



# PEER REVIEW

SM Miri, MD PhD

March 2021,

KOWSAR

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# Peer review?

- To determine an academic paper's suitability for publication
- Justification



# What do the editors look for in reviewers?

- Expertise in one or more areas of paper
- Objectivity
- No conflicts of interest
- Good judgment
- Able to think clearly and logically
- Able to write a good critique
  - Accurate
  - Readable
  - Helpful to editors and authors
- Reliable in returning reviews
- Able to do the review in the allotted time frame



# Peer-review Process

When a paper arrives at a journal's editorial office a few things can happen:

- A. Editor reviews paper herself/himself**
- B. Editor assigns to Associate Editor**
- C. Editor or AE assigns to Peer Reviewers**



# Time? Amount?

- The review may require **1—3 hours** and **500 to 1,000 words**



# When?

- Workflow



# Number of Reviewers

- How many reviewers (1, 2, 3?)



# Do you have any real *or apparent* conflicts of interest

- Institutional affiliations
  - Through current institution
  - Past institution (recent enough to have close associations)
  - Future institution (e.g. negotiating for a position)
  - Consultant to author's institution
- Collaborators and colleagues
  - How close?
  - When?
- Other relationships with the authors
  - Family
  - Personal friends
  - People you detest
  - People you would be reluctant or afraid to give a harsh review to





# How do you handle the paper?

- Manuscripts under review are confidential documents.
- They contain unpublished data and ideas, which must be kept confidential.
- You cannot share the paper or its contents with your colleagues.
- Manuscripts should be kept in a secure place, where they will not be readily accessible to the curious or unscrupulous.



# Methods of Peer Review

- **Anonymous (blind) peer review**
  - The reviewers do not know the author's identity.
  - Limited for reviewing controversial research topics.
- **Open peer review**



# Experiments with peer review

- Neuroscience peer review consortium
  - A consortium of journals who have agreed to accept manuscript reviews from other members of the Consortium
- *BMC Biology Direct*
  - Authors are responsible for obtaining reviewers' reports, via the journal's Editorial Board
- EMBO
  - Reviewers comments are posted alongside the article to allow users to see how the article developed





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[The EMBO Journal](#) > [Archive](#) > [Table of contents](#)

## TABLE OF CONTENTS



### VOLUME 31, NUMBER 3 01 FEBRUARY 2012

pp 515-779

Lost eppendorf - Photograph by Marie F. Soulière, a postdoctoral fellow at the Center for Molecular Biosciences Innsbruck, Austria.

## ISSUE NAVIGATION

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## Positive regulation of p53 stability and activity by the deubiquitinating enzyme Otubain 1

The deubiquitinating enzyme Otubain 1 regulates MDM2-mediated p53 ubiquitination in a non-catalytic manner, by binding and suppressing the activity of MDM2's cognate ubiquitin-conjugating enzyme Ubch5.

Xiao-Xin Sun, Kishore B Challagundla and Mu-Shui Dai

*The EMBO Journal* (2012), **31**, 576 - 592, doi:10.1038/emboj.2011.434

[Abstract](#) | [Full text](#) | [PDF \(3,182 KB\)](#) | [Supp. Inf.](#) | [Review Process File](#)

Published online: 29 November 2011

**Subject Categories:** [Signal Transduction](#) | [Proteins](#)

# The Best Sample

- [Review Process](#)

Download the file at:

<http://www.nature.com/emboj/journal/v31/n3/extref/emboj2011434s2.pdf>



PEER REVIEW

# Superjournals – minimal review

- *PLoS One*
  - Articles are posted after initial review (technical not subjective concerns), and are then available for post-publication review and comment from users.
- *BMJ Open*
  - decisions ...based on the scientific and ethical soundness and transparency of the research ...rather than on its apparent interest to any particular readership
- *Open Biology, Scientific Reports, SAGE Open, G3, etc.*



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The [PLoS Medicine Editors](#) discuss new research studies on the risks associated with mode of childbirth following caesarean section.

*Image Credit: Petteri Sulonen*

### No Treatment versus 24 or 60 Weeks of Antiretroviral Treatment during Primary HIV Infection: The Randomized Primo-SHM Trial



In a three-arm randomized trial conducted among adult patients in HIV treatment centers in The Netherlands, [Marlous Grijzen and colleagues](#) examine the effects of temporary combination antiretroviral therapy during primary HIV infection.

