



Guidelines for Reviewers

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1- Defining peer review

The peer review system exists to validate academic work. It helps to improve quality of publishing, by ensuring the validity and integrity of submissions.

The origins of journal publishing go back to more than 400 years. Till this day, peer reviewing, despite many criticisms, remains the best method to improve the quality of published research. Reviewers, being at the centre of scientific publishing, make the editorial process work by examining and providing respectful, constructive, and honest feedback on submitted manuscripts. Without this process, there is no control in scientific communication, which would diminish trust in the publications.

In addition to the benefit reviewers offer to the scientific community, they themselves report several reasons for reviewing. These include value from mentoring younger/less experienced researchers, playing an important part in the scientific community, enhancing their reputation and future career, increasing their chances of a place on the editorial board, and many more.

The perfect reviewer of a manuscript is one who is working in the corresponding field of interest. However, being knowledgeable is not enough as the process requires also an enthusiastic individual who is committed to getting the best for the manuscript.

2- How does the process work?

First, authors electronically submit the article to a journal, ideally after reading the author guidelines, increasing the likelihood of having their manuscript processed.

Then, the journal editor will screen and evaluate the paper to see if it fits the minimal quality to be processed. This includes adequacy of the topic, originality, plagiarism check and others. If not, the paper is rejected and the process stops here.

If the editor accepts the paper, then he will select 2 reviewers for the paper. A third reviewer may be needed in case the reports came out to be very different. Reviewers will then receive directions and an invitation to write their report in about two weeks.

Reviewers are expected to ACCEPT or DECLINE the invitation as soon as they receive it to make sure the process keeps flowing without delay and authors frustration. It is better to decline the invitation if a reviewer knows they will not have the time to go through the manuscript than to not return the review in the requested time.



For a good quality review, reviewers are expected to focus on the actual substance of the paper, assess the originality and significance of the work, highlight any valuable omissions, and ensure that previous work is acknowledged both in the paper and the reference list, etc.... NOT on the spelling, punctuation and grammar, which is the job of the copyeditors. If the report received was not helpful, the process will have to start again, further delaying the paper.

Once review reports are returned to editors, the editor will look for comments regarding accuracy and depth of content, appropriateness, quality and clarity of writing, organization and flow of ideas, appropriateness of methods, statistics and presented data, adequacy of conclusions, recency of references and any evidence of ethical breaches.

Reviewers are expected to write their reports in a constructive tone, avoiding harsh and unprofessional comments which the editor can remove before sending the report to the corresponding author.

Once the editor assesses the reviews, he can decide to accept with no revisions (very rarely happens), revise (major/minor revisions needed), or reject the paper, and he then sends his decision to the author.

The authors are then supposed to revise the manuscript based on the reviewers' comments and submit their revised version. When the editor receives the revised version, he may immediately accept the paper, send it back to the original reviewers to make sure all the changes were made and then the paper may be accepted for publishing.

3- Various models of peer review

Four different models of peer review exist:

- 1- **Single-blind peer review:** reviewers know the identity of the authors but are themselves anonymous to authors: this allows reviewers to criticize without the influence of authors but does not protect authors from possible biases.
- 2- **Double-blind peer review:** authors don't know anything about the identity of reviewers, and reviewers don't know the identity of the authors, this model adds the benefit of reducing the possibility of bias but it is difficult to perform under this model.



- 3- **Triple-blind peer review:** authors identity and affiliations are anonymous to both reviewers and editors, despite offering the same advantages as the first two models, this method is extremely difficult practically.
- 4- **Open peer review:** authors and reviewers know each other's identity and affiliations. This actually increases transparency and credibility and many academic journals use this model.

In the **International Journal of Clinical Research (IJCR)**, we operate under the model of **double-blind peer review**.

In addition, there is both an internal and external review process

- 1- Internal process: handling editor evaluates the submission in first place and the review process is conducted by the editorial board of the journal
- 2- External process: handling editor invites experts in the field to review the manuscript based on the journal's guidelines and makes a decision based on the submitted reports.

In the **International Journal of Clinical Research (IJCR)**, we will be using both processes according to the submitted manuscript.

