

Submission of Figures to the Japanese Journal of Ophthalmology

1. All figures should be ready for publication without the need for changes by either the editors or publishers.
2. There should be no text (words or letters) within the figures except for letters indicating the order of the figures, all of which should be in lowercase letters and at the top left corner of the figure; the font of these letters should be either Arial or Helvetica. Symbols such as arrows to indicate specific features may also be included in the figures. Both the letters and figures should be of sufficient size, font and color to be clearly legible to the reader.
3. In color figures, the color combinations should be such that the figure will be clear and that no confusion between any parts on the figure will be possible.
4. Three dimensional figures should be used only whenever 2-dimensional figures cannot convey the necessary meaning.
5. Write the title and legend of each figure in the same file as your paper, following the references. The Japanese Journal of Ophthalmology combines the titles and legends with the figures. Write the title first, followed by a period. After that write the legend part explaining the figure briefly and in order. When writing the legend, keep to the alphabetical order of the letters in the figure, i.e. if your figure has 4 images a, b, c, d; explain the figure in the same order (and not b, c, d, a). Letters used in the figure should come first in bold (letters should be lowercase, not capital) followed by one space with no punctuation; after this, write the explanation.
6. All pathology figures need to be accompanied by the appropriate scale bar in the lower right-hand corner of the figure. The values of the scale bars (e.g. 100 μ m) should be in the figure legends (not on the images themselves).
7. Abbreviations in figures should be consistent with those used in the text and should be defined in the same manner, write the full term followed by the abbreviation in brackets: posterior tarsal artery (PTA).
8. Whenever figures are reproduced from another publication, permission must be received from the original publication and acknowledgement added at the end of the legend.
9. Symbols should be easily distinguishable by color or shade and shape. Preferred symbols are ○●, although the following can also be used: ■□△▲
10. Graphs should have only the bottom horizontal line and the left-side vertical line. Do not encircle the graphs by a box.
11. Explanations of the vertical axis should be written from bottom to top, and indicate the unit of measure. Explanations of the horizontal axis should be written under the

axis and indicate the unit of measure. Except for MKS unit system, all abbreviations of units should be explained.

