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 https://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.**

Please note this Guide provides basic training for reviewer tasks in Editorial Manager (EM) specific to the journals *Ophthalmology*, *Ophthalmology Retina*, *Ophthalmology Glaucoma*, and *Ophthalmology Science*. You can sign up for a complete EM tutorial with an Elsevier trainer anytime 24/7 at https://elsevier.fullslate.com/services/5154.

Additional Tools and Training for EM can be found at:

1. EM Help System - https://www.editorialmanager.com/robohelp/15.1/index.htm#t=EM_Help.htm - A fully searchable text library of EM functions for authors, reviewers, and editors
2. EM Videos - https://vimeo.com/showcase/3537271 - A library of short videos demoing how to use various EM functions
3. Journal Publishing Support - http://service.elsevier.com/app/home/supporthub/publishing/ - This page is Elsevier's general support page and provides helpful topics for using Editorial Manager and other Elsevier services. There are also three links at the bottom of the page for contacting Elsevier support via Email, Web Chat, or Phone.

Please review the abstract for any potential conflict of interest and whether the subject is within your expertise.

When considering potential conflict of interest, please keep the following in mind: In addition to potential financial conflicts of interest, please ensure that you have no intellectual conflicts that could interfere with your ability to offer an unbiased assessment of the manuscript. Such conflicts may include current or prior employment or training relationships, collaborations with the authors, prior access to the data or manuscript, etc. If in doubt, please refer any questions to the editorial office.

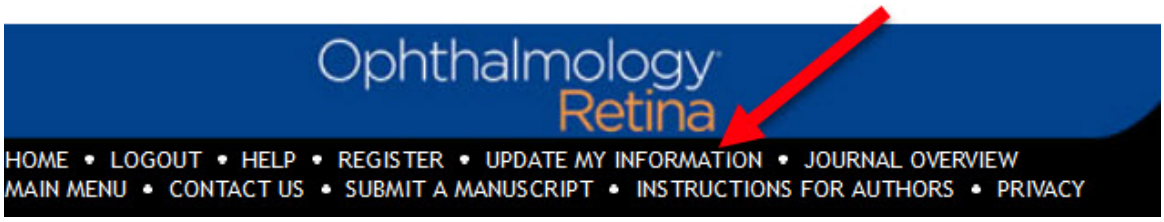
A. INVITATION TO REVIEW

You will receive an invitation to review a manuscript via email. The invitation will come from the handling editor with the subject "Invitation to review for Ophthalmology" (or Ophthalmology Retina/Ophthalmology Glaucoma/Ophthalmology Science). The email will contain the manuscript number, title, author list, abstract, and links to accept or

decline the invitation to review. If you are not registered in Editorial Manager, you will first need to register to accept or decline the invitation.

If you are unable to complete the review in a timely manner, please decline the invitation so we can invite another reviewer. If you do not respond to the email within 4 days, you will be automatically uninvited so we can expedite the review process. If you have questions about the review process, please contact the editorial office by email at aaojournal@aao.org or by phone at 415-447-0261.

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, click on "Update My Information" in the top left corner of the page to access your profile. Be sure to click "Submit" at the bottom to save your changes.



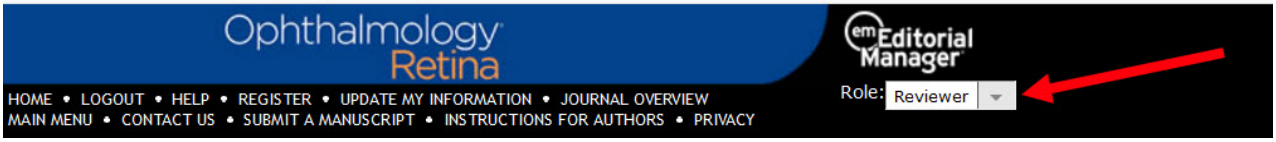
If requesting your username and password, please use the same email address every time. If you are confident that you are a registered user and are unable to retrieve your username and password, please do not register again, doing so will create multiple entries for your name and tracking your manuscripts and reviews will be problematic**.** If you are having trouble logging in, please contact support@elsevier.com or visit https://service.elsevier.com/app/answers/detail/a_id/28452/supporthub/publishing/kw/editorial+manager/ for more information.

