

WHAT IS PEER REVIEW? PROCESS AND VARIATIONS

Wilfred CG Peh

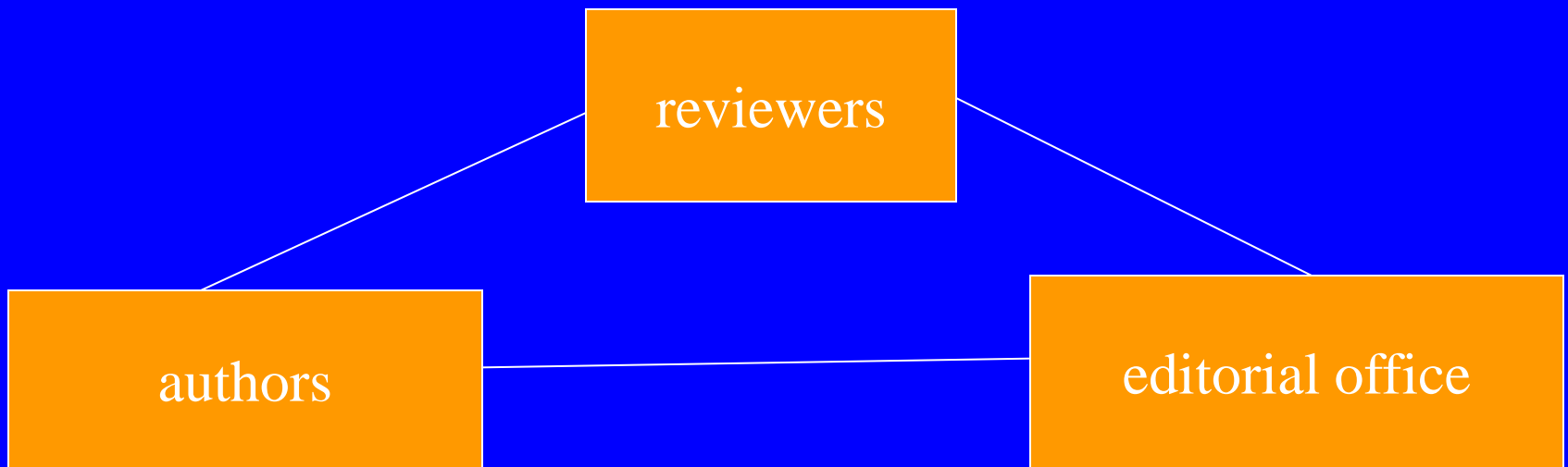
Singapore Medical Journal,
National University of Singapore,
Khoo Teck Puat Hospital, Singapore

LECTURE OUTLINE

- Introduction
- Peer review: what is it?
- Process
- Variations
- Summary

INTRODUCTION

Important partners in the scientific process & publication system



INTRODUCTION

Editor's role vis-à-vis reviewers

- Appoints and assigns reviewers
- Makes editorial decisions about fate of manuscripts
 - aided by reports of reviewers

EDITOR'S ROLE

Editorial decisions

- Grades review quality
- Manuscript fate
 - send for additional review
 - return to author

EDITOR'S ROLE

Editorial decisions

- Return manuscript to author
 - *reject
 - *ask for revision and/or re-review
 - accept subject to minor revisions
 - outright acceptance

PEER REVIEW

What is it?

- Evaluation of a manuscript by peers of authors (doctors/scientists working in same area of interest or sub/specialisation)
- Provide critical assessment of submitted manuscripts

REVIEW PROCESS

Value

- Important component of modern scientific publishing
- Helps editors make decision on whether manuscript is suitable for journal

PEER REVIEW

Value

- Improves quality of manuscript:
affirmation of
 - soundness of study
 - credibility of results and conclusions

PEER REVIEW

Value

- Aids in gatekeeping of the knowledge pool
- Adopted by all major journals

PEER REVIEW

Process

- Usually 2-3 per manuscript
- Reviewers selected from database
- Check reviewer availability
- Instructions to reviewers
- Time deadline for review return

View Reviewer Comments for Manuscript

AMJORTHOP-D- [REDACTED]

"Metastatic Myxoid Liposarcoma to Bone not Detected by PET Scan or Bone Scan"

Click the Reviewer recommendation term to view the Reviewer comments.