4- What to do after receiving a review invite

When you receive an invitation to review a manuscript you first need to decide whether to accept or decline the invitation. To do that, **ask yourself the following questions:**

- **Will I be available to review the manuscript within the deadline?** If not, and you would really like to have that opportunity considering your involvement in the field, you could ask the editor for a limited extension of a deadline (with a maximum of 1 additional week). However, **DO NOT ACCEPT** the invitation and then delay the submission of your report. **DECLINE, DON'T DELAY, and DON'T COMPROMISE** the quality of your report because you're unavailable. *Kindly keep in mind that if you reach a 40% rate of decline or submit low quality reports, you will no longer be part of the reviewers' list.*
- **Does the manuscript match my field of expertise?** In general, the editor would make sure to send you articles within your research area, but if you receive an article that you think is not within your field of work, kindly let the editor know to



assign it to another reviewer. *If you are a statistician, you might receive an article only to review the statistical analysis of the data.*

- **Is there any potential conflict of interest?** In general, the editor will make sure to avoid conflict of interest when assigning reviewers, but if you find any, you need to declare the conflict of interest to the editor and they will decide whether it's appropriate for you to proceed.

If you decide to accept, you need to follow the guidelines for reviewers and refer to the appropriate author's template depending on the type of manuscript. You should understand that by reviewing this manuscript you have agreed to do so confidentially and you should not discuss the manuscript or its findings with anyone until you read it in a Journal, if it is fortunate enough to be published.

If you decide to decline, let the editor know why you are declining so that he/she knows the reason and avoids it in the future. If you are declining due to unmatched area of expertise and you know an alternative reviewer, feel free to suggest their name and send their contact information. Also make sure to update your field of interest in your account to make it more specific.

5- Guidelines to writing a helpful peer review report

Now that you have accepted the peer review invitation, you need to actually write a helpful report within the deadline.

For that, and to simplify and standardize your task, and make sure we receive a good quality full report, you can refer to the [reviewer's report template](#) as well as the template for authors according to the type of manuscript you will be reviewing.

a) General considerations

- **Read the entire paper** with the attached appendices, figures, and tables to avoid pointing at missing information that may be present in another part of the article.
- **Be professional**, do not give rude or disrespectful comments even if you think the piece is not good enough. Do not formulate comments that you won't be happy to receive yourself.
- **Be objective**, even if you have strong opinions about the subject.



- **Be constructive and specific** about what could be changed to improve the work.
- **Follow the journal's guidelines.**
- **Be consistent** with your comments to editors and authors, avoid discrepancies between what you tell the editor and what is sent to the authors, for instance if you formulate your report to make it look like the work can need small changes but tell the editor that it is an overall bad manuscript and he ends up rejecting it, this can eventually confuse the authors.
- Remember your purpose is to assist the authors in improving the paper, **consider yourself a tutor** not a harsh critic.
- Do not go into a line-by-line correction of the spelling, punctuation and grammar of the paper, copyeditors do that. However, if a sentence is very badly structured that you cannot understand it yourself, point at it and request clarification of what is meant.
- Do not request additional analyses/experiments unless the conclusions made require extra evidence, in the current manuscript. You could also suggest a modification of the conclusions in a way to reflect the findings.

b) Checklists and guidelines

First check if the article type fits the journal: case report, case series, narrative review article, or original research. Then, refer to appropriate checklists and guidelines for the type of article.



FOR CASE REPORTS

Checklist as per the CARE guidelines

General

- Novelty
- Patient consent
- Ethical practice as per standard of care

Title

- Truly describes the core message of the case.
- Includes the phrase “a case report”

Abstract

- Incorporates the core key message with necessary detail in a concise manner

Key words

- Medical Subject Headings (MeSH) keywords, core message included

Introduction

- Emphasizes need of publication by novelty of the case or specific adverse event

Case description

- Appropriate details of the case including demography, assessment, findings, investigations, and so on.
- Mentions intervention in detail or describes the dose timing and route of drugs.