Due to privacy/security reasons, the editorial office cannot access log-in or password information. Please contact support@elsevier.com.

B. LOG IN AND RESPOND

At https://www.editorialmanager.com/ophtha/default.aspx enter your username and password, then click "Reviewer Login". (Go to https://www.editorialmanager.com/ORET/default.aspx for *Ophthalmology Retina* or https://www.editorialmanager.com/ogla/Default.aspx for *Ophthalmology Glaucoma* or https://www.editorialmanager.com/xops/default.aspx for *Ophthalmology Science*.)

If you do not see your reviewer main menu after logging in, check the "Role" dropdown at the top of the page to see if you are logged in as a Reviewer and use it to change from your Author role to your Reviewer Role.



When you log into your Reviewer role, you will see the new submission invitation under your "New Reviewer Invitations" folder. From there you can view the abstract and choose to either Accept or Decline the invitation.

Please review the abstract for any potential conflict of interest and whether the subject is within your expertise.

<u>If you decline to review:</u>
After clicking "Decline to Review," you will be asked to provide comments or suggest other colleagues who may be appropriate reviewers for the paper. Click "Submit" to officially decline the review. Your comments will go to the editor and editorial office (Figure 1).

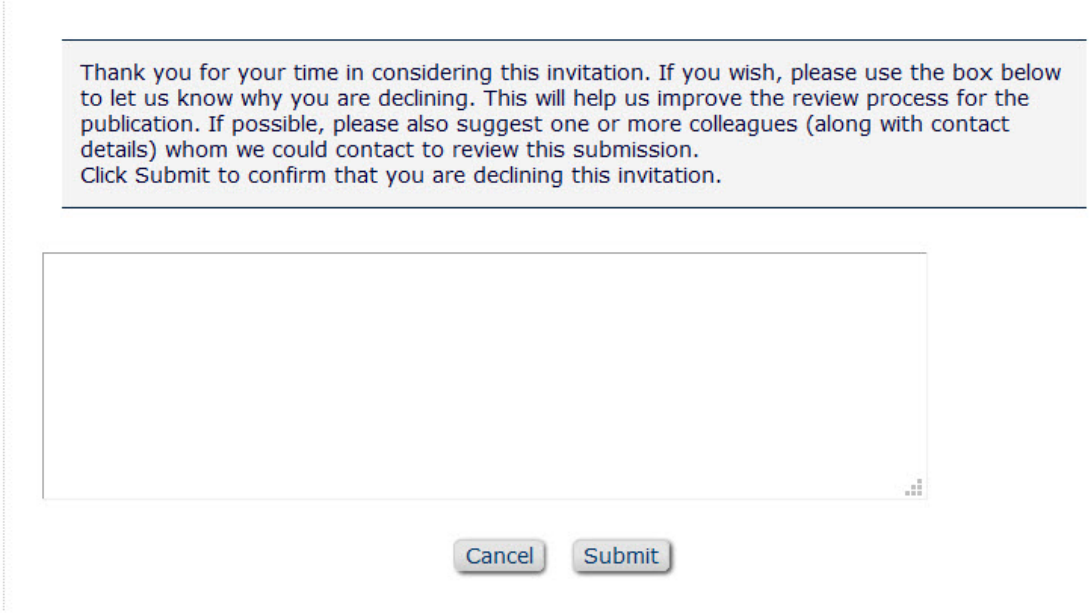


Figure 1: Decline Review Invitation comment box

C. ACCESS THE MANUSCRIPT

If you agree to review, an automatic “thank you” email is sent, providing access to the full submission. This email advises you of the due date (generally 14 days from your date of acceptance). You can access the manuscript under “Pending Assignments” (Figure 2).