Read [Editors' Summary](#)

*Image Credit: Danny Hope*

### Intermittent Preventive Treatment for Malaria in Papua New Guinean Infants Exposed to *Plasmodium falciparum* and *P. vivax*: A Randomized Controlled Trial



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New data sources added



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MHTF-PLoS Collection on Maternal Health

# PLoS MEDICINE

Produced with support from the Maternal Health Task Force (MHTF) at the Harvard School of Public Health

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PEER REVIEW



**RESEARCH ARTICLE** OPEN ACCESS

**A Comparison of Wood Density between Classical Cremonese and Modern Violins**

Berend C. Steel<sup>1,2</sup>, Terry M. Burman<sup>2</sup>

**At-a-glance metrics summary on article page**

**Metrics**

Total Article Views: 53,142

Cited in: CrossRef (2), PubMed Central (1), Science (1), Web of Science (1)

Social Networks: Citeline (1), Facebook (14), Mendeley (2)

**Related Content**

Related Subject Categories: Computer Science, Plant Biology, Materials and Medical Imaging

Related Articles on the Web: Google Scholar, Pubmed

Article-Level Metrics now displayed on the article itself

**Article Usage**

New data source: article usage from PubMed Central

**Total Article Views: 14,932**  
Feb 14, 2007 (publication date) through Feb 12, 2012\*

	HTML Page Views	PDF Downloads	XML Downloads	Totals
PLoS	9,888	2,751	1	
PMC	1,474	698		
<b>Totals</b>	<b>11,362</b>	<b>3,449</b>	<b>1</b>	

Source	Views in Jan '12		Total since Feb 14 '07	
	PLoS	PMC	PLoS	PMC
HTML	130	0	9,842	1,474
PDF	46	0	2,731	698
XML	0	n.a.	121	n.a.
<b>Total</b>	<b>176</b>	<b>0</b>	<b>12,694</b>	<b>2,172</b>

*Neglected Tropical Diseases*

- *PLoS Pathogens* at the 2011 Molecular Parasitology Meeting

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Reliability	    
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<b>Overall</b>	    

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**0**



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 Dr. Seyyed Mohammad Miri


 **Authorial Area** 1


 **Reviewer Area** 1

• Reviewer Classification

 **Associate Editor Area** 1

 **Editor-in-Chief Area**

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• Change E-mail

• Change Password

## Reviewer Area

**Assignments**

**New Invitations (0)**

**Pending Assignments (1)**

**Activities**

**View Reviewers' Activity (122)**



# Reviewer's Activity

ID	Full Name	Classification	Rv. Pending	Rv. Complete	Rv. Decline	Rv. UN-Inv
6366	<b>Dr. Samad Amini-Bavil-Olyae</b>	Scientific Reviewer Virology Molecular and methodological virology Viral hepatitis HBV Infectious Disease	0	77	10	1
6367	<b>Dr. Wen Zhili</b>	Scientific Reviewer Hepatology Infectious disease	0	5	1	3
6368	<b>Dr. Behzad Hajarizadeh</b>	Scientific and Methodological Reviewer Epidemiology Public health Clinical Virology	0	27	4	0



PEER REVIEW

# Invitation Email

## Compose Message

**Proceed With Sending Email**

Recipient: Dr. Seyyed Mohammad Miri<miri@brcgl.com>

Subject: First line of the body (below) will be considered as subject.

Subject & Body

Hepatitis Monthly:Reviewer invitation,ID: 6132  
Journal: Hepatitis Monthly  
Manuscript ID: 6132  
Manuscript Title: Imported: The Role of Fas Receptor and Ligand System in the Pathogenesis of Liver Cirrhosis and Hepatocellular Carcinoma

Dear Dr. Seyyed Mohammad Miri,

We would like to inform you that you are invited to review the manuscript entitled above by its Associate Editor. Please <a href="http://hepatmon.com?page=signin">sign in</a> to the website with your account and then follow your assignment in the Reviewer Area by clicking on New Invitations link. In this step, you may accept or decline the invitation.

**\*\*\*Important Notice\*\*\***



Please note that according to the time schedule, we request you to complete your assignment by 19 Jul 2012 01:21:32 AM, so that we will be able to follow other review process of this manuscript based on the schedule. To download help file please click <a href="http://kowsarcorp.com/pub/index.php/help/users/reviewers">HERE</a>

If you have any queries or require any further assistance, please feel free to contact us.

