Assessing a manuscript in house before sending for peer review

Joan Marsh
President
European Association of Science Editors

Deputy Editor, The Lancet Psychiatry

joan.marsh@lancet.com
Assessing a manuscript in house before sending for peer review

Who does it?
Assessing a manuscript in house before sending for peer review

*European Science Editing*

Chief Editor
Assessing a manuscript in house before sending for peer review

The Lancet Psychiatry

Editor
Deputy Editor
Senior Editor
Assessing a manuscript in house before sending for peer review

*The Lancet Psychiatry*

Editor looks at every paper:
Reject or Assign to Deputy/Senior Editor
Assessing a manuscript in house before sending for peer review

*The Lancet Psychiatry*

Deputy/Senior Editor
Assesses manuscript then invites peer reviewers or discusses whether to reject
Assessing a manuscript in house before sending for peer review

Who does it at your journal?
Assessing a manuscript in house before sending for peer review

How many people are required to make the final decision at your journal?
Assessing a manuscript in house before sending for peer review

What is the purpose?

Why not send every paper for peer review?

How decide what to send for peer review?
What is the purpose?

To ensure the manuscript is suitable for the journal

To make best use of peer reviewers
What is the purpose?

To ensure the manuscript is suitable for the journal

To make best use of peer reviewers
To ensure the manuscript is suitable for the journal

How?
To ensure the manuscript is suitable for the journal

Process for an individual manuscript

Process for general operation of the journal
To ensure the manuscript is suitable for the journal

Process for an individual manuscript

Process for general operation of the journal
Suitability for the Journal (1)

Aims and Scope

Are these clearly defined for your journal?

Are they easy to find and to read?
Aims and Scope

What do these cover?
Aims and Scope

Subject matter

Specialist or generalist

Level of specialty

International or regional

Research or educational
Aims and Scope

*European Science Editing*

*European Science Editing* publishes articles covering all aspects of scientific editing and publishing. It includes research articles, meeting reports, essays and viewpoints, book and website reviews, as well as highlighting events, resources and publications of interest to members. An informative and entertaining read, it helps editors keep up to date with major issues that are relevant to them.
European Science Editing publishes articles covering all aspects of scientific editing and publishing. It includes research articles, meeting reports, essays and viewpoints, book and website reviews, as well as highlighting events, resources and publications of interest to members. An informative and entertaining read, it helps editors keep up to date with major issues that are relevant to them.
We publish original research, reviews, and personal views, as well as timely news and comment about all aspects of psychiatry. Topics considered by the journal include psychopharmacology, psychotherapy and psychosocial approaches to all psychiatric disorders, across the life course. The journal will cover innovative treatments and the biological research underpinning such developments, novel methods of service delivery, and new ways of thinking about mental illness promoted by social psychiatry. The journal will also advocate strongly for the rights of people with mental health disorders, and welcome the voices of service users.
Aims and Scope
The Lancet Psychiatry

We publish original research, reviews, and personal views, as well as timely news and comment about all aspects of psychiatry. Topics considered by the journal include psychopharmacology, psychotherapy and psychosocial approaches to all psychiatric disorders, across the life course. The journal will cover innovative treatments and the biological research underpinning such developments, novel methods of service delivery, and new ways of thinking about mental illness promoted by social psychiatry. The journal will also advocate strongly for the rights of people with mental health disorders, and welcome the voices of service users.
Aims and Scope

Anyone volunteering the Aims and Scope of their journal?
To ensure the manuscript is suitable for the journal

Process for an individual manuscript

Process for general operation of the journal
Information for Authors
The Lancet Psychiatry

Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. The Lancet journals are signatories of the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and to the Committee on Publication Ethics (COPE) code of conduct for editors. We follow COPE's guidelines.
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Aims and Scope
The Lancet Psychiatry

Manuscripts must be solely the work of the author(s) stated

How is this checked?
Aims and Scope
The Lancet Psychiatry

Manuscripts must be solely the work of the author(s) stated.

Can’t be sure that no people who should have been authors are missing.

Asking for Role of each contributor can help—quick check to see that covers planning and designing study, collecting data, analysis of results including statistical analysis, interpretation of the data, writing the paper.
Aims and Scope
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Checking originality

For original research?