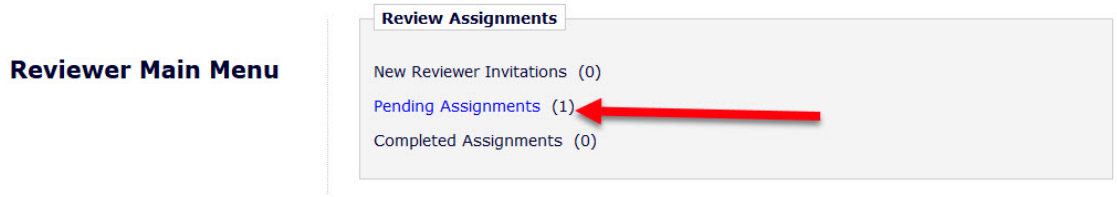


Figure 2: Active Review Assignments on your Reviewer main menu.

From your Pending Assignments folder, click on View Submission to download the submission PDF. If you have questions about the submission, you can send an email to the editorial office or the editor via the Send Email link.

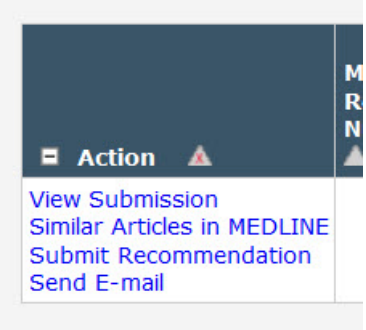


Figure 3: Reviewer Action Links

D. SUBMIT YOUR REVIEW

When you are ready to submit your review, simply return to Pending Assignments and click “Submit Recommendation.”

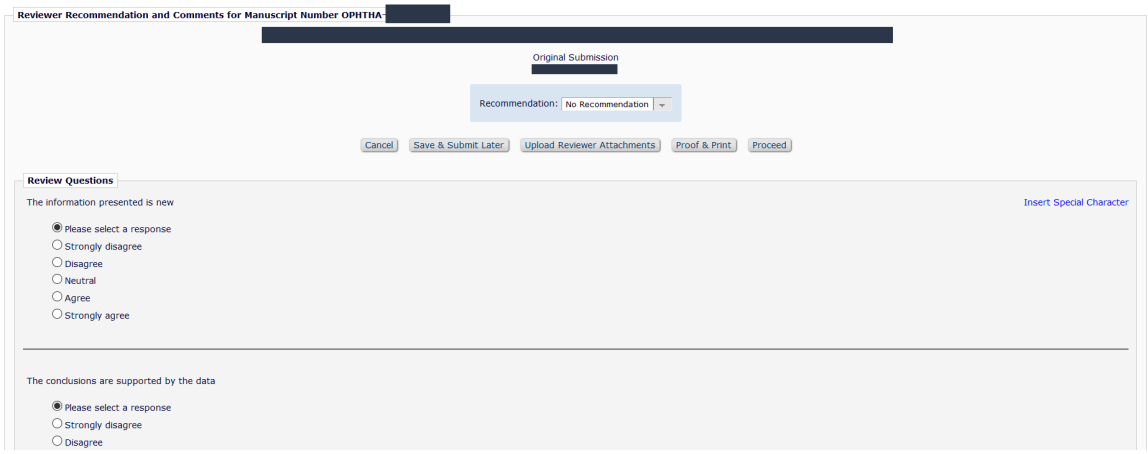


Figure 4: Default Review Form

If, while entering your review, you wish to exit and come back later click the "Save & Submit Later" button to save comments you have entered.

Editorial Manager has four main sections in the Review Form: Recommendation, Reviewer Questions, Reviewer Blind Comments to Author, and Reviewer Confidential Comments to Editor. Details about the four sections are as follows:

1. **Recommendation** - At the top please provide your recommendation with the following choices available in a drop-down menu (Figure 5): Accept, Reject, Major Revisions, or Minor Revisions.

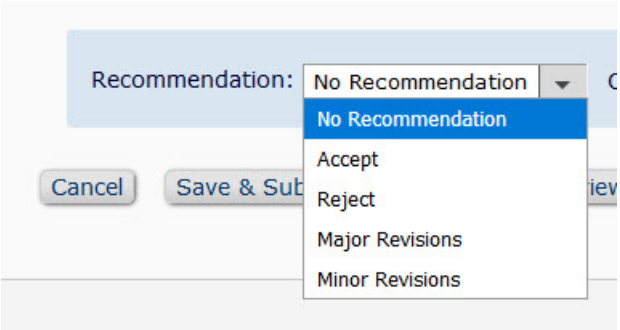


Figure 5: Recommendation options drop-down menu

If a manuscript will require a complete re-write or if the methodology is critically flawed, please reject.

