

Stand Out: How to Write a Successful Submission



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Moderator



Bennie H. Jeng, MD

Associate Secretary

Annual Meeting Program Committee



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Panel



Andrew G. Lee, MD
AMPC Member



Sharon D. Solomon, MD
AMPC Member



Steven J. Gedde, MD
AMPC Member



Stephen D. McLeod, MD
Ophthalmology, Editor-in-Chief



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How to write a great abstract in 100 words



Weill Cornell Medical College



Andrew G. Lee, MD

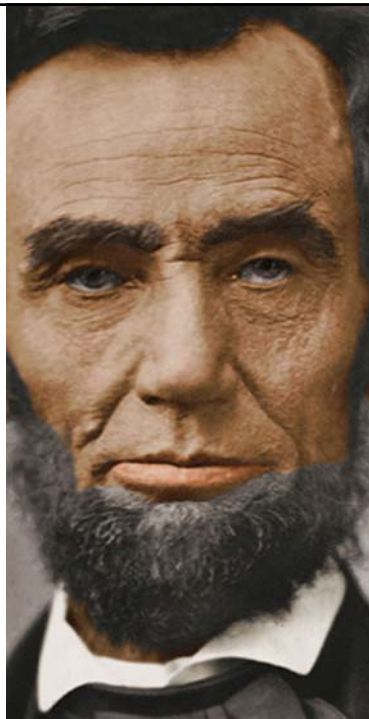


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An abstract should be concrete, not abstract



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Lincoln (Gettysburg address)

- Four score and seven years ago
- Our fathers brought forth on this continent
- A new nation
- Conceived in liberty
- And dedicated to the proposition
- That all men are created equal

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Lincoln's abstract about abstracts

ABSTRACT

The abstract is a short paragraph (usually less than 200 words) that *summarizes* the (1) objectives and scope, (2) methodology, (3) data, and (4) conclusions. This section should be written last, once all of the other sections have been written. Some bibliographic databases only include the abstract, not the entire article, so this information is essential when other investigators are trying to judge the applicability of your work to their current research.

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Edward Everett was the keynote speaker at Gettysburg

I should be glad if I could flatter myself that I came as near the central idea of the occasion, in two hours, as you did in two minutes.



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Churchill June 4,
1940

- We shall fight on the beaches
- We shall fight on the landing grounds
- We shall fight in the fields and in the streets
- We shall fight in the hills;
- We shall never surrender

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Make it simple, clear, and concise,

- Title: May not exceed 120 characters
- Do not bold, underline or italicize the title
- Make title concise and descriptive (but also attractive)
- Avoid gratuitous statements, questions, or irrelevant information?
- Names of authors/affiliations not allowed (AAO review = anonymous)
- Be specific when making your topic selection (only select one)

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Abstract body

- Title should NOT be added to abstract body text (redundant)
- Use structure: Purpose, Methods, Results, Conclusion (not required for case reports)
- Include sample size, study duration and follow-up
- Describe any novel or non-standard techniques used
- Abstracts with statements such as "will be done," "will be studied," "will be underway," "will be analyzed," will not be selected
- Abstracts cannot be appended past April deadline

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Character counts

- Character count = 1000 characters (120-200 words)
- If too long it will not submit!
- Online submitter app automatically counts hidden formatting
- Do not copy/paste formatting symbols into abstract body field
- To avoid exceeding character limits, paste only simple text
- Use formatting features above text box to add symbols
- Proofread your abstract!
- Concise and clear abstracts are graded well
- Misspellings and typographical errors reflect badly on research
- When using abbreviations within the abstract text, first include complete term followed by abbreviation in parenthesis (e.g., vitreous loss (VL))

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Study design, precis, and background

- **Study Design**
 - A list of study designs is provided by AAO
 - Animal studies tend to be rejected
- **Précis**
 - Concise summary of abstract and should not duplicate conclusion (not published and only used internally by selection committee)
- **Background Statement**
 - Paper/poster: Background Statement (250 characters) required
 - Opportunity to relay additional information to selection committee
 - Should not be an exact duplication of abstract text
 - Succinct statement explaining background (Why this study was undertaken)

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Take home messages: AAO abstract building

- Short and sweet
- Concise, clear, structured
- Less is more
- Write your abstract last
- Follow AAO instructions for authors to the letter
- Character counts count
- Ask yourself: Would I want to read this paper?
- Be like Lincoln or Churchill when writing your abstract

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I thank you for your time and attention



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How to *Write* a Winning Course Proposal