	Original Submission
Wilfred CG Peh, MD (Reviewer 1)	Major Revision
[REDACTED] (Reviewer 2)	Major Revision
Author Decision Letter	Editor Decision - Reconsider After Major Revision

Am J Orthop

View Reviews and Comments for Manuscript

SMJ-2011-957

"Prenatally diagnosed Moderate - Severe Ventriculomegaly: Obstetric and Neonatal Outcome of 67 cases from Singapore"

Original Submission

Click the recommendation term to view the comments for the submission.

[View Manuscript Rating Card](#)

	Original Submission
[REDACTED] (Reviewer 1)	Reject
[REDACTED] (Specialty Editor)	Reject
Author Decision Letter	Reject
[REDACTED] (Author)	

Singapore Med J

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The Classifications for this manuscript are:
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- 10: **Anaesthesiology**
- 20: **Anatomy**
- 30: **Biochemistry**
- 40: **Biostatistics**
- 50: **Cardiology**
- 60: **Cardiothoracic Surgery**
- 70: **Colorectal Surgery**
- 80: **Complementary Medicine**

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"Magnetic Resonance Imaging of Iatrogenic Sciatic Nerve Injury Secondary to Intramuscular Injection"

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		Classification	Number of Reviewers
<input checked="" type="checkbox"/>	120	Diagnostic Radiology	73

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Submit



★ Am J Orthop jason.calcano@qhc.com via editorialmanager.com to me

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Dear Dr. Peh,

I would be grateful if you would review a paper entitled "Radiological evaluation of bone tumors" for The American Journal of Orthopedics. The manuscript reference number is AMJORTHOP-D-11-C [REDACTED]

For your information, here is the abstract:

A primary bone tumor is an abnormal neoplastic tissue that originates and localizes in the skeleton. Benign bone tumors are non-progressive and non-invasive, while malignant tumors may invade the surrounding tissues or metastasize to other areas. Thus appropriate diagnosis and characterization of bone tumors are critical to the care and management of patients. The goal of our presentation is to describe an effective radiographic method that can be used to assess and characterize bone tumors. We also describe the clinical significance of specific radiographic features seen in bone lesions. Using case reports, review articles and original studies, we evaluated the various radiographic methodologies employed in bone tumor diagnosis and characterization. We found that conventional plain radiography, relative to other imaging modalities, is the most important tool in the evaluation of bone lesions.

If you do not respond to this invitation, you will be reinvited and sent reminders, so please respond one way or the other as quickly as possible.

If you would like to review this paper, please click this link: [Agree to Review](#) *

If you do not wish to review this paper, please click this link: [Decline to Review](#) *

If the above links do not work, please go to <http://amjorthop.edmgr.com/>. WPEH and [REDACTED]

If possible, I would appreciate receiving your review by Jan 06, 2012. You may submit your comments online at the above URL. There you will find a review form to be completed and space for comments to the author and for confidential comments to the editor.

With kind regards,

Jason Calcano, BA
Managing Editor

 AJR Journal Staff via editorialmanager.com

13 Nov (12 days ago) ☆



to me ▾

TO: Prof. Wilfred C.G. Peh
Khoo Teck Puat HospitalRE: AJR Manuscript 12-10258
TITLE: IMAGING EVALUATION OF INFLAMMATION IN THE MUSCULOSKELETAL SYSTEM:CURRENT CONCEPTS AND PERSPECTIVES

Dear Dr. Peh,

Thank you for agreeing to review the above referenced manuscript for the AJR. THE MATERIAL IN THIS MANUSCRIPT MUST BE KEPT CONFIDENTIAL. IT MUST NOT BE REUSED IN ANY WAY OR REDISTRIBUTED.