2. **Review Questions** – Please answer the 8 questions in the questionnaire, though only the last 3 questions are required. The final question asks if you are willing to review the manuscript if revised. If you select yes, you will be invited to review the revised submission.

3. **Comments for Authors** - Please type in or "cut and paste" your comments that are to be conveyed (anonymously) to authors. Please do not opine here about whether the manuscript should be accepted or rejected – such remarks should be confined to the "Confidential Comments to the Editor" window, to be discussed next. (Figure 6)

A suggested format for your comments might be:

- What do we know prior to this study?
- What does this study add?
- General comments (if any)
- Specific comments
    - Major
    - Minor

4. **Confidential Comments to the Editor** - These comments are seen only by the assigned Editor(s) and editorial office and are not shared with authors or other reviewers (Figure 6).

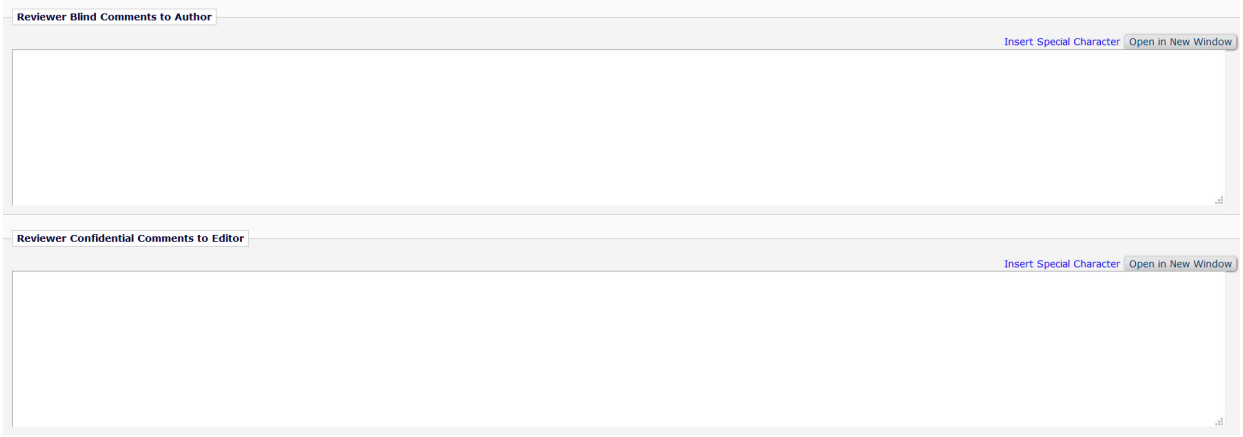


Figure 6: Reviewer Comments to Authors and Editors text boxes.

5. **Upload Reviewer Attachments** (optional) – If you have used track changes in Microsoft Word or included comments in the submission PDF for the authors to address, you can upload files using the "Upload Reviewer Attachments" button (Figure 7).

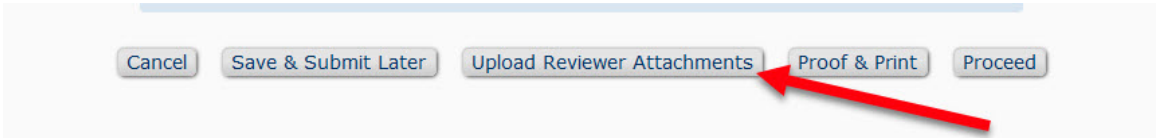


Figure 7: Upload review files.

As both editors and authors will be able to view the attachment, please be sure to remove any identification of yourself from the file before uploading it. Any comments in your file should be from "reviewer" or "anonymous."

Any comments you don't wish to share with the authors should be in the "Confidential Comments to Editor" text box, not in the attachment(s).