Sharon D. Solomon, MD
Wilmer Eye Institute, Johns Hopkins

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I have no financial interests or relationships to disclose

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Brainstorming

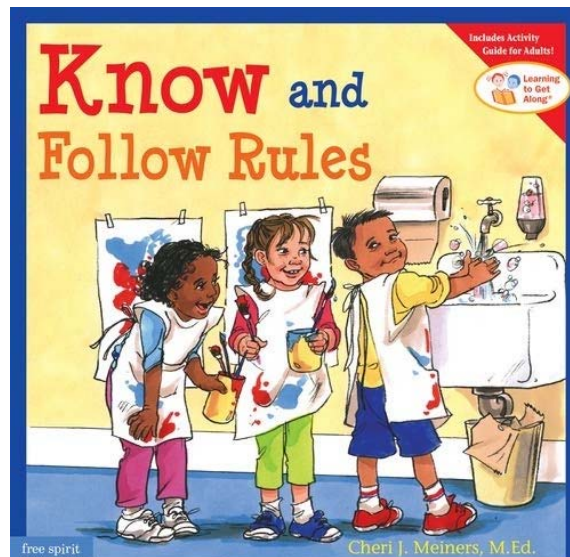
- Design a completely new course
- Offer a unique perspective by building on a familiar topic
- Fulfill the clinical and academic needs of the Academy's attendees
- Have broad appeal



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Know and Follow the Rules

- Title ≤ 120 characters
- Maximum of 5 instructors
- Minimum of 4 confirmed panelists
- List instructors in presentation order
- Senior instructor needs to provide Academy with accurate contact information for all co-instructors

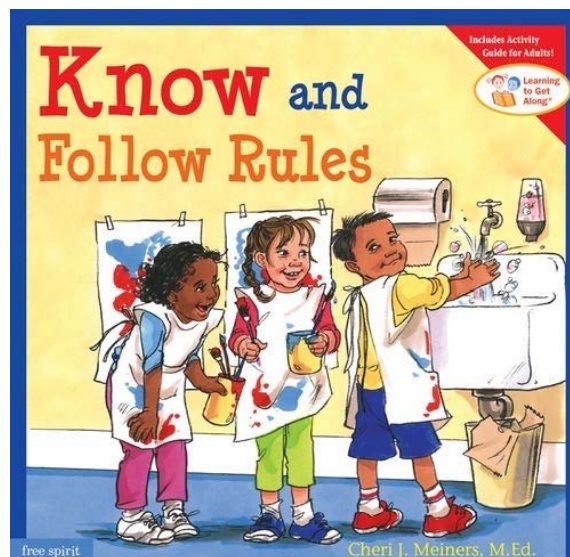


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Know and Follow the Rules

Provide a two-part structure abstract describing the synopsis and objective(s) of the course.

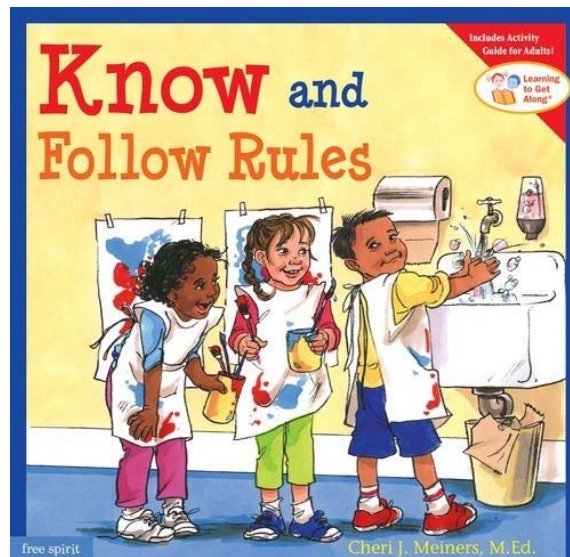
- Course synopsis describes the material to be presented in the course.
- Course objectives define the specific measurable outcomes expected for the attendee and should complete the sentence, *"At the conclusion of this course, the attendee will be able to..."*