YOUR REVIEW IS DUE BY: 12/03/2012

To download the paper now, please click this link: <http://ajr.edmgr.com/l.asp?i=333665&l=Z4LWO4CV> *-----
TO REVIEW THE MANUSCRIPT:On the ARRS webpage, there are several articles that could assist you in completing your review. If you go to www.rrs.org; click on Publications --> Journals --> AJR Reviewers, you will find an article by two of our Editors that provides a systematic guide to completing your review, describes what we are looking for in a review and includes a template to follow for submitting your review. You will also find the "ARRS Guidelines for Reviewers" with tips and tricks to ease your work.To view the "AJR Author Guidelines" for manuscript submissions and descriptions of the different types of papers, please navigate to the following URL: <http://www.rrs.org/publications/journals/pdf.cfm?theFile=authorGuidelines.pdf>-----
TO SUBMIT YOUR REVIEW OF THE MANUSCRIPT:Once you have completed your review, please submit your comments online at <http://ajr.edmgr.com/>. Your User Name is WPEH and your password is [REDACTED].

You will be asked to select your recommendation and rate the overall manuscript (1-100). There are spaces for you to type or cut and paste your confidential comments to the editor and comments for the author. You are also required to complete the first four review questions. Question 5 asks if you are interested in receiving optional CME credit for your review (select 1 for yes; 2 for no). The rest of the questions are optional, but must be completed for you to receive any CME credit.

If you have any problems accessing the PDF or completing your review, please do not hesitate to contact us for assistance.

The American Roentgen Ray Society offers CME credit for manuscript review.

Accreditation Statement

The American Roentgen Ray Society (ARRS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education activities for physicians.

Designation Statement

The ARRS designates this educational activity for a maximum of 3 AMA PRA Category 1 Credit(s)?. The physician should only claim credit commensurate with the extent of their participation in the activity. The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA Category 1 Credit(s)?.

Target Audience: Physicians and other radiology professionals who review manuscripts submitted to the AJR for possible publication.

REVIEW PROCESS

Variations

- Online versus hardcopy review
- Open versus blinded review
- Author recommendation of reviewers
- Quality control of reviewers

Recommendation

- No Recommendation
- No Recommendation
- Accept (only for top 25%)
- Reconsider-Minor Revision (only for top 25%)
- Reconsider-Major Revision (only for top 26-50%)**
- Reject (for bottom 50%)

Cancel Save & Submit Later & Print Proceed

Reviewer Instructions

Manuscript Rating

Thank you for agreeing to review this AJR manuscript. You are to grade its merits using the scale below, recognizing questions 1-3 as SUBSTANTIVE issues and questions 4-8 as STRUCTURAL issues. These questions are intended to help you analyze the strengths and weaknesses of the manuscript.

Please use the "Reviewer Blind Comments to Author" textbox to provide a detailed narrative summary, noting specific deficiencies and making suggestions for improvement if possible. Give particular attention to increasing accuracy, brevity, and clarity. Please be sensitive to the authors. Please number each comment for ease of reference including the page and line number if available. DO NOT identify yourself or your institution in any way. You may type directly into the space provided or copy your comments from another word processing software (you will, however, lose any formatting).

Questions to guide reviewers regarding decisions on scientific manuscripts 1. Does the manuscript provide new information that is not already available in published form? If yes, please provide a description of what you believe is new. If no, then unless the manuscript has something else extremely important to offer, the manuscript likely should be rejected. 2. Do the authors provide a sound rationale for performing this study? If no, then the manuscript likely should be rejected. 3. Have the data been properly analyzed? If no, then the manuscript likely should be rejected or major revisions should be requested. 4. Have the results been clearly presented? If no, then a major revision should likely be requested.

Please use the following scale for all questions listed below:

1 = Disagree; 2 = Somewhat Disagree; 3 = Neutral; 4 = Somewhat Agree; 5 = Strongly Agree

Questions 1 through 3 are Substantive. Questions 4 through 8 are Structural.

To view the CME Credit & Editor Disclosure Statements in entirety, please select the "Reviewer Instructions" button above. If you need specific guidance on how to review an article for AJR, see the following article by James M. Provenzale and Robert J. Stanley: [A systematic guide to reviewing a manuscript](#)

*1: This article is important, advances new knowledge, and is relevant to radiology.

N/A 1 2 3 4 5

2: The study design and statistical methods are sound and the analysis is appropriate and comprehensive.

N/A 1 2 3 4 5

3: The results are consistently reported throughout the paper. The conclusions are supported by the data.

N/A 1 2 3 4 5

*4: The writing is clear and the content is easily grasped.

N/A 1 2 3 4 5

5: The tables and figures are effectively used and appropriate in number.