-----  
Kind Regards,  
Prof. Seyed Moayed Alavian,  
Editor-in-Chief,  
Hepatitis Monthly,  
<http://hepatmon.com>  
E-mail: [info@hepatmon.com](mailto:info@hepatmon.com)



# New Invitation

ID	Title	Status	Actions
6132	<b>Imported: The Role of Fas Receptor and Ligand System in the Pathogenesis of Liver Cirrhosis and Hepatocellular Carcinoma</b>	New invitation 10 day(s) remaining.	 <b>ACCEPT INVITATION</b>  <b>DECLINE INVITATION</b>



PEER REVIEW

# Review

## Manuscript Information

### Basic Information

**Manuscript ID:** 6132  
**No. of Revision:** 0

### Current Revision

**Title:** Imported: The Role of Fas Receptor and Ligand System in the Pathogenesis of Liver Cirrhosis and Hepatocellular Carcinoma

## Guidelines for Reviewers



- To read and download sample checklists for Review according to type of articles, refer **HERE** (Search for Guidelines).
- Write your review comments in a word file and then paste them from your word file into the below text area.

## Submit Reviewers' Comments

Write your comments as the reviewer in the below box and submit it. Your comments will be sent to the associate editor and will be seen by the author.

## Submit Reviewers' Comments

Write your comments as the reviewer in the below box and submit it. Your comments will be sent to the associate editor and will be seen by the author.

## Confidential Comments

Write your confidential comments about this manuscript to the associate editor. Your comments will only be sent to the associate editor.



# Types of Comments

- Confidential Comments
- (Open) Formal Comments





# Peer-review Process

## What to look for

### 1. Appropriateness for the journal

- Is the topic relevant to the journal?
- Is the topic timely?
- Is the topic significant?
- Is the study unique? If so, How?



# Peer-review Process

What to look for

2. What type of paper/research is it?

- If research, how is it structured?
  - Randomized, controlled, blinded Meta-analysis?
  - Retrospective?
  - Case series or single case



# Editors and Peer-review Process

Editors/Peer Reviewers look for:

Did the author follow the instructions of the journal?

- Correct Number of Authors?
- Conflict of Interest/Disclosure Statement?
- Copyright release signed?
- Informed consent (if applicable)/Ethics considerations



# Peer-review Process

Did the author follow the Instructions of the journal?

- Is the article format correct?
  - Structured abstract?
  - Correct article format (Abstract, Introduction, Methods, Results, Discussion, Conclusion, Refs?)
  - Are References in correct format?



# Peer-review Process

Peer Reviewers look for:

## **Are the technical aspects correct?**

- Research Structure:
  - Correctly described and performed?
- Statistics:
  - Correct analysis?
  - Accurate interpretation?
  - Clear presentation?



# Peer-review Process

Editors/Peer Reviewers look for:

Technical aspects, continued

## Tables and Figures:

- Accurate and clear structure, presentation, and presentation?
- Do the numbers add up?
- Are the data consistent with the body of the paper?



# Peer-review Process

Editors/Peer Reviewers look for:

Technical aspects, continued

## Tables and Figures:

- Abstract & Body of paper
  - Do number of patients, other data match?
  - Conclusions consistent?