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Know and Follow the Rules

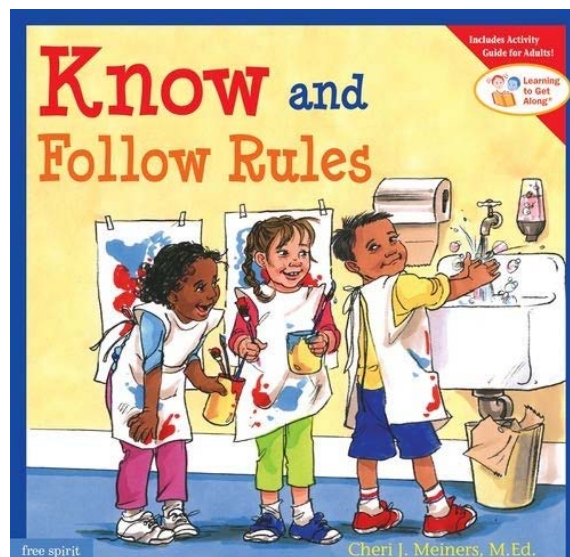
- Do not use proprietary names alone in the title or the body of the abstract.
- If necessary, you may include a proprietary name in parentheses directly after the generic name on first use in the body of the abstract.



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Know and Follow the Rules

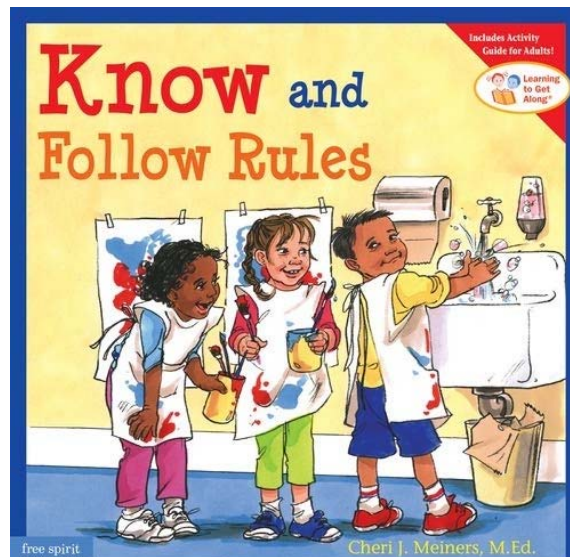
- The abstract may not exceed 1000 characters (approximately 100 words with spaces).
- A course outline must be submitted for ALL course submissions, regardless of whether or not the course has been presented before.
- The outline must present a moderate amount of detail about the main points of the course~one page per course hour.
- If there are section titles by presenter, include the section titles in the outline.



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Know and Follow the Rules

- Provide a succinct statement explaining why this course should be included at the Academy's annual meeting
- What clinical or patient need is being fulfilled?
- Can use up to 250 characters~40 words with spaces
- Can also submit a background statement-opportunity to provide additional information to the Annual Meeting Program Committee (AMPC) on the clinical relevance of the course



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Be Flexible

- All courses have been standardized to 75 minutes to allow for one hour of instruction time and 15 minutes of Q&A.
- AAO 2021 will be designed to include live courses and on-demand courses.
- All abstracts will be reviewed as possible live or on-demand courses with the AMPC making the final decision.
- Selecting "Live/On Demand" gives the committee the most flexibility to select the course for use.

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Give *Special* Consideration to....

- Showcasing junior faculty to whom the baton can be passed
- Showcasing a balance of male and female co-instructors
- Showcasing a balance of academic institutions or private practices
- Diversity!

**AND IF
YOU DON'T
KNOW
NOW YOU
KNOW**

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**Thank you
for your
attention!**

*Looking forward to
seeing you at the
meeting!!*



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HOW TO MAKE A GREAT POSTER AND GIVE A GREAT 7-MINUTE TALK

Steven J. Gedde, M.D.
Bascom Palmer Eye Institute

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Financial Disclosure

- I have no financial interests or relationships to disclose

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Acceptance Rate

Year	Abstracts Submitted	Papers	Posters
2016	1780	107 (6%)	537 (30%)
2017	1483	100 (7%)	532 (36%)
2018	1760	102 (6%)	567 (32%)
2019	1961	87 (4%)	545 (28%)
2020	1882	67 (4%)	523 (28%)

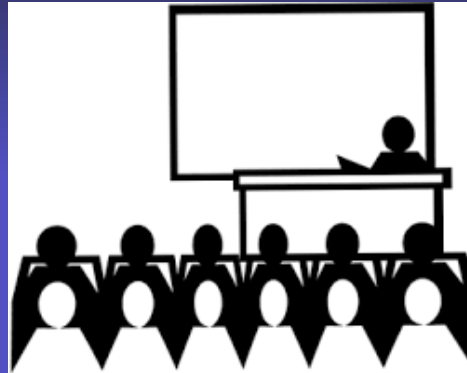
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Paper Presentations