N/A 1 2 3 4 5

*6: The objectives and conclusions are clearly stated.

N/A 1 2 3 4 5

*7: The elements of the paper are located in the appropriate sections.

Comments

Comments to Editor

1) Indicate here COMMENTS FOR THE EDITOR – why he should accept or reject the manuscript; Editor may select some comments for authors; reviewer will remain anonymous. 2) Indicate here DATES YOU ARE UNAVAILABLE for reviewing manuscripts.

req Comments to Author

Provide comments FOR THE AUTHOR. Please do not state here accept or reject. See "Radiology 2007: Reviewing for Radiology " (Radiology 2007; 244:7-11) for reviewer guidelines

General comments

The authors retrospectively reviewed the magnetic resonance arthrograms (MRA) of 80 patients with arthroscopically-proven intact or torn pulley systems. There were 28 pulley lesions. They found MRA to be accurate in the detection of pulley lesions, with the displacement sign, invisibility and discontinuity of the superior glenohumeral ligament (SGHL) or long head of biceps tendon (LHBT) tendinopathy to be the most accurate criteria in detection of pulley lesions.

The study suffers from two obvious deficiencies, namely: its retrospective nature and the relatively small number of patients, especially those with pulley lesions. There is also some inherent bias on part of the surgeons as they were aware of the imaging findings. Nevertheless, I think this is a useful study that explores the MRA findings of the biceps pulley, particularly the SGHL, in detail and fills a gap in the literature.

The methodology is generally sound, except my concern with the authors' use of T1-weighted MR arthrography images to evaluate LHBT tendinopathy (see specific comments below).

Specific comments

Advances in knowledge:

1. This statement is too general. Suggest discarding it.
2. Statement is reasonable.
3. Statement is reasonable.
4. Statement is reasonable.

Implications for patient care:

1. Statement is reasonable.
2. Statement is reasonable but repeats statement 2 in "Advances in knowledge".
3. Suggest truncate to "Invisibility or discontinuity of the superior glenohumeral ligament on parasagittal T1-weighted MR arthrograms are helpful criteria in the decision process." Discard the rest.

Materials and methods:

There is no mention of the coracohumeral ligament which the authors have stated is a component of the pulley sling (Introduction section). Why was this not studied as well?

Authors used T1-weighted MRA to assess increased signal of LHBT tendinopathy. They quoted two references (17, 18). Buck et al (2009, ref 17), when assessing the LHBT, included both fat-suppressed T2-weighted and fat-suppressed proton density-weighted sequences. Zanetti et al (1998, ref 18) used 3D gradient echo sequences in addition to T1-weighted sequences in their assessment of LHBT lesions. I am concerned about the accuracy of using T1-weighted sequences alone to assess tendinopathy, particularly with the potential spurious hyperintense signal of the magic angle phenomenon on T1-weighted sequences. The authors need to address this issue and perhaps not recommend using this sequence alone for assessing tendinopathic signal change.

Authors should provide clinical information about all these patients who underwent MRA. What were the indications? Clinical presentation? Types and pattern of injury? Subsequent treatment and follow-up information?

Discussion:

The study limitations can be discussed in more detail.

References:

Not in exact Radiology format.

Figures:

It will be ideal to show correlative MRA-arthroscopic images for the key types of lesions.

Fig 4a: Suggest replace by a better example with more arthroscopic contrast in the anterior part of the glenohumeral joint, to better show the relationship of the LHBT to the SSC tendon.

Fig 5b: The "increased diameter" of the LHBT is not convincing. Suggest replace by a better example.

Fig 7c: The "increased signal" within the LHBT is not convincing.

THE MALAYSIAN JOURNAL OF MEDICAL SCIENCES

REVIEWER REPORT FORM

Manuscript

title:

A. CHECKLIST FOR REVIEWERS

Please complete the following checklist by checking the box next to the statement you agree with. Whenever you disagree with a statement, please elaborate by providing comments in section B or C.