# Peer-review Process

## REJECTION:

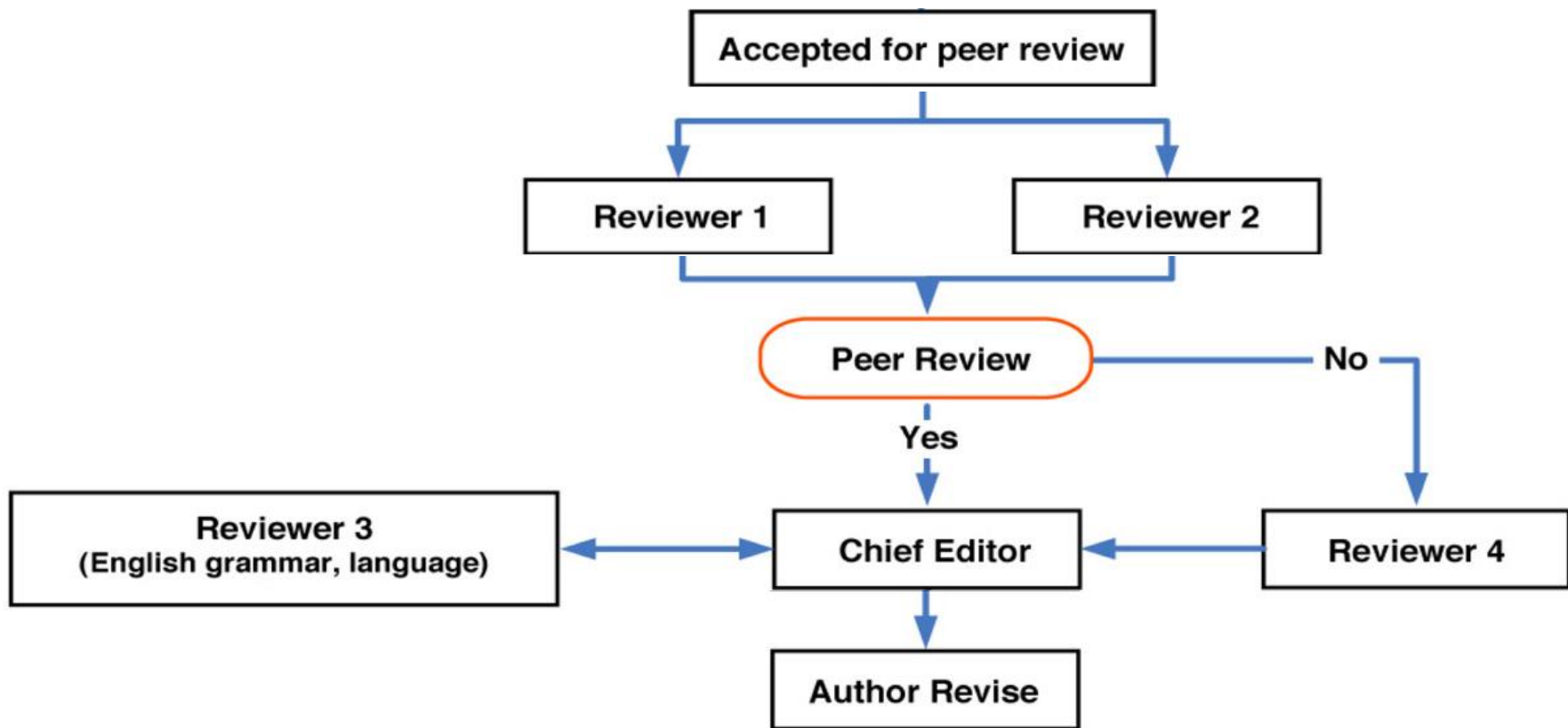
Most journals accept 30% or less (NEJM, BMJ accept ~ 10%)

