

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>) 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 visit <http://www.evise.com/elearning/standalone.html> for a complete tutorial using Evise. Click “Start” and select the “Reviewer” role to begin the Reviewer tutorial.

A. INVITATION TO REVIEW

You will receive an invitation to review a manuscript via email. The invitation will come from "Ophthalmology Editorial Office" with the subject as "Invitation to review manuscript XXXXX for journal Ophthalmology" with the XXXXX being the assigned manuscript number. The email will contain the title, abstract, and links to accept or decline the invitation to review.

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 (which should be your primary email address) and password, click on your name in the top right 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 <http://service.elsevier.com/app/home/supporthub/publishing/> for more information.

Due to security reasons, the Editorial Office cannot help with log-in issues or forgotten passwords to Evise. Please contact support@elsevier.com.

B. LOG IN AND RESPOND

At

http://www.evis.com/evise/faces/pages/navigation/NavController.jspx?JRNL_ACR=OPHTHA enter your username (primary email address) and password, then click “Login”.

When you log in, you will see the new submission invitation under your “My review invitations” header. If you do not see it, make sure you are on the “My Reviewer Tasks” tab, not “My Author Tasks.” From here you can view the invitation letter and choose to either Accept or Decline the invitation.

The screenshot shows the reviewer's dashboard. At the top, there are navigation links: Home, Go to Scopus, and Reports. Below these are two tabs: 'My Reviewer Tasks' (which is active) and 'My Author Tasks'. A link says 'Click here to view your completed reviews'. The main section is titled 'My review invitations'. It displays a review invitation for the paper 'Epidemiology of Herpes Zoster Ophthalmicus: Recurrence and Chronicity'. The current status is 'Reviewer Invited (24/Jun/2016)'. The response due date is '28/Jun/2016 (4 days left)'. There are buttons for 'Accept' and 'Decline', and a link for 'View Invitation Letter'. On the right side, additional information is provided: 'OPHTHA_2016_30 | Original | V0', 'Editor-in-Chief: Pete Sadler', 'Submission type: Full Length Article', and 'Initial submission: 22/Jun/2016'.

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. Click on "Accept" or "Decline."

If you decline to review:

After clicking, “Decline,” you will be asked to select your reason and provide any comments or suggest other colleagues that may be appropriate reviewers for the paper. Click “Decline Invitation” to officially decline the review. Your comments will be sent to the editorial office (see 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 PDF. This email advises you of the due date (generally 14 days from your date of acceptance). If you log out of the system and return through http://www.evis.com/evis/faces/pages/navigation/NavController.jspx?JRNL_ACR=OPHTHA, you will can access the manuscript under “My active review assignments” (see figure 2).

My active review assignments

Figure 2: Active Review Assignments on your Home page.

Click on the title of the manuscript to open the submission’s landing page (Figure 3). Here you can view the full information of the submission including the title, author list,

abstract, and your due date. You will also find links to download the submission PDF or a zip file of the individual submission files. You can also view your email history in the “Messages” tab on the right or use the “Contact Editorial Team” link should you have any questions during the review process.

The screenshot shows the manuscript submission page for the article "Epidemiology of Herpes Zoster Ophthalmicus: Recurrence and Chronicity" by Mandy Miller. The status is "Under Review (0 days)" with a submission date of 22/Jun/2016 and a review due date of 08/Jul/2016. The interface includes tabs for "Overview" and "Messages". Under "Other Authors", it states "No co-authors have yet been added." and features a blue "Start Review" button. The "Abstract" section is visible, detailing the study's purpose, methods, results, and conclusion. A "Contact Editorial Team" link is also present.

Figure 3: Full Manuscript page view

D. SUBMIT YOUR REVIEW

When you are ready to submit your review, click the “Start Review” button (shown in Figure 3).

If, while entering your review, you wish to exit and come back later, scroll to the bottom of the Review page and click the "Save" button to save comments you have entered. Evise has four sections in the Review Form. (Recommendation, Questionnaire, 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 (see figure 4): Accept, Reject, Major Revisions, or Minor Revisions. Please note if you select “Major Revision” and the editors agree the paper should be revised, you will automatically be invited to re-review the revised submission.

[Guide for Reviewers](#) | [How to submit your review](#)

My Overall Recommendation:*

The screenshot shows a pull-down menu for the "My Overall Recommendation" field. The menu is open, displaying the following options: "Please Select", "Please Select", "Accept", "Reject", "Major Revisions", and "Minor Revisions". A mouse cursor is pointing at the "Please Select" option at the top of the list.

The subject addressed in this article

☐ Strongly disagree ☐ Disagree

☐ Fully agree

Figure 3: Recommendation options pull-down menu

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

- 2. Questionnaire** – Please answer the 6 questions in the Questionnaire. These are required to complete the Review (see Figure 5).

Overview My Review Messages

[Guide for Reviewers](#) | [How to submit your review](#) **Submit Review**

My Overall Recommendation:* Please Select

The subject addressed in this article is worthy of investigation *

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

The information presented is new *

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

The conclusions are supported by the data *

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

The manuscript is appropriate for the journal *

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Organization of the manuscript is appropriate *

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Figures, tables and supplementary data are appropriate *

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Enter feedback on the manuscript and upload files in support of your review.

Comments to Author:

B / **U**

Figure 5: Reviewer Questionnaire

- 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)
- 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 (Figure 6).

Enter feedback on the manuscript and upload files in support of your review.

Comments to Author:



Confidential Comments to Editor:



Save

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

If you suggest a revision, please indicate in the Comments to Editor if you would like to see the revised article.

Click the “Save” button to save your comments. If you do not click “Save” your comments will NOT be saved when you submit your review.

- 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 Files” button under the “Submit Review” button. By following the steps in the pop-up window, you can upload attachments from your computer.

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).

When you are ready to submit your review, be sure you have first saved your comments by clicking the “Save” button below the comment text boxes, then click the blue "Submit Review" button. You will be given a “Review 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 officially submit your review.

Please check that you are reviewing the correct submission if you have multiple active reviews. The editorial office is unable to undo or edit comments if the wrong review is submitted.

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. 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@ao.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 (more information below).

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

G. CME CREDIT

Ophthalmology manuscript reviewers may claim up to three *AMA PRA category 1 CME credits*TM 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 the 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 worth 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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