

Thesis Guidelines for the American Ophthalmological Society

I. INTRODUCTION

PREFACE

The **American Ophthalmological Society (AOS)**, founded in 1864, is the oldest American specialty society that has functioned without interruption into the 21st century. Election to the AOS is intended for the present or future leaders of American Ophthalmology, and membership requires the candidate to demonstrate scholarship in the form of a thesis. This thesis should be an original contribution toward the advancement of the science and art of ophthalmology.

Upon the recommendation of peers and following an evaluation of accomplishments, candidates for membership are invited to write a thesis. These guidelines are intended to help with the preparation of a thesis of which both the candidate and the Society will be proud. Detailed instructions on format, style, and manuscript preparation are included.

SELECTION OF TOPIC

A thesis is a position or proposition, advancing an original point of view and supported by research or argument. It is a demonstration of scholarship that presents new findings or provides strong evidence to confirm or deny the value of a concept, procedure, or technique.

Appropriate topics for a thesis include, but are not limited to, clinical, applied, or basic research; observational and population-based studies; medical services research; bioethics position papers; laboratory biomedical research; innovative surgical techniques; administrative issues, and other investigations that advance the science and art of ophthalmology. The most important factors are: (1) that the impetus and creativity behind the research be predominantly that of the candidate, and (2) that the work be new and original and not previously published elsewhere.

Prior publication by any of the authors of material that is obviously similar to or substantially overlapping that contained in the thesis is not acceptable. However, the inclusion of portions of any of the author's previously published research efforts may be employed in the production of a thesis and referenced as material that supports or contradicts the premise of the thesis.

Individuals may submit a thesis based on a significant portion of a multicenter study. Previously the AOS required a single authored thesis; this has recently been altered to now permit a multi-authored thesis, reflecting the present pattern of research. However, the requirement of primary authorship of the thesis candidate must be met even though many others may meet and be listed as coauthors or have contributed in data collection or monitoring roles. The advisability of including such material in a thesis should be discussed with the Principal Investigator of the study and with the Executive Vice President before embarking on the project. A written agreement between all contributors should be signed to avoid potential miscommunications.

LENGTH

Thesis length is left to the author's discretion. Originality and quality are more important than the number of pages. The length of theses published in recent *Transactions* ranged from 20 to 132 printed pages.

DEADLINE

A candidate is given 3 years to prepare a thesis, with the next thesis submissions due January 1 of each year. In fairness to candidates who submit their thesis on time, and according to the Bylaws of the Society, no extensions can be granted. A thesis may be submitted for earlier consideration any time prior to the deadline, although theses are reviewed only once annually, after the deadline for that year has passed.

SOURCES OF ASSISTANCE

Authors are encouraged to seek assistance from a variety of potential sources.

Sponsors

Sponsors can be valuable sources of assistance in the planning, preparation, and review of theses. It is important to consult with one or both of them about potential thesis topics and outlines and to communicate progress at selected intervals. A near-final draft should be provided to both sponsors. Respected colleagues may also be asked to review a draft of theses. It is very important to allow adequate time for reviewers' comments and for subsequent revisions.

Executive Vice President

To preserve the anonymity of thesis authors, any questions about structure and format that are not answered in these Guidelines should be directed to the Executive Vice President rather than to members of the Committee on Theses.

Review of AOS theses

A review of past theses related to the candidate's topic could be helpful. Theses are published in the *Transactions* and are listed separately in the Table of Contents. Theses published in 2001 and later are available at www.AOSonline.org and all AOS theses and papers since 1865 are available via a link to PubMedCentral that is provided under Transactions at AOSonline.org.

Editorial assistance

Professional editing is appropriate and frequently helpful as the authors are required to prepare a publication ready manuscript. After the manuscript is approved by the Editor, a copyeditor prepares the manuscript for publication. If the manuscript requires excessive copyeditor time or resources, the authors will be charged an appropriate fee as determined by the Council.