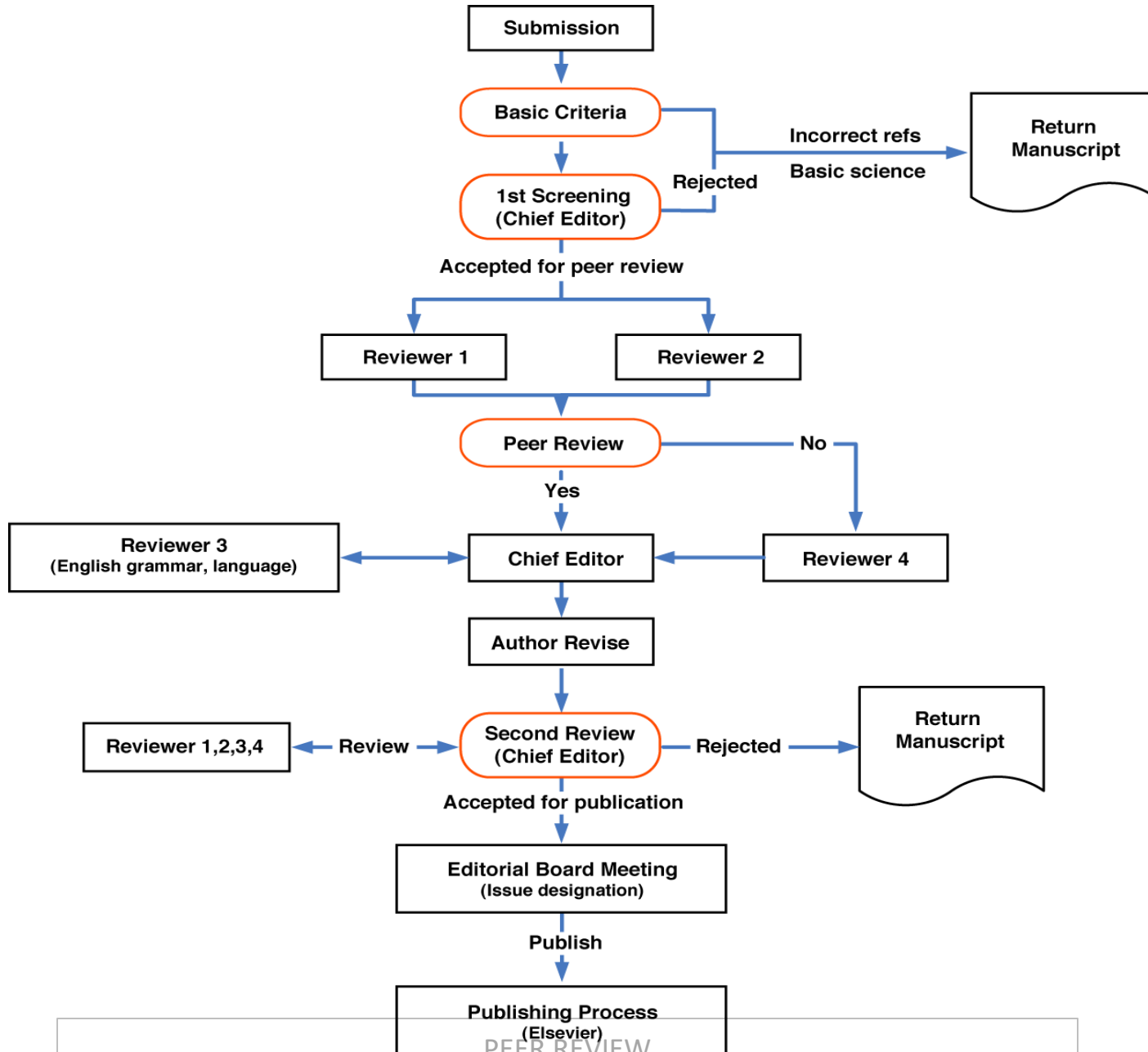
**What is rejection rate in your journal?**



PEER REVIEW







PEER REVIEW

# Duplicative publication or plagiarism

- The reviewer may recognize much or all of the paper, because some or all of the paper has been published previously by the same authors.
- The reviewer may find text or ideas which have been copied without permission or appropriate attribution from the works of others.



# Peer Review Checklists

<b><u>GENERAL</u></b>	Checklist for <b>all types</b> of studies
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>cross-sectional studies</b>
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>case-control studies</b>
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>cohort studies</b>
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>observational studies</b>
<b><u>CONSORT</u></b>	Checklist of information to include when reporting a <b>randomised trial</b>
<b><u>PRISMA</u></b>	Transparent reporting of <b>systematic reviews and meta-analyses</b>
<b><u>STARD</u></b>	Checklist for reporting of studies of <b>diagnostic accuracy</b>
<b><u>TREND</u></b>	Non-randomised evaluations of <b>behavioural and public health interventions</b>
<b><u>REMARK</u></b>	Checklist for <b>Tumour marker prognostic studies</b>
<b><u>COREQ</u></b>	Consolidated criteria for reporting qualitative research: a <b>32-item checklist for interviews and focus groups</b>

all checklists are available for downloading at: [http://hepatmon.com/?page=public\\_pages&name=new\\_guidelines\\_for\\_authors](http://hepatmon.com/?page=public_pages&name=new_guidelines_for_authors)



# The problem of peer review

- Identifying suitable reviewers
- Receiving reviews on time
- Motivating and rewarding reviewers



# Identifying suitable reviewers

- Where do reviewers come from?
  - Searching the indexes
  - Recommendations from colleagues
  - Suggestions from editors and authors
- Build and maintain a database
  - Name/contact details
  - Records of articles they have reviewed
  - Notes about their reviews (always negative?  
Always late?)



# Receiving reviews on time

- Ask if they are free before sending the article
- Give reasonable length of time (but not too long!)
- Send reminder before review is due back
  - Email most suitable? Personal call?
- Send reminders after review is due
- If not received sent polite “we understand you are busy...” message to signify that you no longer expect it



# Receiving good reviews

- Guidelines
- Easy demands from the journal (don't ask too much)
- Online submission of review?
- Feedback (“we agree...” “we didn't agree...”)





# Motivating and rewarding reviewers

- Why do people review? What do they get out of it?
- Private and public thanks
  - Listing at end of article(?), end of the issue, or end of volume
- Rewards for good reviewers
  - Free subscriptions, gifts, invitations to party?



