Guide for Reviewers

We strongly urge all reviewers to take a free online course on journal peer review. *Translating Critical Appraisal Of A Manuscript Into Meaningful Peer Review* (available at [http://eyes.cochrane.org/free-online-course-journal-peer-review](http://eyes.cochrane.org/free-online-course-journal-peer-review)) was developed by the Cochrane Eyes and Vision Group with funds from the National Eye Institute, National Institutes of Health, and the Johns Hopkins Bloomberg School of Public Health. This course is specifically oriented to ophthalmologists, optometrists, and other vision practitioners. Participants are assumed to have a basic understanding of epidemiology, study design, biostatistics, and critical appraisal methods.

1. INVITATION TO REVIEW

By email, you will receive an invitation to review a manuscript. The invitation will come from "Ophthalmology Editorial Office" with the subject as "Reviewer Invitation for Manuscript XXXXX" with the XXXXX being the assigned manuscript number. The email will contain your username and password, the title page and abstract of submission, and links to accept or decline the invitation to review. Occasionally, the links may malfunction and you may need to log on and accept or decline as outlined below.

If you are unable to complete the review timely, please decline the invitation so that we can invite another reviewer. If you do not respond to the email within 5 days, you will be "uninvited" automatically so that we expedite the review process.

**Please** keep your email address and other contact information current. If you need to update your profile, log in through your current username and password, revise your contact information via the “change details” link, and select "update" before closing the screen.

If requesting your username and password, please use the same email address every time. If you are confident that you are a registered user and are unable to retrieve your username and password, please do not register again because doing so will create multiple entries for your name and tracking your manuscripts and reviews will be problematic. Please call the editorial office at 415-447-0261 if you have questions or need assistance.

B. LOG IN AND RESPOND

At [http://ees.elsevier.com/ophtha](http://ees.elsevier.com/ophtha) click on "Log in" and enter your user name and password as provided in your invitation email. Click "Reviewer Log In," which will bring you to your Reviewer Main Menu. If you don't click "Reviewer Log In," the default log in is as an author and you will not be able to access the information you need to respond or complete the review.

On the Main Menu for Reviewers you will see three categories:
• New Reviewer Invitations: You have not yet viewed or responded to
• Pending Assignments: You have agreed to review but have not yet completed
• Completed Assignments: You have completed and your review has been received by the Editorial Office. You may view completed assignments indefinitely.

Click on "New Reviewer Invitations" on the left hand side and you will see a box that reads:

- View Abstract/Title Page
- Agree to Review
- Decline to Review

Please review the abstract and title page for any conflict of interest and whether the subject is within your expertise. Click on "Agree" or "Decline."

C. ACCESS THE MANUSCRIPT

If you agree to review, an automatic “thank you” email is sent, providing access to the full manuscript file. This email advises you of the due date (generally 14 days from your date of acceptance) and your user name and password. If you log out of the system and return through http://ees.elsevier.com/ophtha/ as a reviewer, you will see that the manuscript has moved from "New Reviewer Invitations" into your “Pending Assignments.”

D. SUBMIT YOUR REVIEW

When you are ready to submit your review, log in as a reviewer at http://ees.elsevier.com/ophtha/ and find the manuscript in your Pending Assignments. Click on "Submit Recommendation" and the review form will open.

If, while entering your review, you wish to exit and come back later, the "Save and Submit Later" button will save whatever you have done in your Pending Assignments.

The Elsevier Editorial System has five categories (Recommendation, Manuscript Rating, Comments for Authors, Priority Rating, and Confidential Comments to the Editor). The system requires information for the first four categories. Confidential Comments to the Editor are greatly appreciated but are not mandatory. Details about the five categories are as follows:

1. Recommendation - At the top please provide your recommendation with the following choices available in a drop down menu: Accept as is, Accept with minor changes, Moderate revision, Extensive revision, or Reject. If a manuscript will require a complete re-write or if the methodology is critically flawed, please reject.

2. Manuscript Rating - Across from the recommendation, please rate the overall quality of a manuscript, based on the following guidelines:
80-100 = Excellent. The recommendation is usually an “accept as is” or “accept with minor changes.” Few manuscripts meet this standard on first submission. Characteristics: good science, follows scientific method, no major flaws, exciting new information (“breakthrough”), timely, clinically relevant, well-planned, data clearly presented, logical analysis, appropriate statistics, discussion and conclusions flow logically from data, good grammar and spelling, format appropriate for journal, follows instructions, excellent readability, no conflict of interest or ethical problems, title and length appropriate, citations comprehensive but not excessive, probable "lead" article, may justify an accompanying editorial.