Yes	No	N/A	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The work justifies priority publication.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The article contains original findings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The title is appropriate and precise.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The abstract summarizes clearly and concisely the main findings of the article.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The objectives or aims of the study are clearly described.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. The material and methods give enough details.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. The results are presented in a clear or concise manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. The figures and figure legend are appropriate, clear, correctly labelled and statistically accurate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. The tables and table legend are appropriate, clear, correctly labelled and statistically accurate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. The discussion interprets the findings in view of the results obtained in this and in past studies on this topic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. The conclusions are valid and based on the results of the study.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. The references are adequate and conforms to the format of MJMS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. The length of the paper is appropriate.

A. SPELLING, GRAMMAR, STYLE OF WRITING

Please comment in the spelling, grammar, style of and readability of the manuscript in general.

B. COMMENTS

Please type your detailed comments here.

MANUSCRIPT REVIEW EVALUATION FORM

JOURNAL OF HONG KONG COLLEGE OF RADIOLOGISTS

Manuscript should be Clear, concise, complete and logical, with statements plainly identified, data and comparison results presented with their uncertainty, with their logic precise, with references to previous described and actual accomplishments of the work plainly stated and honestly appraised.

Page #: 11009 Type : Case Report Reviewer #: 029 Date of Request : 04 February 2011

TITLE : Anterior Intersosseous Nerve Syndrome—characteristic MR findings and the use of it Please Return By : 11 March 2011

PLEASE RETURN THIS REVIEW IMMEDIATELY IF YOU CANNOT COMPLETE THE REVIEW BY THE INDICATED DATE OR IF YOU FEEL THAT YOU ARE UNABLE TO REVIEW THIS MANUSCRIPT FOR ANY OTHER REASON.

REVIEWER: PLEASE COMPLETE & RETURN THIS FORM WITH MANUSCRIPT TO THE EDITOR AT:

Managing Editor JHKCR Editorial Office c/o HKAM Press Room 901, HKAM Building, 99 Wong Chuk Hong Road, Aberdeen, Hong Kong		Tel : (852) 2871 8822 Fax : (852) 2815 9001 E-mail : jkrcr@hkam.org.hk
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PRIORITY RATING (please tick the appropriate number based on your assessment of the impact this paper will have on the field)

Lowest 1 2 3 4 5 Highest

RECOMMENDATION FOR PUBLICATION (please check one box)

- Acceptable as submitted Rejected with major revisions (review required)
 Acceptable with minor revisions (review not required) Rejected totally (retired as a _____) (this article category)
 Acceptable with minor revisions (review required) Unacceptable

CONFIDENTIAL SUMMARY COMMENTS TO THE EDITOR SUPPORTING ABOVE EVALUATION SHOULD BE PROVIDED IN A SEPARATE FORM

PAPER PROFILE (place a check in the boxes which, in your opinion, best describe the following features of the manuscript)

	Excellent	Good	Acceptable	Marginal	Poor
Originality of the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness of reported work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the work of others by reference		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of the manuscript		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity in writing tables, graphs, and illustrations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of methodology and result interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No			
Are you aware of prior publication or presentation of this work?	<input type="checkbox"/>	<input type="checkbox"/>			
Is the manuscript free of commercialism?	<input type="checkbox"/>	<input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> GENERAL AND SPECIFIC COMMENTS FOR AUTHOR (S) SHOULD BE INCLUDED IN A SEPARATE FORM </div>					
Is the manuscript too long?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you require a separate review of the statistical data?	<input type="checkbox"/>	<input type="checkbox"/>			

MANUSCRIPT REVIEW EVALUATION FORM

Confidential: Comments to the Editor only; not to be released to author(s)

JOURNAL OF HONG KONG COLLEGE OF RADIOLOGISTS

Page #: 11009 Type : Case Report Reviewer #: 029 Date of Request : 04 February 2011

TITLE : Anterior Intersosseous Nerve Syndrome—characteristic MR findings and the use of it Please Return By : 11 March 2011

REVIEW PROCESS

Variations in review types

- Double blinded
- Single blinded
 - reviewers know identity of authors
- Open
 - review process only
 - post-publication

Home

Articles

Authors

Reviewers

About this journal

My BMC Clinical Pharmacology

Pre-publication history

Highly accessed

Open access


An international survey of patients with thalassemia major and their views about sustaining life-long desferrioxamine use

Alexandra Ward*, J Jaime Caro, Traci C Green, Krista Huybrechts, Alejandro Arana, Suzanne Wait and Androulla Eleftheriou