# Drafting the Review

## The Big Picture

Primary roles of the reviewers :

(a) A “**consultant**” to the Action Editor

(b) To **provide feedback** to authors about ways to improve the science and the communication of that science



# The Big Picture

## Reviewers should:

- Maintain a professional and **respectful tone**
- Offer **corrective feedback**: improves the scientific merit of the manuscript.
- **Avoid False hope**= Do not tell a long list of comments
- Uncorrectable fatal flaws = Shorter reviews



# The Big Picture

## Reviewers should:

- **Not comment on all aspects** of a manuscript, particularly if a part (e.g., assessment techniques, methodology, or statistical analyses, to name a few) **are** beyond their expertise.
- Be assured that Action Editors will attempt to choose reviewers who, collectively, will provide a strong set of reviews for a particular manuscript.



# Opening Paragraph is ...

1) The **reviewer's overall opinion** about the manuscript.

- Highlight something new?
- Contradict existing findings?
- Generate additional research?

2) Highlight both the **manuscript's strengths and weaknesses**.

- Authors have put in time and effort to draft the manuscript, and even the weakest studies will have some positive attribute. Major concerns, particularly those that may make the manuscript unpublishable, generally conclude the opening paragraph.



# A Synopsis: Do we need?

- ~~• Manuscript title and a brief synopsis of the article?~~
- it does provide the Action Editor and author(s) with a “**check**” to **ensure** the reviewer **understood the main focus** of the article. However, the Action Editor can judge reviewers’ understanding based on the content of the reviews.
- If a synopsis is provided, it should **not** be in lieu of making **evaluative comments** about the manuscript.



# Separating Major from Minor Concerns

1. Use a “**major–minor**” approach
2. Move **section by section**

## Major Concerns:

- Those that threaten the validity of the study
- Expose a theoretical confusion
- Reveal a mistaken use of a particular statistical technique

## Minor Concerns:

- An additional analysis
- an addition of a study to the literature review;



# The best reviewers

- An editor must be able to easily **identify the major concerns** that, in the reviewers' opinions, would preclude publication of the manuscript.
- Very helpful: **Reviewers number their concerns**: if a revision is encouraged, the author(s) can refer to specific points raised by each reviewer in the resubmission letter.



# How to write a formal peer review?

1. First describe the **intent** and **potential value** of the manuscript, and note any **strengths**
2. The reviewer next turns to a **critiques** as **Major** or **Minor comments**.
3. **Make a clear decision**



# Make a clear decision

- **Accept:** only minor copy-editing changes
- **Revisions required:** Changes are necessary, but these are not major.
- **Revise and resubmit:** The manuscript has promise, but with significant changes
- **Reject:** not publishable with a reasonable amount of revision
- **Not suitable for this journal:** on different topics or orientations



# 9 Do & Don't

**1) Do** make your **overall enthusiasm** for the paper clear to the authors in your written review.

**Don't** state in the comments to the authors your **recommendation to the Action Editor** (i.e., reject, major revisions, minor revisions, or accept).



# 9 Do & Don't

2) Do be **consistent** to the authors and Action Editor.

Don't **laud a manuscript** in the comments to the authors while **disparaging** it in confidential comments to the Action Editor. Your recommendation should match your comments.

A reviewer says: “YES” to Author while “NO” to AE



# 9 Do & Don't

**3) Do provide detailed commentary** if a manuscript has shortcomings that, if corrected, would make it suitable for publication.

**Don't provide such detail** if you recommend that it be rejected, unless using the review as a teachable moment for the author(s). A description of the fundamental flaws and uncorrectable shortcomings is sufficient.



# 9 Do & Don't

4) **Do recommend a revision** if the manuscript will make a significant contribution to science.

**Don't** recommend a revision if, even with changes, the manuscript **will not make a significant contribution.**



# 9 Do & Don't

5) **Do** provide **specific references** to text within the manuscript or references to the literature to support your comments/critiques. Some reviewers copy and paste text from the manuscript into their review, and this can be extremely helpful to authors.

**Don't make vague or ambiguous text references** or blanket opinionated statements that are not supported by data.



# 9 Do & Don't

7. **Do read a manuscript more than once.**

**Don't** form an opinion of a manuscript **after a first reading** and then generate a list of criticisms without rereading the manuscript and identifying specific items that corroborate your criticisms.