Biostatistician

For theses requiring statistical analyses, the use of a biostatistician or epidemiologist prior to undertaking the project can avoid later problems. The methodology, end points, and planned analysis should ideally be determined prior to collection of data.

PITFALLS

Underestimating the time required

The deadline for submission of theses is firm. One of the most common errors is a delay in initiating the task. Completing the project with time to spare is recommended.

Structure

The purpose of the thesis should be clearly articulated in all instances. Most theses involving biomedical research should include a hypothesis. Theses should also include reviews of background material, detailed methodology, and succinct presentations of results. A thorough discussion should follow and conclusions should be formulated. In general, case reports are not acceptable, but case series may be included to prove or disprove the hypothesis.

II. FORMAT AND STYLE

Prepare the thesis in or convert it to Microsoft Word for PC. Submit two digital copies of the single-spaced manuscript and one copy of the figures (and hard copy figures only if necessary) in a CD or DVD. If accepted, the thesis is published in the *Transactions* on the AOS website as well as free open access in PubMedCentral. All digital files should be labeled with the extension and with the software and version used to create the files. Thesis CD or DVD should be mailed by the deadline to the Executive Vice President.

TITLE PAGE

Type the title of the thesis in bold capital letters flush left. Include the full name and academic degree(s) of the candidate as the primary author in the byline. Add a footnote at the bottom of the page to denote the author's affiliation and, where applicable, the institution where the work was performed. The names, academic degrees, and institutions of other authors should then appear in the order that reflects their contribution to the thesis. Funding and disclosure information should be submitted under Acknowledgments (see below).

TABLE OF CONTENTS

Include a Table of Contents for theses over 50 pages long.

STRUCTURED ABSTRACT

A structured abstract of no more than 250 words is required. Place the abstract on a separate page following the title page (or Table of Contents) using the following format:

Purpose

State the major hypothesis or objective of the study.

Methods

Describe the design of the study, noting randomization, masking, criteria standards, and temporal direction (retrospective or prospective) as applicable. Indicate the study setting (eg, institutional, multicenter, primary care, referral practice). Identify the patients or other participants by noting selection procedures, entry criteria, and numbers. Specify the intervention procedures and the main outcome measures.

Results

Briefly summarize the principal results obtained. Results must be accompanied by data with confidence intervals and the exact level of statistical significance. Results must also identify any significant limitations or qualifications of the data and give suitable emphasis to positive and negative findings.

Conclusions

State the conclusions directly supported by the data, describe the clinical or research applications, compare to the prior literature, and indicate limitations of the study.

STYLE

Manuscript sections

In general, the text of the manuscript should follow the sections of the Abstract and include an INTRODUCTION to the study; METHODS AND/OR MATERIALS sufficient for others to repeat the study; RESULTS that are limited to this specific study; and a DISCUSSION that reviews pertinent and/or conflicting literature and establishes the importance, limitations, and recommendations based on this study. Because of the length of some theses, a CONCLUSION section is permitted

Text font headings

Four levels of font headings are used in the text. These headings are demonstrated below. The first level of font heading in the text should be used for the headings Introduction, Methods, Results, and Discussion. Institutional review board (IRB) approval for human studies and/or a statement about care of animals for animal studies must be included in the beginning of the Methods section. Obtaining appropriate Informed Consent from humans must be confirmed in the Methods section.

TAOS HEADING 1: BOLD, UPPERCASE, FLUSH LEFT

- Font: Times New Roman
- Size: 11
- Bold
- All Caps
- Paragraph Spacing: 6pts before, 2pts after
- Line Space: Single

TAOS HEADING 2: BOLD UPPERCASE, FLUSH LEFT

- Font: Times New Roman
- Size: 10
- All Caps
- Bold
- Paragraph Spacing: 6pts before, 2pts after
- Line Space: Single

TAOS Heading 3: Bold, Mixed Case, .1" Indent

- Font: Times New Roman
- Size: 10
- Mixed Case
- .1" left indent
- Bold
- Paragraph Spacing: 2pts before, 1pts after
- Line Space: Single

TAOS Heading 4: Bold, Mixed Case, Indented, followed by a period and regular text. Regular text continues from here.