* Corresponding author: Alexandra Ward alexward@caroresearch.com

BMC Clinical Pharmacology 2002, **2**:3 doi:10.1186/1472-6904-2-3

Pre-publication versions of this article and reviewers' reports

Original Submission - Version 1	Manuscript		25 Jan 2002
 Reviewer's Report	DR Richardson		25 Feb 2002
 Reviewer's Report	Cynthia Willey		19 Mar 2002
Resubmission - Version 2	Manuscript	Author's comment	02 Apr 2002
Resubmission - Version 3	Manuscript		02 Apr 2002
 Reviewer's Report	Cynthia Willey		10 Apr 2002
Resubmission - Version 4	Manuscript	Author's comment	19 Apr 2002
Published			23 Apr 2002

Reviewer's report

Title: An International Survey of Patients with Thalassemia Major and Their Views About Sustaining Life-Long Desferrioxamine Use

Authors:

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Version: 1 **Date:** 25 Feb 2002

Reviewer: Dr DR Richardson

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

This is an interesting study examining the compliance factors with a chronically used drug called desferrioxamine (DFO).
The mode of therapy with desferrioxamine is cumbersome as it requires very long subcutaneous infusions for the life of the patient.

The present study was clearly worthwhile in terms of trying to clarify the factors of the understandable poor compliance.
The paper should be published after minor corrections.

I have only a few very small comments:-

1. p7 top line: The word "Figure" is repeated in the bracket containing "(Figure 4)"
2. p 9 line 4 from the top: The sentence could be rewritten to state: "...barriers to access the drug" rather than "barriers to access to the drug"
3. A paragraph could be added discussing the need for orally effective iron chelators that could replace DFO.

Competing interests:

None declared.

Reviewer's report

Title: An International Survey of Patients with Thalassemia Major and Their Views About Sustaining Life-Long Desferrioxamine Use

Authors:

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Version: 3 **Date:** 10 Apr 2002

Reviewer: Dr Cynthia Willey

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Accept without revision

I have reviewed the revised version of the manuscript, and recommend publication. All of my concerns and suggested revisions have been adequately addressed.

Competing interests:

None declared.

Instructions for Authors of JMIR

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During the submission process, authors are asked to **nominate 2 to 4 external referees** to review their manuscript (please provide at least their name and email address). The best reviewers are authors of publications on which your research builds and which you cite. Peer reviewers must have a publishing track in the area the manuscript deals with, however, avoid nominating overly senior (and busy) individuals.

When suggesting peer reviewers, conflicts of interests should be avoided, that is, **suggested referees should not**

- be from the same department or division as one of the authors (the same university should also be avoided);
- have been a research supervisor or graduate student of one of the authors within the past six years;
- have collaborated with one of the authors within the past six years or have plans to collaborate in the immediate future;
- be employees of non-academic organizations with which one of the authors has collaborated within the past six years; or
- be in any other kind of potential conflict of interest situation (eg, personal, financial).

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Personal Classifications (* indicates match with document)

Classification
* 210: General Surgery
210.090: Hepatobiliary Surgery
210.110: Pancreatic Surgery

Current Review Statistics

Date Last Agreed	Reviews in Progress	Outstanding Invitations
May 16, 2011	0	0

Historical Reviewer Invitation Statistics

Total Invitations	Agreed to Review	Declined to Review	Un-invited Before Agreeing to Review	Terminated Before Agreeing to Review
23	22	0	1	0

Historical Reviewer Performance Summary

Total Completed Reviews	Submitted on Time	Submitted Late	Un-assigned After Agreeing to Review	Terminated After Agreeing to Review	Date Last Review Completed
20	11	9	0	2	Oct 13, 2011

Historical Reviewer Averages

Days to Respond to Invitation	Days to Complete Review	Days Late	# of Reminders	Manuscript Rating	Review Rating
2	33	11	0	58.16	89

Reviewer Recommendation Summary

Accept:	2
Major Revision:	4
Minor Revision:	10
Reject:	4

Singapore Med J reviewer tracking system

SUMMARY

- Peer review system is adopted by all major journals
- Still the best way for quality control of material submitted
- Some variations exist