60-79 = Above average. Most accepted papers are in this category. The recommendation is usually “accept with minor changes” or “moderate revision.” Characteristics: re-review usually not necessary, no major flaws in concept or logic, no ethical or conflict of interest problems, adds some new information with clinical relevance, readable, clinically relevant, appropriate analysis, minor flaws correctable without major effort, language good, formatting appropriate or easily corrected, citations reasonable.

40-59 = Average. Many of these manuscripts could be revised and accepted, or may be rejected depending on space or priority. Characteristics: good science but not exciting, not new, issues already well described in literature, moderate or extensive revisions required, re-review may be necessary, average readability, grammar, and style, often too long, appropriate analysis, citations reasonable.

20-39 = Below average. Almost all manuscripts in this category are likely to be rejected, although some high priority topics survive one or more major revisions and are published if space is available. Characteristics: revision unlikely to lead to acceptance, major revisions recommended, re-review necessary, flawed study organization, data collection, methods, analysis inadequate or inappropriate, low clinical relevance, disconnect between data and conclusions, no new information, poor writing, incomplete or excessive citations.


3. Comments for Authors - Please type in or “cut and paste” your comments that are to be conveyed (anonymously) to authors.

4. Confidential Comments to the Editor - These comments are seen only by the Editor and Editorial Office and are not shared with authors or other reviewers.

If you would like a paper record of your review, click on “Proof and Print.” When you are ready to submit your review, click on "Proceed." This will give you a final look at your review and let you either edit further or submit the review to the Editorial Office.
E. AFTER YOUR REVIEW

You will receive an acknowledgment of receipt and note of thanks from the Editorial Office along with instructions for requesting Continuing Medical Education credit (more information below).

If you wish to see comments to the author(s) of the other reviewer(s) and the final decision, please log in as a reviewer and go to your completed reviews.

F. CME CREDIT

*Ophthalmology* manuscript reviewers may claim up to three *AMA PRA category 1 CME credits™* per review, for a maximum of five reviews or 15 CME credits per calendar year. CME credit may be earned for reviews of original contributions to the medical literature that require multiple reviewers, and which are at a depth and scope that require an in-depth knowledge of both the literature and the evidence base. The Editor of *Ophthalmology* determines which articles qualify, and which reviews are of sufficient quality and timeliness to be eligible for credit (see Confidential Reviewer Ratings below as well as Guidelines for Quality Reviews).

CME credits can be awarded only for the original manuscript review (not for re-reviews or for reviews of letters, correspondence, or replies). The thank you for reviewing letter, which you will receive by email once your review has been processed by the journal office, will also provide you with the link to the CME form which you can forward to the Editorial Office by email (aaojournal@aao.org) or fax (415-727-4600). There it will be reviewed and forwarded to the American Academy of Ophthalmology for inclusion with other CME credits the AAO tracks for members. If you are not an AAO member, a certificate will be mailed to you.

To be eligible for CME credit, a review must be rated at 40 or above according to the criteria below. In general, a review must demonstrate a depth and scope that require a review of the literature and knowledge of the evidence base for the manuscript reviewed. In your review, please provide evidence that you have reviewed the pertinent literature and explain how you arrived at your recommendation. For example, a review that simply states, “This manuscript contains no new material and is not meritorious” would not pass muster. However, a review that cites the pertinent literature or summarizes the search terms that directed you to the relevant publications could pass muster.

80-100 = **Valuable new insight, appropriately objective and detailed.** Offers fair, constructive criticisms that benefit the author and the journal, involved significant effort or personal knowledge to authenticate data, may have sought additional input from colleagues regarding data analysis for expertise outside his/her field, well-written without inappropriate remarks, attention to all sections of the manuscript, no conflict of interest, remarks and recommendations consistent, follows instructions, submitted timely.
60-79 = Useful review with some new insight. Fair and constructive with benefit to author and journal, clear opinion regarding whether to accept/revise/reject, remarks and recommendations consistent, no inappropriate remarks or conflict of interest evident, appropriate attention to entire manuscript, follows instructions, submitted timely.

40-59 = Brief but useful comments. Fair but minimally insightful or few constructive criticisms that might improve the manuscript, consistency between remarks and recommendations, no conflict of interest, followed instructions, submitted timely.

20-39 = Abbreviated or hypercritical comment of marginal use; REVIEW INSUFFICIENT FOR CME CREDIT. Wandering, non-focused discussion with no constructive criticisms, inconsistencies between remarks and recommendations, late return of review or incomplete reviewer sheet.

1-19 = Useless review, inappropriate remarks, neither in-depth nor adequate; REVIEW INSUFFICIENT FOR CME CREDIT. No constructive criticism, unclear if reviewer understood the topic, no attempt to acquire help with topics where expertise lacking, obvious conflict of interest, hypercritical or unfair, late return of review, so as to be detrimental to the review process.