- Font: Times New Roman
- Size: 10
- Mixed Case
- Indentation: Special: First Line: .2"
- Bold
- Paragraph Spacing: 2pts before, 1pts after
- Line Space: Single

TAOS Body Text:

- Font: Times New Roman
- Size: 10
- Mixed Case
- Justified
- Line Spacing: Single
- Paragraph Spacing: 0 Before, 6pt after

Style guide

Use the American Medical Association Manual of Style: A Guide for Authors and Editors, 10th edition, 2007 as a guide for style. Of particular importance in the style manual are the sections on abbreviations of clinical and technical terms and units of measure (Chapter 11) and statistics (Chapter 17). The book is available at some bookstores or medical libraries.

Rounding off digits

Round off the digits to the right of the last significant digit. If the digit to the right of the last significant digit is less than 5, the last significant digit is not changed. If the digit is 5 or greater, the last significant digit is rounded up to the next higher digit. For example, 47.746 is rounded to 47.7 years, 47.763 is rounded to 47.8 years. (See section 17.3.2 in the AMA Manual of Style.)

Numeric equivalents and percentages

Numeric equivalents must precede all percentages. Percentages are not allowed for sample sizes of 10 or less.

Example: Of 80 patients, 20 (25%) had retinopathy.

P values

Designate probability, using an *italicized P* but no zero before the decimal point. When *P* values are used, the actual *P* value (eg, $P=.032$) is preferred to an inequality (eg, $P<.05$).

Abbreviations

Restrict abbreviations to those that are widely used and understood. Avoid using abbreviations that have meaning only in the context of the thesis. The first time a term is abbreviated, the term must be written out in full followed by the abbreviation in parenthesis; for example, nonsteroidal anti-inflammatory drug (NSAID). Do not use periods after abbreviations.

REFERENCES

Number of references

The number of references cited is at the author's discretion. In the past 10 years, this number has ranged from 26 to 586 with an average of 120 references. The references should have been reviewed and recommended by the author and selected for their quality, pertinence, and thorough historical significance relative to the topic. PubMed offers a useful reference checker at <http://www.ncbi.nlm.nih.gov/entrez/query/static/citmatch.html>.

Citations in the text

References should be cited in the text, tables, or figures in consecutive numerical order and designated by superscript Arabic numerals. Reference numbers are placed after commas and periods but before colons and semicolons. For a two-author reference within the manuscript text, list both author names; for three or more authors in the manuscript, list the first author followed by "and associates," "and colleagues," or "and coworkers." Do not use "et al."

Examples: Smith and coworkers^{4,5} reported.

Findings were as follows⁵⁻⁸ :

Once a reference is cited, subsequent citations should be to the original number.

Listing of references

The Transactions uses the AMA style for references. List references in consecutive numerical order in a reference list at the end of the manuscript. This list should be single-spaced. Endnotes or other reference manager tools for references must be disabled or not used since these formats interfere with the publication process.

For references to journals, include author names (followed by a period), article title, abbreviated *journal name* (in *italics*), year, volume number, and inclusive pages. Place a period at the end. If there are more than six authors, list only the first three followed by "et al." Abbreviated journal names can be found in the List of Journals Indexed in Index Medicus at <http://nlmpubs.nlm.nih.gov/online/journals/ljiweb.pdf>, on MEDLINE, and in the AMA Manual of Style.

Example: Gragoudas ES, Egan KM, Walsh SM. Lens changes after protein beam irradiation for uveal melanoma. *Am J Ophthalmol* 1995;119:157-164.

For references to books, include author names (followed by a period), article title, editors, book title (in *italics*), edition or volume, city of publication, publisher, year, and inclusive page numbers. Place a period at the end.

Example: Aaberg TM. Pars plana vitrectomy for persistent aphakic cystoid macular edema secondary to vitreous incarceration in the cataract wound. In: McPherson A, ed. *New and Controversial Aspects of Vitrectomy Surgery*. Vol 3. St Louis: Mosby; 1977:230-239.