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Content

- Title slide
- Financial Disclosure
- Introduction
- Methods
- Results
- Discussion
- References



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Title Slide

- List title and authors
- May include institutional affiliation, but not required
- Author listed first is presenting author and controls content of presentation



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Financial Disclosure

- Presenters must include a financial disclosure as the first slide
- Disclose all financial relationships from the past 12 months
- “I have no financial interests or relationships to disclose” if nothing to disclose
- Presenters must verbally state all financial interests that specifically pertain to the presentation

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Financial Disclosure

Category	Code	Description
Consultant/Advisor	C	Consultant fee, paid advisory boards or fees for attending a meeting
Employee	E	Employed by or received a W2 from a commercial company
Lecture Fees	L	Lecture fees or honoraria, travel fees or reimbursements when speaking at the invitation of a commercial company
Equity Owner	O	Equity ownership/stock options in publicly or privately traded firms, excluding mutual funds
Patents/Royalty	P	Patents and/or royalties for intellectual property
Grant Support	S	Grant support or other financial support to the investigator from all sources, including research support from government agencies (e.g., NIH), foundations, device manufacturers, and/or pharmaceutical companies

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Introduction

- Concise description of the condition or clinical problem addressed by the study
- Brief review of pertinent literature
- Include objective of study



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Methods

- Identify study design
- Indicate number of persons or eyes studied
- Provide inclusion/exclusion criteria
- Describe therapeutic interventions
- Define primary and secondary outcome measures
- Indicate how outcome assessments were made
- Provide follow-up schedule

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Results

- Describe outcomes and measurements
- Use tables and figures
- Present summary data with appropriate statistics (confidence intervals, exact p-values)

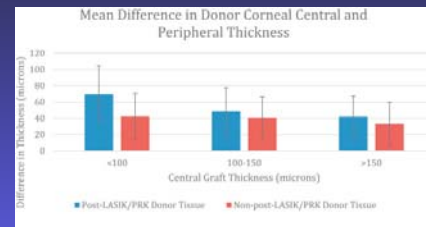


TABLE 3. RETINAL IMAGE MAGNIFICATIONS CALCULATED IN SHORT, MEDIUM, AND LONG EYES WITH 4 DIOPTERS OF VERGENCE FOR A DUAL-OPIC INTRAOCULAR LENS: CARDINAL POINTS AND THEIR DERIVATIVES.

PARAMETERS	SHORT EYE	MEDIUM EYE	LONG EYE
Dual-optic eye system power matrix	$\begin{pmatrix} 0.008 & -0.016 \\ -0.002 & 0.016 \end{pmatrix}$	$\begin{pmatrix} 0.012 & -0.024 \\ -0.004 & 0.012 \end{pmatrix}$	$\begin{pmatrix} 0.007 & -0.014 \\ -0.001 & 0.014 \end{pmatrix}$
First focal point (F ₁)	-12.76	-14.000	-16.662
Second focal point (F ₂)	21.085	21.037	23.83
First principal point (P ₁)	1.597	1.244	0.521
Second principal point (P ₂)	1.900	1.561	0.847
First nodal point (N ₁)	6.422	6.368	6.301
Second nodal point (N ₂)	6.729	6.683	6.627
First focal length (FFL ₁)	14.36	15.25	17.203
Second focal length (FFL ₂)	19.185	20.376	22.964
Image distance from second principal point	20.30	21.69	24.65
Image vergence in diopters	63.811	61.60	54.19
Object distance from first principal point	-281.47	-251.87	-231.97
Image vergence in diopters	3.824	3.97	3.94
Magnification (M _{retinal})	-0.05911	-0.06443	-0.07266

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Discussion

- Summarize and interpret important study findings
- Compare and contrast study results with other investigations
- Discuss applicability and relevance to clinical practice
- Identify study limitations and/or inherent biases

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References

- List references cited in presentation
- Use standard format



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General Considerations

- 16:9 aspect ratio
- Use font size that is easily readable
- Generic nomenclature/free of commercial bias
- Paper presentations should be limited to 7 minutes (consider preparing a transcript)
- Paper presenters must submit a condensed manuscript for the panelists 4 weeks before the meeting
- Best Paper for each session will be selected by the panel and announced at the end