Discussion

- Emphasizes why the case is important to medicine
- Adequate literature review pertinent to the case
- Mentions limitations related to the case

Conclusion

- Implication of case with core key message

Recommendation

- Reject/minor revision/major revision/accept as submitted



- FOR CASE SERIES

Checklist as per Preferred Reporting Of Case Series in Surgery (PROCESS) Guidelines

Section	Checklist Description
Title	Both the words “case series” and the area of focus should appear in the title (e.g. disease, exposure/intervention or outcome)
Abstract	Introduction - what is the unifying theme of the case series. Methods - describe what was done, how and when was it done and by whom. Results - what was found. Conclusion - what have we learned and what does it mean.
Introduction	Background and relevance - Explain the scientific background and rationale for the case series (e.g. specify the unifying theme - common disease, exposure, intervention and outcome). The introduction should explain why this study needed.
Methods	<p>Registration - state the research registry number in accordance with the declaration of Helsinki - "Every research study involving human subjects must be registered in a publicly accessible database" (this can be obtained from; ResearchRegistry.com or ClinicalTrials.gov or ISRCTN). If a protocol exists already, state where it can be accessed (must be publicly accessible).</p> <p>Study design - state the study is a case series. In addition, it is necessary to state whether the case series is: 1) prospective or retrospective in design; 2) single or multi-centre; and 3) cases are consecutive or non-consecutive.</p> <p>Setting - describe the setting(s) and nature of the institution in which the patient was managed; academic, community or private practice setting? Location(s), and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.</p> <p>Participants - describe the relevant characteristics of the participants (comorbidities, tumour staging, smoking status, etc). State any eligibility (inclusion/exclusion) criteria and the sources and methods of selection of participants. Describe length and methods of follow-up.</p> <p>Pre-intervention considerations e.g. Patient optimisation: measures taken prior to surgery or other intervention e.g. treating hypothermia/hypovolaemia/hypotension in burns patients, ICU care for sepsis, dealing with anticoagulation/other medications and so on.</p> <p>Types of intervention(s) deployed (pharmacological, surgical, physiotherapy, psychological, preventive) and reasoning behind treatment offered.</p> <p>Intervention details – details on how the intervention was carried out. For surgery, for example, include information on anaesthesia, patient position, use of tourniquet and other relevant equipment, preparation used, sutures, devices, surgical stage (1 or 2 stage, etc). For pharmacological therapies, include formulation, dosage, strength, route and duration.</p> <p>Who performed the procedures – the operator position and their experience (position on the learning curve for the technique if established, specialisation and prior relevant training)? For example, ‘A junior resident, three years into specialized training’.</p> <p>Degree of novelty for a surgical technique/device should be mentioned and a comment on learning curves should be made for new techniques/devices.</p> <p>Quality control - what measures were taken to reduce inter or intra-operator variation, ensure quality, and maintain consistency between each case in the delivery of the intervention e.g. independent observers, lymph node counts, standard surgical</p>



	<p>technique.</p> <p>Post-intervention considerations – following the main intervention: 1) when were the patients followed-up; 2) where; 3) what did follow-up entail (additional tests, scans, clinical examination) and what were the results of these; and 4) were there any post-operative instructions.</p>
Results	<p>Participants - reports numbers involved and their characteristics (including, most importantly, their comorbidities and smoking status, as well as other demographic details). For all cancer patients it is necessary to include details on tumour staging (e.g. TNM)</p> <p>Changes to reports – report any changes in the interventions during the course of the case series (what the change was, reasons for the change, what learning occurred, together with rationale and a diagram if appropriate).</p> <p>Outcomes and follow-up - Clinician assessed and patient-reported outcomes (when appropriate, including, for example questionnaires or comments at outpatient visits) should be stated. Include details on the time periods at which assessed. Relevant photographs/radiological images should be provided e.g. 12 months follow-up. Describe loss to follow-up (express as a percentage) and any explanations for it.</p> <p>Intervention adherence/compliance - where relevant how well patients adhered to and tolerated their treatment. For example, post-operative advice (heavy lifting for abdominal surgery) or tolerance of chemotherapy and pharmacological agents.</p> <p>Adverse events – all complications and adverse or unanticipated events should be described in detail and ideally categorized in accordance with the Clavien-Dindo Classification. How they were prevented, diagnosed and managed. Blood loss, operative time, wound complications, re-exploration/revision surgery, 30-day post-op and long-term morbidity/mortality may need to be specified. If there were no complications or adverse outcomes this should also be included.</p>
Discussion	<p>Summarize key results</p> <p>Placing results in context – describe all relevant literature, describe the prevailing gold standard should one exist, and describe how findings reported compare with established therapies. State the implications for clinical practice guidelines and any relevant hypotheses that have been generated as a result of this work</p> <p>Strengths and limitations of the study</p> <p>Future – State the further research that can be done to build on the findings and methodology discussed. State the study design next best suited to address these areas.</p> <p>Rational – ensure any conclusions made have strong rationale</p>
Conclusions	<p>State the key conclusions from the study</p> <p>State what needs to be done next, further research with what study design.</p>
Additional Information	<p>State any conflicts of interest</p> <p>State any sources of funding</p> <p>State Ethics - state whether ethical approval was needed and if so, what the relevant judgement reference was?</p>