12. All axes should be drawn to scale and, whenever not in scale, the gap should be indicated by a line break.

Example 1

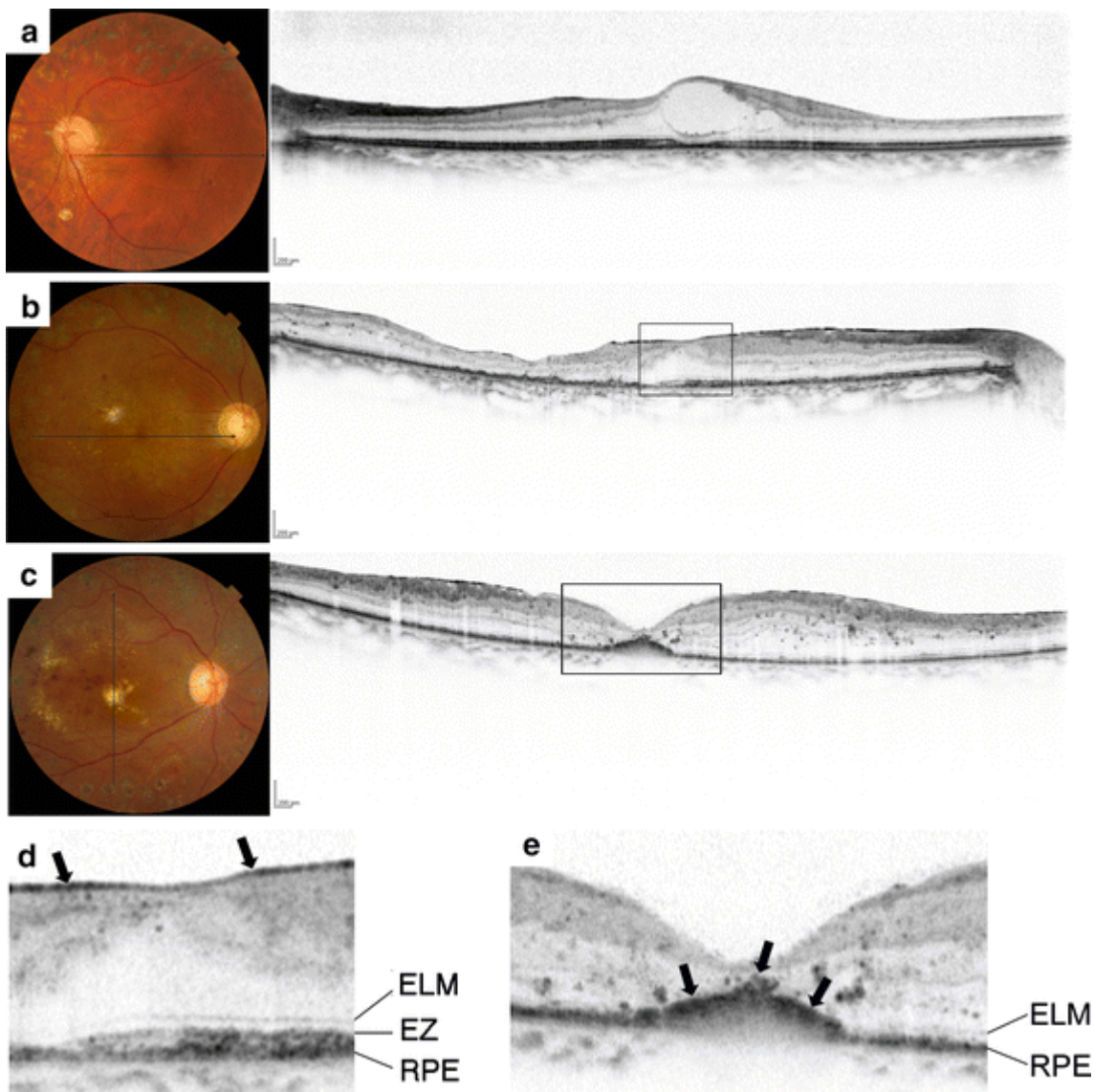


Fig. 1

Fundus photographs and optical coherence tomography images. **a** Representative cases with refractory macular edema, **b** epiretinal membrane (ERM), and **c** accumulation of hyperreflective foci at the fovea corresponding to hard exudates 6 months after microincision vitrectomy surgery for proliferative diabetic retinopathy. **d** The magnified

image shows ERM involving the fovea (arrow). **e** The external limiting membrane (ELM) and the ellipsoid zone (EZ) are disrupted around the confluent hyperreflective foci (arrows) on the retinal pigment epithelium (RPE) in the magnified image

※Murakami. T, et al. Macular morphologic findings on optical coherence tomography after microincision vitrectomy for proliferative diabetic retinopathy. *Jpn J Ophthalmol* 2015;59:236–43.

Example 2

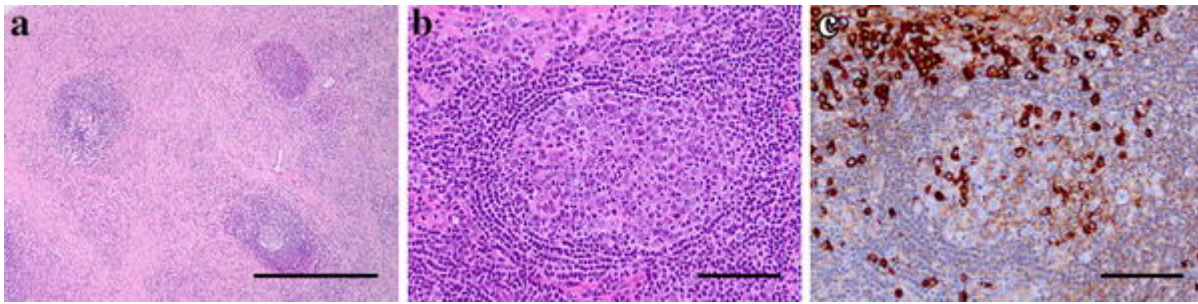


Fig. 2

Histopathologic findings of IgG4-related ophthalmic disease. **a** Lymphoplasmacytic infiltration accompanied by follicular formation and marked fibrosis. H&E staining. Bar = 500 μ m. **b** Magnified image of a follicle with a germinal center. H&E staining. Bar = 100 μ m. **c** Immunohistochemical staining showing many IgG4-positive cells. Bar = 100 μ m

