in peer-review and publication should disclose their conflicting interests, and the information should be made available so that others can judge their effects for themselves.

Specific manuscripts such as Editorials, Perspectives, or Correspondence by their nature present a biased viewpoint. Any conflict of interest is monitored by the Editorial Board and the Editor-in-Chief.

The determination of whether a conflict of interest actually exists can be extraordinarily difficult. Recognizing the potential for conflicts of interest is usually easier; they are common and it is not their existence, but rather their potential to cause bias and failure to acknowledge or recognize conflicts, that causes concern.

Authors should be completely objective in presenting their findings, and editors and reviewers should be entirely objective in evaluating them. Personal, political, financial, academic, or religious considerations should not be permitted to affect objectivity. The challenge for authors, editors, and reviewers should recognize the potential for biases arising from conflicts of interest

and respond appropriately.

FINANCIAL CONFLICTS

Some journals refuse to consider manuscripts describing research involving a commercial product when the research was supported financially by a commercial organization involved in the manufacture or sale of the product. A few journals will not permit editorials, review articles, or perspectives to be authored by individuals with potential conflicts of financial interest, feeling that these pieces rely especially heavily on interpretation and judgment, and thereby make conflict of interest and the potential for bias especially problematic. The AJO does not have a firm policy on these issues at this time but continually evaluates each manuscript considering these potential issues.

The AJO, similar to some other major journals, sets an upper limit on the annual sum that a person may receive before a relationship is automatically considered significant. The AJO also regards as a significant interest any holding in which the potential for profits is not limited, such as stock, stock options, and patent positions. The AJO policy includes both publicly and privately traded companies. The AJO does not consider ownership of publicly traded mutual funds to represent a significant financial interest.

NON-FINANCIAL CONFLICTS

Many considerations - intellectual, political, academic, and religious - can represent "private interests." The challenge for authors, reviewers, and editors is to recognize the potential for these types of conflicts as well as those involving finances, and respond appropriately. Complete objectivity is not often possible, but fairness and even-handedness can reasonably be expected.

DISCLOSURE

The key to dealing with conflicts of interest - financial or non-financial - is disclosure.

Disclosure of potential financial conflicts of interest is meant to maintain the integrity of professional judgment and to maintain the public's confidence in professional judgment. A disclosure does not infer that scientists are unduly influenced by financial gain. Rather, disclosure in such cases gives readers the information to allow them to make an informed decision because it is often difficult to determine when research has been inappropriately influenced by financial gain. Informing readers is the responsibility of the AJO.

Financial conflicts include salary, consulting fees and honoraria, stock or equity interests, and intellectual property rights (patents, royalties, and copyrights). The AJO requires authors, reviewers, and Editors to declare any potential financial conflicts of interest they may have with the subject matter of the manuscripts. Authors should include an accurate and objective disclosure statement in the manuscript. The AJO does not research or police the possible conflicts of interest. An author's, reviewer's, or Editor's failure to declare financial interest conflicts with the reader's entitlement to know this potential source of bias. The AJO Author Disclosure Statement provides more extensive information that is provided only to the Editor-in-Chief and select Editorial Board members who are responsible to the readership and to the ophthalmic research community.

Conflicts of interest regarding reviewers or editors concern financial issues, but also rivalry, academic scientific and technologic competition, and philosophical values and beliefs. Reviewers and editors should indicate any conflicts of interest with regard to a manuscript under review. Reviewers and editors are apt to have conflicts of interest, financial or otherwise, because of their prominent positions. Thus the existence of a conflict is not really the issue, but rather whether the

conflict is sufficient to limit the reviewer's ability to evaluate the manuscript fairly and objectively. AJO reviewers and editors should disqualify themselves if they feel they cannot render fair and objective assessments.

The Editor-in-Chief is responsible for establishing and maintaining the highest possible standards of the AJO as well as for maintaining the integrity of the AJO itself. The Editor-in-Chief and the Editorial Board are primarily responsible for ensuring a fair review process and should give unbiased consideration to all submitted manuscripts. Editors should not have personal financial involvement in manuscripts they consider for publication.

CORRECTIONS AND RETRACTIONS

These guidelines were adapted for the AJO from the International Committee of Medical Journal Editors' (http://www.icmje.org/) Uniform requirements for manuscripts submitted to biomedical journals. (Ann Intern Med. 1997; 126:36-47).

Errors may be noted in published articles that require the publication of a correction or erratum of part of the work. Most corrections are minor. Some errors, however, may negate the value of the initial manuscript This does 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 work, either submitted or published, it is the Editor-in-Chief's responsibility to ensure that the possible fraud is appropriately pursued (including possible consultation with the authors). It is not usually the task of 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