

AOPT 2021 abstract submission instructions

Abstract should have title, presenting author (first name, last name) affiliation (superscripted number) as indicated below.

Structured Abstract as shown below

The structured abstract (limit 250 words) should include the following: Purpose, Methods, Results, Conclusions. Providing up to seven keywords is optional.

Title (limit 150 characters including spaces)

Presenting author (first name, last name)¹, other authors (first, last name)².....

1. Affiliation 1
2. Affiliation 2

Structured Abstract as shown below

The structured abstract (limit 250 words, excluding title, authors and affiliations) should include the following: Purpose, Methods, Results, Conclusions. Providing up to seven keywords is optional.

Abstract

Purpose: xxx

Methods: xxx

Results: xxx

Conclusion: xxx

Keywords: (maximum 7)

AOPT 2021 meeting abstract will follow the experimental paper guideline of the Journal of Ocular Pharmacology and Therapeutics.

Please review sample below.

Please submit abstract to: <https://www.aopt.org/fifteenth-meeting/>

SAMPLE ABSTRACT

Novel Cross-Linked Ocular Bandage Gel Improves Reepithelialization After Photorefractive Keratectomy: A Randomized, Masked Prospective Study

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Brenda K. Mann,³ Daniel S. Durrie,⁵ and Vance Thompson⁶

Abstract

Purpose: To compare, in a masked manner, a novel cross-linked hyaluronic acid ocular bandage gel (OBG) versus standard-of-care bandage contact lens (BCL) plus artificial tears with respect to safety and effectiveness in healing epithelial defects created for photorefractive keratectomy (PRK).

Methods: This was a randomized, reading center-masked, exploratory study. Forty-five patients (myopic without significant anisometropia) scheduled for bilateral PRK (9-mm epithelial defect) were randomized post-PRK to treatment with OBG 8 times daily for 3 days, followed by 4 times daily for 11 days (Group 1); OBG 4 times daily for 14 days (Group 2); or BCL and artificial tears (Control). A masked reading center used image analysis of digital slit lamp photos of the fluorescein-stained cornea to evaluate defect size during the 14-day postoperative follow-up period. Effectiveness endpoints were (1) time to complete closure of the corneal defect and (2) proportion of patients with complete healing on day 3 postoperatively, whose defect remained closed. Safety assessments included findings for adverse events and vision, Standard Patient Evaluation of Eye Dryness (SPEED™) Questionnaire, slit lamp, intraocular pressure, and fundus examinations.

Results: The proportion of patients with complete healing at 3 days was 73.3%, 86.7%, and 66.7% of patients in Groups 1, 2, and Control, respectively. On day 2, the mean wound size was 6%–26% smaller in Groups 1 and 2 compared with Control. No safety concern arose. SPEED scores were not significantly different across groups.

Conclusion: OBG offers a well-tolerated and effective therapy for quickly reepithelializing the cornea following trauma, disease, or surgery.

Keywords: hyaluronic acid, hyaluronic acid/analogues and derivatives, photorefractive keratectomy/methods, reepithelialization/drug effects, wound healing/physiology, epithelium, corneal/physiology