# 9 Do & Don't

6) **Do be clear about what changes** you want to see in a revised manuscript if recommending a revised submission.

- **Don't leave the authors guessing.**



# 9 Do & Don't

8) **Do reread your review** to make sure you have not included any overly harsh or inappropriate comments.

**Don't** send the review **off without looking** it over at least once.



# 9 Do & Don't

9) **Do treat authors of a manuscript as your equal**, regardless of the quality of the manuscript.

**Don't talk down to authors.** Science is a collaborative process, and reviewer comments should be made with a collaborative tone and spirit.



Dear Dr. Bogart,

I am pleased to inform you that I am prepared to accept your manuscript for publication if you are able to adequately address a few issues. Overall, there is strong agreement that your paper deals with an interesting and important topic that is likely to be of considerable interest to our readership; however, the reviewers raise a number of important points (see below) and I believe that an effort to address these constructive suggestions will significantly enhance the final manuscript.

Based on my own reading of your paper, I share the reviewers' concerns about two issues in particular. First, I thought that it would be very helpful to the reader if there was some representation of the adherence data as a function of stigma levels. For example, a figure depicting how electronically-monitored adherence varied as a function of racial discrimination might provide a more intuitive sense of the size of the observed effect. Second, given the proportion of participants who report a heterosexual orientation, it might be worthwhile to address the relationship between perceived discrimination and self-identification of sexual orientation in your sample. I also have two minor editorial suggestions regarding the Tables: 1) in order to conserve journal space, please integrate the data from Table 1 into the text, and 2) in Table 2, please reserve the asterisks for significant effects, and consider using a different symbol (e.g., +) to highlight the marginal difference.

If you believe that you can satisfactorily address these concerns I would invite you to revise the manuscript and to resubmit for further review by Aug 08, 2010.

If you choose to revise your submission:

1. Complete your revised manuscript, highlight any changes in the revised text using red font to allow for easy recognition of modifications, and write a cover letter that provides a detailed list of responses to each of the comments.
2. Ensure that the paper is in the format specified in the Publication Manual of the American Psychological Association (6th ed.) and that the references conform to AMA style (please access the Instructions for Authors link at [www.editorialmanager.com/abm](http://www.editorialmanager.com/abm) for more details).

3. Go to <http://abm.edmgr.com/> and log in as an Author. When you reach the main menu, you will find your submission record by clicking on "Submissions Needing Revision."

The Action Editor provides the corresponding author with the publication decision, without referencing specific publication recommendations made by the reviewers.

The Action Editor summarizes, based on his own reading as well as the reviewers' feedback, two major concerns. As can be seen in the reviews that follow, the first is an issue raised by Reviewer 1, and the second is an issue raised by Reviewer 2. This is followed by two minor concerns noted by the Action Editor.

A suggestion is provided to incorporate data from a table into the text.

In the reviews that follow, note that neither Reviewer 1 nor Reviewer 2 focuses on these minor concerns. Instead, they emphasize more substantive issues with the manuscript.



4. Click "Submit Revision" and begin following the same steps you did in your original submission.

5. In submitting your revised files, please delete the previous files and then attach your revised manuscript, new cover letter and any revised figures or tables.

If you choose not to revise your submission:

1. Please go to <http://abm.edmgr.com/>, log in and click on "Submissions Needing Revision.", and select "Decline to Revise" on the left side of the page.

I look forward to receiving your revised manuscript and response to reviewer comments. Please note that your revision must be submitted within 90 days or else it will be assumed to be withdrawn from further consideration.

Sincerely,  
Christopher R France, Ph.D.  
Editor-in-Chief  
Annals of Behavioral Medicine

Comments from the Reviewers:

Reviewer #1: This is a well constructed paper that reports the findings from a sound and interesting study. There is new information here and it is generated by state of the science measures and methods. Some specific areas to attend to are noted below.

1. What has become a canned statement about 90 to 95% adherence should be edited. What we know about HIV medications tells us the adherence - response relationship is more complex than we had thought. Some regimens are far more forgiving than others etc. I would edit the sentence to say that HIV treatments demand high adherence without getting bogged down in exact percentages.

2. The self-report measure and its use are a bit confusing. I know the measure, but I am not sure why it is used for a baseline adherence value? There was no intervention, so why the need for a baseline? Why can't the first period of MEMs data be the initial adherence period. I am not sure why the baseline is statistically controlled in this analysis. The self-report measure is very different than MEMs data and it seems odd to adjust for one variable using a totally different variable. Perhaps the use of the self-report measure and its use can be better justified.