For reviews and other non-research material?
Checking originality

How do you do this?
Checking originality

Ithenticate
http://www.ithenticate.com/

Google or Google Scholar

Other systems?

Papers in languages other than English?
Checking originality

Biography excluded

Quotes included/excluded

Methods

Affiliations, conflict of interest statements, etc
Checking originality

UK Health Research Authority

Any project should build on a review of current knowledge.

Replication to check the validity of previous research is justified, but unnecessary duplication is unethical.
Checking originality of research

Research articles should reference an existing systematic review and include references to any relevant literature published subsequent to that systematic review.

Where no such systematic review exists, authors should review the relevant evidence (using a methodology that systematically identifies, critically appraises and then synthesises the available evidence).
Checking originality of research

Articles should include a description of the Literature Search Strategy

Which databases were searched

The date restrictions and date on which the search was performed

Search terms used

Language restrictions
Setting research in context

More than half of the reports of clinical trials do not set their results in the context of the totality of evidence (Glasziou et al. Reducing waste from incomplete or unusable reports of biomedical research. *Lancet* 2014)

Now, all research papers submitted to any Lancet journal must include a ‘Research in context’ panel. The editors “hope that increasing the prominence of putting research into context in the submission and publication stages will help researchers, institutions and funders make decisions earlier in the process on which research questions to address and fund.”.
Aims and Scope
The Lancet Psychiatry

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Aims and Scope
The Lancet Psychiatry

Authors declare in submission letter that is not under consideration at another journal.
Suitability for the Journal (2)

Type of article
Type of article

Original research

Review

Short report or Brief communication

Essay/viewpoint/opinion piece

Correspondence
Suitability for the Journal (3)

Length and format

If very different, ask authors to revise before sending for peer review
Compatibility with guidelines

**CONSORT** RANDOMIZED CLINICAL TRIALS
**STROBE** OBSERVATIONAL STUDIES IN EPIEMIOLOGY
**PRISMA** SYSTEMATIC REVIEWS AND META-ANALYSES
**STARD** DIAGNOSTIC ACCURACY
**COREQ** QUALITATIVE RESEARCH: INTERVIEWS AND FOCUS GROUPS
**ENTREQ** SYNTHESIS OF QUALITATIVE RESEARCH
**SQUIRE** QUALITY IMPROVEMENT IN HEALTHCARE
**CARE** CLINICAL CASES
**SAMPL** BASIC STATISTICAL REPORTING
**SPIRIT** STANDARD PROTOCOL ITEMS FOR CLINICAL TRIALS

www.equator-network.org
Compatibility with guidelines

Are there relevant guidelines in your fields?

Are there relevant guidelines in languages other than English?
### CONSORT 2010 checklist of information to include when reporting a randomised trial*

<table>
<thead>
<tr>
<th>Section/Topic</th>
<th>Item No</th>
<th>Checklist item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title and abstract</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1a</td>
<td>Identification as a randomised trial in the title</td>
</tr>
<tr>
<td></td>
<td>1b</td>
<td>Structured summary of trial design, methods, results, and conclusions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(for specific guidance see CONSORT for abstracts)</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background and objectives</td>
<td>2a</td>
<td>Scientific background and explanation of rationale</td>
</tr>
<tr>
<td></td>
<td>2b</td>
<td>Specific objectives or hypotheses</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial design</td>
<td>3a</td>
<td>Description of trial design (such as parallel, factorial) including allocation ratio</td>
</tr>
<tr>
<td></td>
<td>3b</td>
<td>Important changes to methods after trial commencement (such as eligibility criteria), with reasons</td>
</tr>
<tr>
<td><strong>Participants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4a</td>
<td>Eligibility criteria for participants</td>
</tr>
<tr>
<td></td>
<td>4b</td>
<td>Settings and locations where the data were collected</td>
</tr>
<tr>
<td><strong>Interventions</strong></td>
<td>5</td>
<td>The interventions for each group with sufficient details to allow replication, including how and when they were actually administered</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>6a</td>
<td>Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed</td>
</tr>
<tr>
<td></td>
<td>6b</td>
<td>Any changes to trial outcomes after the trial commenced, with reasons</td>
</tr>
<tr>
<td><strong>Sample size</strong></td>
<td>7a</td>
<td>How sample size was determined</td>
</tr>
<tr>
<td></td>
<td>7b</td>
<td>When applicable, explanation of any interim analyses and stopping guidelines</td>
</tr>
<tr>
<td><strong>Randomisation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sequence generation</td>
<td>8a</td>
<td>Method used to generate the random allocation sequence</td>
</tr>
<tr>
<td></td>
<td>8b</td>
<td>Type of randomisation; details of any restriction (such as blocking and block size)</td>
</tr>
<tr>
<td>Allocation concealment</td>
<td>9</td>
<td>Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>10</td>
<td>Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions</td>
</tr>
<tr>
<td><strong>Blinding</strong></td>
<td>11a</td>
<td>If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how</td>
</tr>
</tbody>
</table>