- **FOR REVIEW ARTICLES:**

No specific checklist is recommended. We advise referring to the Authors' template for review articles

- **FOR ORIGINAL RESEARCH**

Introduction, Methods, Results, and Discussion (IMRaD) Outlining

Introduction:

- Is the research question clear?
- Did the authors highlight its importance?
- Is the relevant information from previous publications stated?

Methods:

- Were the methods clearly described in a way that others can repeat them?
- Are they appropriate to answer the research question of the article?
- Any ethical concerns identified?
- Informed consents?

Results:

- Do the methods and the results match in a sense that: are the results of all the methods described illustrated?
- Are there any results presented for which the methods were not clearly described?
- Are the results clearly and consistently described and represented by figures?

Discussion:

- Are the interpretations of the data accurate?
- Do they reflect the results or go beyond the data in any way?
- Do they conflict with other research?
- If so, any potential explanations were proposed?
- Was the research question answered?
- Were the results summarized and the meaning of the findings highlighted?

Title and abstract:

- Now that you have reviewed the full paper and understand its essence, have a look and see whether the title accurately reflects the research question and study content.
- Does the abstract clearly state the aim and most important methodology and findings of the study?
- Is there anything in the summary that wasn't included in the paper?
- Is the conclusion properly stated?



6- Overall structure of your report

A- Confidential comments to the editor:

This part will be disclosed solely to the editor. It will include 3 divisions:

1. **General impressions** on structure, length, readability, relevance and novelty, proper referencing, methodology, quality of figures, and conclusions.
2. **Concerns**, such as suspected or identified plagiarism; point at them and if too similar, your recommendation should be to “reject”. If not too similar, you can highlight the dissimilarity and request that the authors to re-write the paper.
3. **Decision recommendation:** accept (almost never, even if this is the decision, mention items that could be improved), reject, minor or major revisions. Provide arguments that match your recommendations. Note that it is the editor who makes the final decision and it might not be in line with your recommendation so do not provide your decision to the authors as conflicting recommendations may be received from different reviewers and it is the editor who will come up with the final decision based on the best outlined and defended review.

B- Comments to the authors

1. **Summary:** The initial paragraph should include an overview of the paper and its relevance to the readers of the journal. It should include a summary of strengths and weaknesses while answering the questions: Does the work add to current knowledge? Does it challenge existing paradigms? Does it matter? It should also include the opinion of the reviewer as to how the paper could be improved.
2. **Major comments:** Start with major concerning issues, and work down. If there is a significant concern state it first and you can later highlight the less major issues. Make sure to number your comments and refer to page/line number.
3. **Minor comments:** this section would include confusing sentences, inappropriate figures, incorrect references and so on. Again, make sure to number your comments and refer to page/line number.



7- After your review

After you submit your report, you will receive an email that the review was successfully submitted that will thank you for your time and efforts.

Then, you will receive the editor's final decision for the manuscript.

If it was decided that the manuscript needs major/minor revisions, the authors will revise it according to your reviewer's report, and they will submit their revised copy.

Upon resubmission, the editor might himself check if the changes are appropriate, but at times, you might receive the revised document to decide yourself if your comments were fully addressed. In that case, make sure not to suggest new changes unless they have to do with the revisions themselves. *For example, if you had recommended a better explanation of the methods, and they are still unclear, try to point specifically at what you would like to read, to make it clear for the authors about what they need to change.*

When appropriate, you may receive the report of the other reviewer if the editor believes it can improve your future reviews.