3. I found the results in need of more detail, especially regarding the adherence observed over time. I thought a figure showing adherence over time, perhaps among those who experienced racial discrimination compared to those who did not, would serve this paper well.

Note that both reviews are less than one single-spaced page in length. This is appropriate given the high quality of the initially submitted manuscript. They also focus primarily on substantive, as opposed to stylistic, concerns.

Reviewer 1 opens by praising the manuscript's strengths then details areas that could be improved.

Reviewer 1 numbers concerns. This is helpful as it allows the authors to more easily structure their responses in the resubmission cover letter.

Reviewer 1's knowledge of the literature provides the basis for this comment. Reviewer 1 also identifies the issue then provides specific suggestions for the authors to correct it.

Reviewer 1 questions a specific analytic decision but recognizes the appropriateness of the general analytic strategy for answering the study's research question and, as a result, does not suggest an entirely new data analytic plan.

A picture can speak a thousand words, and Reviewer 1 requests a figure to improve readability.





Reviewer #2: ABM-D-10-00082 "Longitudinal relationships between antiretroviral treatment adherence and discrimination due to HIV-serostatus, race, and sexual orientation among African American men with HIV"

Reviewer 2 chooses a different approach than Reviewer 1 and opens with the title and a short description of the manuscript. Note, however, that Reviewer 2 does not let this synopsis serve in place of more substantive comments.

The manuscript describes a longitudinal study of HIV-positive African American men who have sex with men. Participants completed assessments of perceived discrimination related to being gay, being HIVpositive, and being African American (assessed separately). Adherence was assessed via MEMS caps. Discrimination experiences were relatively common and discrimination in each domain was associated with worse adherence in univariate analyses. Multivariate analysis indicated that racial discrimination was most robustly related to nonadherence.

Strengths of the study include the investigation of an important question, longitudinal design, assessment of adherence with behavioral data, and novel findings with implications for both researchers and clinicians. The manuscript is also well-written. The results presented would be of interest to readers of Annals of Behavioral Medicine.

Like Reviewer 1, Reviewer 2 lauds specific manuscript strengths before identifying concerns

Comments:

Although Reviewer 2 does not number the comments, they are separated and thus easily identifiable as separate concerns.

Thirteen percent of the participants identified as heterosexual (but reported male partners). What percent identified as gay and what percent identified as bisexual? Was self-identified sexual orientation related to discrimination experiences?

This may be a key confound, and Reviewer 2 brings this to the authors' attention.

Given the 6 monthly follow-up assessments, and the significant number of participants in unstable or marginal housing, some missing data is to be expected. It would be helpful to indicate the percent of missing assessments in some fashion (overall or by wave).

Reviewer 2 requests additional data transparency

The manuscript notes that the stigma measure has good reliability and construct validity. Internal consistencies of the subscales are presented and seem fine. Given that the measure is unpublished, it would be helpful to also briefly present evidence of validity.

Data for both reliability and validity of measures should be provided when appropriate.

The three types of discrimination experiences were highly correlated (rs range from .76 to .84), approaching the reliabilities of the subscales. It would be useful if this could be commented on in the discussion. What might account for this? (i.e., is it an assessment artifact, or an indication that some people are likely to be discriminated against in several different domains, or something else?).

The authors mention these intercorrelations in their initial submission but do not discuss the potential implications (both statistical and theoretical) of this finding. Reviewer 2 astutely identifies this issue.



# Peer Review Checklists

<b><u>GENERAL</u></b>	Checklist for <b>all types</b> of studies
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>cross-sectional studies</b>
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>case-control studies</b>
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>cohort studies</b>
<b><u>STROBE</u></b>	Checklist of items that should be included in reports of <b>observational studies</b>
<b><u>CONSORT</u></b>	Checklist of information to include when reporting a <b>randomised trial</b>
<b><u>PRISMA</u></b>	Transparent reporting of <b>systematic reviews and meta-analyses</b>
<b><u>STARD</u></b>	Checklist for reporting of studies of <b>diagnostic accuracy</b>
<b><u>TREND</u></b>	Non-randomised evaluations of <b>behavioural and public health interventions</b>
<b><u>REMARK</u></b>	Checklist for <b>Tumour marker prognostic studies</b>
<b><u>COREQ</u></b>	Consolidated criteria for reporting qualitative research: a <b>32-item checklist for interviews and focus groups</b>

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