*Please refer to CONSORT guidelines for detailed guidance.*
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blinding</strong></td>
<td>11a If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how</td>
</tr>
<tr>
<td></td>
<td>11b If relevant, description of the similarity of interventions</td>
</tr>
<tr>
<td><strong>Statistical methods</strong></td>
<td>12a Statistical methods used to compare groups for primary and secondary outcomes</td>
</tr>
<tr>
<td></td>
<td>12b Methods for additional analyses, such as subgroup analyses and adjusted analyses</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td></td>
</tr>
<tr>
<td>Participant flow</td>
<td>13a For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome</td>
</tr>
<tr>
<td></td>
<td>13b For each group, losses and exclusions after randomisation, together with reasons</td>
</tr>
<tr>
<td>Recruitment</td>
<td>14a Dates defining the periods of recruitment and follow-up</td>
</tr>
<tr>
<td></td>
<td>14b Why the trial ended or was stopped</td>
</tr>
<tr>
<td>Baseline data</td>
<td>15 A table showing baseline demographic and clinical characteristics for each group</td>
</tr>
<tr>
<td>Numbers analysed</td>
<td>16 For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups</td>
</tr>
<tr>
<td>Outcomes and estimation</td>
<td>17a For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)</td>
</tr>
<tr>
<td></td>
<td>17b For binary outcomes, presentation of both absolute and relative effect sizes is recommended</td>
</tr>
<tr>
<td>Ancillary analyses</td>
<td>18 Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory</td>
</tr>
<tr>
<td>Harms</td>
<td>19 All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)</td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>20 Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses</td>
</tr>
<tr>
<td>Generalisability</td>
<td>21 Generalisability (external validity, applicability) of the trial findings</td>
</tr>
<tr>
<td>Interpretation</td>
<td>22 Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence</td>
</tr>
<tr>
<td><strong>Other information</strong></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td>23 Registration number and name of trial registry</td>
</tr>
<tr>
<td>Protocol</td>
<td>24 Where the full trial protocol can be accessed, if available</td>
</tr>
<tr>
<td>Funding</td>
<td>25 Sources of funding and other support (such as supply of drugs), role of funders</td>
</tr>
</tbody>
</table>
Compatibility with guidelines

Adherence to study protocol
Adherence to study protocol

Why is this important?
Adherence to study protocol

Full reporting of results
Adherence to study protocol

Full reporting of results

Why is this important?
Full reporting of results

Importance

Time
Money
Resources

Patient lives
Full reporting of results

Importance

Time
Money
Adherence to study protocol
Full reporting

Lancet journals require results of the primary outcome and all secondary outcomes unless the protocol specifies an interim analysis or a publication plan with multiple papers.
Adherence to study protocol
Full reporting

Prevents ‘salami’ publication: many small papers from a single study

Prevents ‘burying’ of negative results or failed studies
Adherence to study protocol
Full reporting

AllTrials campaign

ICJME

Results to be made available
Assessing a manuscript in house before sending for peer review

What is the purpose?
What is the purpose?