For references to other types of material, consult the AMA Manual of Style. References to materials not yet published should be as complete as possible and should be updated before publication of the thesis.

Unpublished data, such as personal communications (electronic, oral, or written), studies in preparation or submitted for publication, posters, and unpublished abstracts the reader cannot retrieve in a literature search, are discouraged but may be incorporated parenthetically into the text. The corresponding author is to provide authorization for use of this personal communication.

Example: Marman and colleagues are studying the effect of zinc on lens membranes (H.E. Marman, MD, unpublished data, 1997).

Example: Similar findings were noted by A. B. Smith, MD (written communication, March 20, 1995).

Association for Research and Vision in Ophthalmology (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 (Evans OJ, ARVO Meeting, 2000, Abstract)

Web references should be limited to important full-length articles that are not available in print or that have been updated on the Internet since their 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. The author is required to print and maintain a copy of the web pages referenced and subsequently provide them to any appropriate requester at any future date.

Example: The World Medical Association, Inc. Declaration of Helsinki: Ethical principles for medical research involving human subjects. Available at: <http://www.wma.net/e/policy/b3.htm>. Accessed June 25, 2003.

ACKNOWLEDGMENTS/DISCLOSURE

The **American Ophthalmological Society** requires the thesis candidate to accept full responsibility as the primary author for all aspects of the submission; however, multiple authorship is encouraged to accurately reflect the contributions of each author.

Enhanced disclosure information is required from every author in a specific format. The following information should appear, in the order indicated (labeled A through E), in the Acknowledgment section of the thesis (just prior to the References). The information will appear in the *Transactions of the American Ophthalmological Society*. This information should not appear on the Title page of the manuscript or in the Methods section of the manuscript.

To preserve the anonymity of the author, the author should remove this entire Acknowledgment section in the "de-identifying copy" of the thesis prior to forwarding the thesis to the Executive Vice President.

Use the following template for the Acknowledgment:

A. *Funding/Support (including none):* any government and non-government support must be acknowledged. (The thesis candidate is reminded that several government funding sources require providing open access to your manuscript.)

B. *Financial Disclosures:* now or in the previous two years that related to any commercial companies or devices (including none); employee, consultant or advisory positions; speaker bureaus, lecture fees; grant support, equity payments; patents; advisor to investment companies; and expert witness testimony as attributed to and identified for each author. Financial involvement with companies that directly compete with products in thesis must also be disclosed. Do not try to determine yourself if your financial disclosures relate to thesis as that is the responsibility of the editor of the *Transactions of the American Ophthalmological Society* and the Chair of the Committee on Theses. Please complete the [AOS Thesis Author Disclosure Form](http://www.aosonline.org/thesis_author_disclosure_form.doc). (http://www.aosonline.org/thesis_author_disclosure_form.doc)

C. *Contributions to Authors in each of these areas:* design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript. After each component, provide author initials in parentheses, SAMPLE: Contributions of Authors: Design of the study (AB, CD, EF); Conduct of the study (AB, EF, GH), etc. Each author must have a specific role in the manuscript; however, **the thesis candidate must have an identifiable contribution to each component of the thesis**. Overall management/supervision of a laboratory alone or a position of chair alone does not constitute an authorship role. Please complete the [AOS Thesis Contributions of Authors and Sponsors Form](http://www.aosonline.org/thesis_author_contribution_form.doc). (http://www.aosonline.org/thesis_author_contribution_form.doc)

D. *Statement about Conformity with Author Information:* Name of IRB that approved the research, the date of the approval, and the identification number of the protocol or provide a statement and rationale as to why the named IRB waived approval, proper informed consent for both the treatment and participation in the research, HIPAA compliance, Clinical Trials registration, number and location, and Institutional Animal Care and Use Committee guidelines. If the IRB waived the need for approval of this research, then indicate adherence to the Declaration of Helsinki and all federal or state laws in your country. Authors cannot make the decision as to whether IRB approval is needed; your IRB should make that decision and provide a waiver if they feel it does not require IRB approval.