GUIDELINES AND SUGGESTIONS

If a paper is clearly flawed beyond redemption, feel free to be brief, offer a few constructive comments and criticisms, and submit a recommendation for rejection. We would prefer that you devote your valuable time and expertise to better papers that are worth of revision and possible acceptance.

In your confidential comments, please advise if the readers will enjoy the paper. Will it have broad or narrow appeal? Is the paper too technical or specialized? You are probably an expert in the topic. Authors tend to write with their expert colleagues in mind. However, our readers are 50% general or comprehensive ophthalmologists with the remaining 50% divided among multiple subspecialties. Thus, a paper on a subspecialty topic will be read by a fairly small percentage of same subspecialty experts; the remaining readers need to be attracted to the paper by an interesting and clear abstract, brevity, and a clear and applicable clinical message. Thank you for helping to point this out to authors.

COURTESY: Please be polite. Most papers are not going to be accepted and authors are disappointed (at best) to receive a rejection letter. At the least, we must be gracious with our comments and offer succinct and constructive advice and criticism. When possible, embed a compliment or favorable comment. When you criticize, consider how you would feel reading the criticism as an author.

LANGUAGE: Many authors are writing in a second or even third language. The writing must be excellent when the paper is in final form, but we can review papers with poor writing as long as the science is understandable. If you have time, offer suggestions for
improved writing in your comments to the authors. If you do not have time, simply make a polite comment that writing assistance will be needed. Importantly, if you are going to criticize the writing, please do your best to write clearly and correctly.

**SCIENCE:**
Please consider issues such as:

- Is the study design clear? Is there a clearly stated *a priori* hypothesis?
- Is there a clearly stated primary outcome? Is the outcome a good one – for example, is it clinically relevant to patients? For surrogate outcomes (such as fewer bacterial counts in a conjunctival swab as a predictor of postoperative endophthalmitis), are there reliable data linking the surrogate outcome to a clinically relevant one?

Be wary of composite outcomes. (See: Composite End Points in Randomized Trials. There Is No Free Lunch. Tomlinson G, Detsky AS. *JAMA* 2010;303:267-268.)

- Is the sample size adequate? For negative studies, is there sufficient power to rule out a clinically relevant difference if one exists?

As regards to observational case series (cohort studies, case-control studies, population-based studies, cross-sectional studies, etc.): Prospective is better than retrospective. Larger sample sizes are better than smaller. Longer follow up is better than shorter.

For all papers, it is important to explain inclusion and exclusion criteria. Readers will want to apply the results and recommendations to their patients. They need to know who was in the study (eligible) and who was not in it (not eligible or excluded) to understand if the patient in their office might have been eligible to be in the study. If the patient meets the inclusion/exclusion criteria, the study results, if valid, may apply.

- Is follow-up complete? For patients lost to follow up, are baseline case mix features similar to those reported on?

Common errors in case series reporting include the use of “final” outcomes or the last follow up data. This is prone to bias since patients followed longer tend to be different from those not followed. When possible, authors should report outcomes at set time points such as one, two, or five years. (See: Improving the Reporting of Clinical Case Series. Jabs DA. *Am J Ophthalmol* 2005;139:900-905.)

Watch for regression to the mean.

- Is there IRB approval? Are there other ethical or regulatory issues? Conflict of interest issues?

Are the conclusions appropriate? For instance, can the authors justifiably claim that a treatment is “safe?” To detect an unexpected serious adverse event that occurs 1% of the time a sample size of 300 is needed. A sample size of 100 can find 3% rates. (See: Safe

Are claims overstated? Is there marketing or “hype” embedded in the text? The data should be clearly spelled out but it is best for readers to interpret it without the benefit of embedded “spin” from authors.

Is the content in correct sections of the manuscript? For example, are discussion comments in the results section or are methods and results mixed up?

For experimental studies, is the material understandable to non-scientist readers? Is there adequate detail in the methods section that would allow someone skilled in the field to replicate the work?

Tables and figures take a lot of space. Are they as clear as they can be? Are all needed? Material should not be duplicated. If the authors give data in a table, it need not be reiterated in the text or vice versa.

References should include pertinent material and need not be encyclopedic. Did the authors select the appropriate material to cite? Note that when the authors are claiming priority such as “the first case of …” it is not adequate simply to say “we did a PubMed search…” Details on the depth and breadth of the literature review should be included.

**Meaningful peer review is time-consuming. We are grateful for your efforts and advice. Thoughtful reviews improve papers, which in turn provide better information to readers, ultimately improving patient care and outcomes. Thank you.**

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