To ensure the manuscript is suitable for the journal

To make best use of peer reviewers
To make best use of peer reviewers

Why is this important?
Peer reviewers

A valuable resource

Who are they?
Peer reviewers

Subject specialists

General overview

Statistical experts

Solomon
Peer reviewers

Subject specialists

Examples of types of expertise might require
Peer reviewers

Subject specialists

Local knowledge for a regional study

Knowledge of the database/registry used

Knowledge of equipment/tools used
(includes questionnaires or rating scales)

Knowledge of the species or disease
Peer reviewers

How many do you use?
Peer reviewers

European Science Editing

Two for Research Articles
Peer reviewers

*The Lancet Psychiatry*

Research articles: 2-3 clinical
1 statistical
Peer reviewers

How do you find them?
Peer reviewers

Editorial Board

Colleagues

Previous authors

Recommended by authors

List or database of previous reviewers
Peer reviewers

Something old, something new
Something borrowed, something blue
Peer reviewers

‘Old’ experienced reviewers whom you trust

‘New’ someone you haven’t asked before

‘Borrowed’ recommended by author

‘Blue’ or pink try to balance sexes
Peer reviewers

Editorial Board

Colleagues

Previous authors

Recommended by authors

List of previous reviewers
Peer reviewers
Editorial Board

Agreement that will review certain number of papers per year?

Balance between overwork and not ‘pulling their weight’

Ask them to recommend other reviewers, including juniors from their own team
Peer reviewers

Case study

You invite an expert in the relevant field to review a manuscript. They reply that they have a keen graduate student who could do it.

How do you reply?
Peer reviewers

Editorial Board

Colleagues

Previous authors

Recommended by authors

List of previous reviewers
Peer reviewers

Editorial Board

Colleagues

Previous authors

Recommended by authors

List of previous reviewers
Peer reviewers
Previous authors

Search relevant databases for related publications

Search reference list of manuscript

Invite authors of papers you have published in your journal on a similar topic
Peer reviewers

Editorial Board

Colleagues

Previous authors

Recommended by authors

List of previous reviewers
Recommended peer reviewers

Check for co-authorship – Scopus

Check that they have published in this area
Assessing a manuscript in house before sending for peer review

How long should it take?
Assessing a manuscript in house before sending for peer review

*The Lancet Psychiatry*

Initial assessment 1-2 working days
Peer reviewers invited and authors informed 2-3 working days
# EASE Form for Authors’ Contributions and Conflict of Interest Disclosure

By signing the form, the authors agree to publication of their paper in the journal and certify that the paper is not considered for publication elsewhere. The form is intended for use by scientific journals during or soon after manuscript submission and can be supplemented with the EASE Ethics Checklist for Authors (www.ease.org.uk/publications/ease-checklist), to be signed by the corresponding author only. The checklist is part of the practical EASE Guidelines for Authors and Translators of Scientific Articles, freely available in >20 languages at www.ease.org.uk/publications/author-guidelines.

<table>
<thead>
<tr>
<th>First and family names of authors</th>
<th>Contributions to this study and paper</th>
<th>Other* (specify)</th>
<th>Conflict of interest: financial or personal**</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1a) study planning</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(1b) data acquisition</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(1c) data analysis/interpretation</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(2a) manuscript writing</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(2b) manuscript revision</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
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<tr>
<td>(3) final approval</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>(4) agreement to be accountable for all aspects of the work*</td>
<td>Yes/No</td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

* Each author must ensure that questions related to the accuracy or integrity of any part of the study and manuscript are appropriately investigated and resolved, see ICMJE authorship criteria (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html). Each person who meets criterion 1 (1a or 1b or 1c) should be allowed to participate in the drafting (criterion 2a or 2b) and approval of the final version of the manuscript (criterion 3). The contributions of people who met only one or two authorship criteria should be mentioned in Acknowledgements, but their names should be given only if the people agree to it.

** Financial conflicts of interest include (but are not restricted to) employment, consultancies, stock ownership, honoraria, paid expert testimony or speakers’ bureau, while non-financial conflicts of interest include personal relationships or competitiveness in academic community. If in doubt or if a conflict of interest exists, the author should complete also the ICMJE Form for Disclosure of Potential Conflicts of Interest (www.icmje.org/coiDisclosure.pdf).

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