※Goto. H, et al. Diagnostic criteria for IgG4-related ophthalmic disease. *Jpn J Ophthalmol* 2015;59:1–7.

Submission of Tables to the Japanese Journal of Ophthalmology

It is important that the reader will quickly understand the key point and find the data of interest, so please make the tables so that the information is arranged logically and clearly.

1. Each table should have the table number followed by a brief, specific title.
2. The title is followed by a black horizontal line.
3. Under the line write the column headings.
4. Under the column headings comes another horizontal line. Do not insert any vertical lines.
5. The row headings come on the left hand side of each cell.
6. The data cells come to the right of the row headings under the appropriate column headings.
7. At the bottom of the table insert a third horizontal line.
8. When using any particular characters such as ^a, ^b, ^c within the table, explain these in their order of appearance at the bottom of the table under the line.
9. Do not leave any cells blank. If there is no data available for a particular cell, insert the letters NA, in capital, in the cell.
10. Tables, together with their titles, should be self-explanatory. Do not write a legend to the tables.

Example 3

Table 2 Changes in corneal higher-order aberrations for 4- and 6-mm optical zones and corneal asphericity index after phototherapeutic keratectomy

Parameter	Before PTK		Before cataract surgery after PTK		<i>p</i> value
	Average ± SD	Range	Average ± SD	Range	
Corneal spherical aberration (4-mm zone, μm)	0.06 ± 0.05	−0.07 to 0.16	0.04 ± 0.06	−0.10 to 0.14	0.32
S3 (4-mm zone, RMS, μm)	0.24 ± 0.16	0.07 to 0.74	0.26 ± 0.09	0.11 to 0.46	0.20
S4 (4-mm zone, RMS, μm)	0.13 ± 0.05	0.04 to 0.21	0.13 ± 0.05	0.05 to 0.23	0.94
Total HOAs (4-mm zone, RMS, μm)	0.28 ± 0.15	0.11 to 0.76	0.29 ± 0.09	0.15 to 0.50	0.38
Corneal spherical aberration (6-mm zone, μm)	0.33 ± 0.11	0.09 to 0.51	0.00 ± 0.31	−0.78 to 0.56	0.00*
S3 (6-mm zone, RMS, μm)	0.64 ± 0.47	0.07 to 2.42	0.96 ± 0.61	0.17 to 2.80	0.01*
S4 (6-mm zone, RMS, μm)	0.43 ± 0.11	0.23 to 0.71	0.53 ± 0.52	0.14 to 2.34	0.61
Total HOAs (6-mm zone, RMS, μm)	0.80 ± 0.42	0.27 to 2.48	1.12 ± 0.76	0.40 to 3.65	0.06
<i>Q</i> value	0.13 ± 0.97	−0.83 to 4.34	−0.52 ± 0.47	−1.43 to 0.13	0.00*

PTK phototherapeutic keratectomy, *HOAs* high-order aberrations, *SD* standard deviation, *RMS* root-mean-square, *S3* third-order aberrations, *S4* fourth-order aberrations, *total HOAs* total high-order aberrations (*S3* + *S4*), *Q* value corneal asphericity index, *mm* millimeters, *μm* microns

* *p* < 0.05, Wilcoxon signed-rank test

※Yaguchi. Y, et al. Comparison of the accuracy of intraocular lens power calculations for cataract surgery in eyes after phototherapeutic keratectomy. *Jpn J Ophthalmol* 2016;60:365–72.