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Poster Presentations

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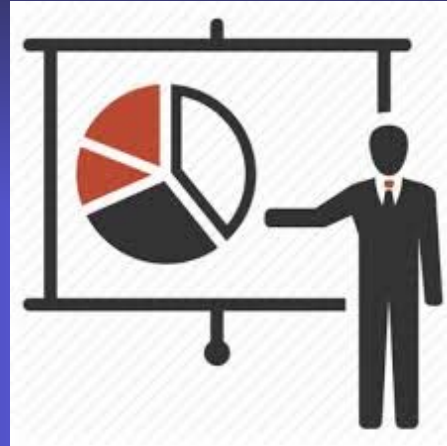
General Considerations

- Electronic poster is submitted prior to meeting (no physical posters)
- Slides with option to add audio
- No embedded videos
- 6-8 content slides excluding title, disclosure, and reference slides
- 4 minutes total narrative time

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Content

- Title slide
- Financial Disclosure
- Background/Objective
- Methods
- Results
- Conclusion
- References



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Design

- Eye-catching, attractive, concise, organized
- Template available (categories, minimum font size)
- 16:9 aspect ratio
- Arrange text and graphics in a logical flow of information
- Use bullets or bold print for emphasis
- Content should educate without presenter available to explain
- Generally desirable to have less text and more images
- Generic nomenclature/free of commercial bias
- 3-4 references is standard

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Additional Formats

- **Poster Theater**
 - Concise presentation is given using electronic poster
 - Short, moderated Q&A follows each speaker

- **Poster Discussion**
 - Unmoderated 30-minute session containing 4 poster authors who function as a panel
 - Presentation of poster is limited to 4 minutes followed by discussion with panel
 - Posters grouped based on topic area

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Thank You

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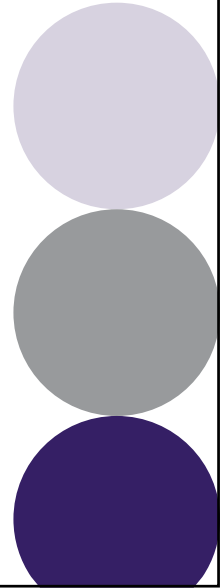
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Tips for the Annual Meeting Publishing in **Ophthalmology**

Stephen D. McLeod, MD

Theresa M. and Wayne M. Caygill, MD Distinguished Professor and Chair
Department of Ophthalmology
University of California San Francisco
Francis I. Proctor Foundation

March 2021



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The presenter is Editor-in-Chief of **Ophthalmology** and in this role is compensated by the American Academy of Ophthalmology

The presenter does not otherwise have a financial interest in the subject matter of this presentation



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AAO Annual Meeting

- **Ophthalmology** retains first right of refusal for all original manuscripts emanating from work presented at the Annual Meeting
- What does **Ophthalmology** look for?

Findings that will help practitioners to make decisions in the everyday care of patients



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AAO Annual Meeting

- Descriptive studies
- Observational studies
- Interventional studies



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Manuscript submissions: fatal flaws

- Descriptive studies
 - Not novel, interesting or important
 - Sample described not representative (favor “population-based”)
 - Inadequate follow-up, incomplete documentation



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Manuscript submissions: fatal flaws

- Descriptive studies
 - Not novel, interesting or important
 - Sample described not representative (favor “population-based”)
 - Inadequate follow-up, incomplete documentation
- Observational studies
 - Similar potential issues compared to descriptive studies
 - Too small
 - “safe and effective”: rule of three
 - Variable follow-up (“last observation”)
 - Correlation confounded with causation



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Manuscript submissions: fatal flaws

Interventional studies

- Poorly defined primary outcome
 - Too many outcome variables and combinations being examined as “outcome”
 - No pre-defined statistical analysis plan
- Poor or inadequate randomization
- Poor or inadequate masking
- Mid-stream protocol or analysis modifications with unclear justification
- Insufficient or poorly defined sample size
- Inadequate follow-up, poor management of loss to follow-up

Non-inferiority design: irrational or inadequately justified margin



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A Great Study

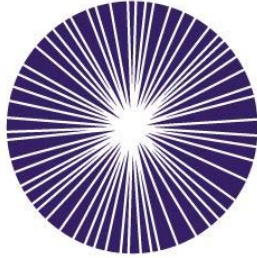
- An interesting, unanswered clinically relevant question
- The question can be posed simply and clearly as a falsifiable hypothesis
- The data either
 - exist to answer the question *or*
 - can be gathered with
 - convincing randomization
 - reliable masking protocols for data acquisition and analysis
 - adequate subject retention at the endpoint

And the answer helps us to take better care of patients...



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