E. *Other Acknowledgments:* Statisticians and medical writers or industry writers might fulfill the criteria for authorship of the thesis and should be recognized in that role. Otherwise recognize statistical consultation, medical writers or industry writers in the acknowledgment. Include the name and affiliation of the individual. The **AOS** does not accept theses that do not accurately reflect who wrote the content. Editorial assistants, photographers, artists, laboratory associates, and others who simply assist in preparation of the theses should not to be acknowledged, however valuable their service.

FIGURES AND LEGENDS

Submit the legends for all figures on a separate page after the tables. Each legend should have a short title. The legend for each figure must contain information that allows the figure to be understood independent of the manuscript. An illustration is a single photograph or image. A figure may consist of one or many illustrations. Figures are cited in consecutive numerical order in the text and are designated by Arabic numerals (Figure 1). If the figure has more than one part, there must be a figure title before the parts (upper, lower, upper left, etc) are described. The figures should not be embedded in the digital manuscript text. Digital figures must be submitted in a specific format that is required by the National Library of Medicine for inclusion in PubMedCentral. All figures should be high quality and:

At least 1500-2000 pixels wide.

At 72 dpi, that would be at least 20" wide.

At 300 dpi, that would be at least 5" wide.

They should be saved in a "lossless" picture format, uncompressed, meaning either TIFF or highest quality JPEG.

The author should consult with professionals to assure the correct digital submission. The figure itself should have no writing or lettering but may have arrows or pointers as appropriate. The Committee on Theses along with the Editor is the final arbiter as to whether the figures are of acceptable quality for appearance in the *Transactions*.

Remove identifiable patient names from x-ray films; MRI and CT scans; corneal, retinal, and optic nerve topography scans; ultrasound scans; fluorescein angiograms; visual fields; and photographs. If a patient can be identified in a photograph, a signed statement from the patient (or guardian) giving permission to publish the photograph must be obtained.

Note in the legend if images have been digitally enhanced or altered in any way. Stains and magnifications should be included in parentheses at the end of legends as follows: (hematoxylin-eosin, x30).

If a figure has been published elsewhere, the original source (copyright holder) should be acknowledged in the legend.

TABLES

Create tables using Microsoft Word's table tool, without columns or tabs. Do not use Excel to create the tables. Tables should contain enough information in the title and the footnotes so that the table can be understood independent of the manuscript text. The table title usually has the study and / or the disease mentioned. Tables are cited in consecutive numerical order in the text and are designated by Arabic numerals (Table 1, Table 2, etc). Each table should be typed double-spaced on a separate page. If a table must be continued on another page, repeat all column headings on the subsequent page. Abbreviations used in a table must be explained in a footnote.

AUTHOR CONFIDENTIALITY

According to the Bylaws of the AOS, the Committee on Theses will review each thesis submitted as a requirement for membership and will judge its merit with no knowledge of the author's identity.

The candidate as primary author should submit 2 versions of the manuscript text. One version should be the complete version and the second version should have all identifying information removed and replaced with ".....". Eliminate all logos, references to institutions, IRBs, clinic geographic locations, or other information in the title page, text, acknowledgment etc, that might be a clue to the identity of any of the authors so that the thesis may be forwarded to the Committee on Theses.

Authors may reference their own work but should refrain from using phrases such as "my previous investigations" or "I have previously shown." Statements such as "previous investigations have noted" are preferable.

PAGINATION AND MARGINS

Manuscripts should be typed single-spaced and the right and left margins should be .5 inches. Right margins should be justified. Pages should be numbered consecutively with page numbers in the lower right corner. Font size should be adjusted to 10-point Times New Roman.

III. SUBMISSION REQUIREMENTS

COPYRIGHT

The Society will be the owner of the thesis. However, the thesis or a condensed form of it may be published in a medical journal of the author's choice. (See SUBMISSION OF THESIS TO ANOTHER JOURNAL below.)