6. **Article Transfer** – Articles reviewed in *Ophthalmology* may be considered for transfer to one of our companion journals: *Ophthalmology Retina*, *Ophthalmology Glaucoma*, or *Ophthalmology Science*. Articles submitted to *Ophthalmology Retina* and *Ophthalmology Glaucoma* may also be considered for transfer to *Ophthalmology Science*. If you believe the article is appropriate for one of those journals, please include that in your Confidential Comments to Editor section.

You will be asked if we can transfer your review comments if the article is transferred and if you want to include your identifying information. Please select "No" for the first question and "Yes" for the second question (see Figure 8

below). This is preferred as it will keep your anonymity but will transfer your review comments to our other journals.

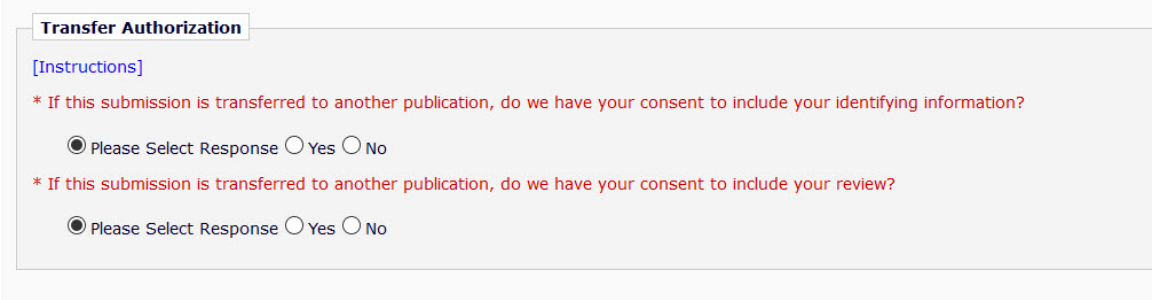


Figure 8: Review Transfer Authorization Questions.

When you are ready to submit your review, click the "Proceed" button (shown in Figure 7). You will be given a summary before submitting your review. This will give you a final look at your review and let you either edit further if needed or submit the review to the editor. Click "Send Review to Editorial Office" to officially submit your review.

Please check that you are reviewing the correct submission if you have multiple active reviews. Please be sure your comments and recommendation are final and correct before submitting the review.

E. LATE REVIEWS

Reviews are normally due 14 days after the invitation is accepted. Reviewers will be sent one automatic reminder email when the review is due within 2 days and will then be notified if their review is more than 2 days late and once more at 4 days late. We understand that circumstances may change from the time you agree to review an article and the time it is due. If you are unable to return the review within the 14 days and need a few more days, please send the editorial office an email at aaojournal@aao.org to request a reasonable extension.

If you are unable to complete the review at all, please let the editorial office know as soon as possible so we may proceed with inviting other reviewers.

F. 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 (CME) credit (for *Ophthalmology* only; at this time we are unable to grant CME credit for *Ophthalmology Retina*, *Ophthalmology Glaucoma*, or *Ophthalmology Science* reviews.)

If you wish to see the final decision, please log in and go to your completed reviews.

Once you have delivered your review, you might want to make use of Elsevier's reviewer recognition platform to ensure that you receive credit for your work. The platform provides a private profile page, certificates, editor recognition as well as discounts for Elsevier services.

If you make use of the Mendeley profile, your reviewing activities will be automatically captured. Your profile will display your reviewing history and thus demonstrate your input to the peer review process as well as detailing your own articles, positions and editorial work.

Please remember that, even after finalizing your review, you must treat the article and any linked files or data as confidential documents. This means you must not share them or information about the review with anyone without prior authorization from the editor.

G. 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 editorial office, will also provide you with a link to the CME form which you can forward to the editorial office by email (aaojournal@aao.org) or fax (415-561-8533). There it will be reviewed and forwarded to the American Academy of Ophthalmology (AAO) 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.

CME Credit criteria used by editors:

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 worthy of revision and possible acceptance.

In your confidential comments, please advise if 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?

In 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 and effective. Schachat AP, Chambers WA, Liesegang TJ, Albert DA. *Ophthalmology* 2003;110:2073-2074).

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? Could some tables or figures be moved online only? 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. Twenty or 30 references suffice for the majority of manuscripts and nearly all can be presented with less than 40. 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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