CLINICAL TRIALS REGISTRATION

The **Transactions** requires that human clinical trials be registered before enrollment in order for the results to be published in the **Transactions**. See Arch Ophthalmol 2005;123:1263-1264 for complete statement. Phase III trials should be registered as well as many phase II trials. Most phase I trials do not need to be registered. The Methods Section should contain a statement about where the registration information is available to the public. Satisfactory public databases include the National Institute

of Health maintained site at <http://www.clinicaltrials.gov> (for either NIH or non-NIH sponsored studies) or the International Standard Randomized Controlled Trials at <http://www.controlled-trials.com>.

AUTHORSHIP RESPONSIBILITY AND AGREEMENT

The Authorship Responsibility with the AOS certifies that the candidate as the primary author submitting the thesis participated sufficiently in the conception and design of the work and the analysis of the data, and the writing of the manuscript. It verifies that the candidate reviewed the final manuscript, approved it for publication and that neither the manuscript, nor one similar in content by the candidate or any of the other authors, has been previously published or is being considered for publication elsewhere. www.aosonline.org/copyright-form.pdf

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST STATEMENT

Disclose the nature of any proprietary or commercial interest in material included in the thesis in the Acknowledgment section. Examples of a potential conflict of interest include employment, stock, ownership or options, and honoraria from manufacturers. www.aosonline.org/findisc/findisc_menu.html

ANIMAL STUDY STATEMENT

Experimental investigations involving animals should contain a statement in the Methods confirming that the study conforms to the generally accepted principles of animal maintenance and care or adheres to ARVO principles (<http://www.arvo.org/eweb/dynamicpage.aspx?site=arvo2&webcode=AnimalsResearch>). The relevant institutional board approval must be identified (but institutional names must be blackened out in the hard copy.)

HUMAN STUDY STATEMENT

In consideration of patients' rights and patient protection, a statement within the Methods is required confirming institutional review board (IRB) approval of the data accumulation or the study protocol. Obtain informed consent from all the patients or subjects. If you do not have an IRB, then a statement is required that confirms that the data accumulation is in conformity with all Federal and State laws and specifically HIPAA guidelines (<http://www.hhs.gov/ocr/hipaa/privacy.html>).

PERMISSION FOR IDENTIFIABLE PHOTOGRAPHS

If a patient can be identified in a photograph, written permission to use the photograph must be obtained from the patient and submitted with the photograph.

TRANSMITTAL LETTER AND DOCUMENTS

Submit a letter to the Secretary-Treasurer with the thesis that includes the following: the candidate author's name, mailing address, phone number, fax number, and e-mail address. In addition, the following things should also be included:

Manuscript

Two electronic copies of the single -spaced manuscript and one copy of the figures. One copy of the manuscript should be the clean copy and the second copy should have all identifying information replaced with "....."

Title page

Title

Author's name, academic degree, affiliation

Author's mailing address, phone number, fax number, and e-mail address

Names of other authors, academic degrees, affiliations

Abstract

Structured

250 words or less

Single-spaced

Separate page

Text

Including Introduction, Methods, Results and Discussion sections (and perhaps Conclusion Section), appropriate IRB statement, informed consent from patients confirmed, and/or animal care statement

Acknowledgments to include information on funding, financial disclosure, contributions of authors, other acknowledgments.

Reference list

Legends

Tables

Illustrations

Figures or illustrations are required in digital format

Submission to another journal footnote (if applicable)

Permissions

Signed permission from publisher for previously published figures

Signed permission from patients who can be identified in photographs

Signed authorship responsibility, author agreement, and copyright transfer

(www.aosonline.org/copyright-form.pdf)

Signed primary/secondary publication agreement (if applicable)

IV. REVIEW PROCESS AND NOTIFICATION

The Committee on Theses, consisting of three AOS members, reviews each thesis submitted as a requirement for membership and judges its merit with no knowledge of the identity of the author. It reports its opinion of each thesis to the Council under the following categories: acceptance or revision.

In some cases additional opinions may be sought from among the members of the Society or from an expert selected from outside the Society. The Committee on Theses makes its final recommendations to the Council for its action. Members of the Society vote upon candidates approved by the Council, at the annual Executive Session. Election to membership is by a favorable vote of three-quarters of the members present and voting. Candidates will be notified of the decision in May, following the Annual Meeting.

V. RESUBMISSION

When an author is asked to revise and resubmit a thesis, points needing further clarification will be enumerated to the author. These items should be addressed in the revision. The manuscript should be returned by the next January 1 if possible, and at the latest, by the following January 1 (19 months following the initial decision of the Committee on Theses) for reevaluation by the Committee on Theses. A cover letter must accompany the revised thesis indicating the author's response to each requested revision point. Because the composition of the Committee changes annually, the revised thesis will be reviewed by at least one different individual. Although the Executive Vice President will be responsible for being certain that the current Committee members are familiar with the comments and criticisms contained in the letter from the "original" Committee to the candidate, the current Committee will judge the revised thesis on all of its merits and deficiencies and will not limit the review to the responses of the author to the original critique. Following the initial submission, a thesis may be revised twice. If the second revision remains unacceptable, the decision of the Committee on Theses will be referred to the Council and the invitation to membership will be withdrawn.

VI. PUBLICATION IN THE TRANSACTIONS

All accepted theses are published in *Transactions* at the AOS website as well as free open access at PubMedCentral during the same year as accepted. Authors must cooperate in the publication process or the thesis acceptance may be withdrawn.

VII. SUBMISSION OF THESIS TO ANOTHER JOURNAL

All or a portion of a thesis may be published in a journal of the primary author's choice after the thesis and individual have been accepted by the Council and the membership in May each year. An author should bear in mind that if the thesis were returned for revision, prior publication would compromise the evaluation of the revision by the Committee on Theses. Therefore, submission to another journal should be delayed until the author has been notified of the acceptance of the thesis.

The entire thesis or a condensed version may be submitted to another journal under the following conditions:

Because most journals require that a work submitted for publication has not been previously published, the *Transactions* is willing to be the secondary publication in these select circumstances. The primary journal may hold the copyright and the AOS would be licensed for the secondary publication. It is the responsibility of the primary author to discuss the copyright arrangement with both the Editor of the other journal and the Editor of the *Transactions* to ensure that the copyright and licensing arrangement is secured in writing that is acceptable to the other journal's legal rights primarily, and to the AOS secondarily. The primary author specifically needs to address this early, as many journal editors will not be aware of these nuances. Failure to assume these responsibilities may negate the publication in the other journal since the article must appear in the *Transactions* in accordance with the AOS Bylaws. Authors who wish to submit to another journal should prepare the thesis or a condensed manuscript for a journal of their choice prior to, but in anticipation of, acceptance by the AOS. It may be submitted to the journal only after acceptance by the AOS (in May). Thus, a narrow window of time exists between the AOS Annual Meeting (May) and the date of publication of the *Transactions* (December) for authors to obtain acceptance and publication elsewhere.

The author(s) must ensure that both the Editor of the *Transactions* and the Editor of the other journal agree on or acknowledge this dual publication in a footnote as well as in a separate written document.

Submission of a thesis to another journal should include the following footnote:

“This manuscript is based on a thesis that was prepared in partial fulfillment of the requirements for membership in the American Ophthalmological Society and published in the Transactions of the American Ophthalmological Society in <year>.The manuscript underwent subsequent peer review by the <name journal> and has been modified following the peer review process”

It is also desirable to have the thesis as one of the early references, indicating “forthcoming” if not yet in print.

VIII. CONTACT INFORMATION

Theses should be submitted on a CD or DVD by the deadline to the Executive Vice President:

Thomas J. Liesegang MD

Mayo Clinic

4500 San Pablo Road

Jacksonville, FL 32224

Tliesegang@mayo.edu (This email is provided for queries only; do NOT email the thesis)

904-953-2555