How to Respond to Reviewer's Comments?

건국대학교병원 산부인과 심승혁

Peer-review Process

- **Manuscript Submission**
- **Initial Editorial Review**
- **Peer-review**
- **Decision**
- **Revision**
- **Final Decision**

Initial Editorial Review

- ✓ **저널의 목적과 독자들에게 부합하는가?**
- ✓ **학술적으로 가치가 있는가? Significant, Unique**
- ✓ **정시에 학술지를 발간할 수 있는가?**
- ✓ **문제는 없는가?**
  - Conflict of Interest
  - 표절
  - 윤리적 문제
  - Data의 신뢰도

Initial Editorial Review

- ✓ **Peer Review 없이 Reject 되기도 한다.**
  - 투고 논문이 너무 많고
  - 제한된 Reviewer 에게 출간가능성이 높은 논문을 심사하게 하고
  - 저자들이 다른 적절한 저널에 논문을 신속하게 투고할 수 있게 하기 위하여

Thank you for your submission to Journal of Clinical Oncology. I have read your manuscript in full detail.

I am sorry to report that we are unable to accept your manuscript for publication. Many considerations factored into our decision, but we had concerns regarding the appropriateness of your article for the broad readership of the JCO and the priority for this paper relative to others currently being considered. We believe that your paper would be more appropriate for a surgical journal.

Peer-review

- 저널 고유의 Reviewer Database
- 편집위원이 추천하는 연구자
- 투고논문에서 인용한 논문의 저자
- Pubmed 검색

- 저자 추천 연구자 또는 심사배제 연구자

Editorial decision after peer-review

- **Accept as it is**
- **Reject**
- **Minor revision**
- **Major revision**

Accept as it is

- ✓ 매우 드물지만, 일어나는 일

- ✓ **Next step**
  - **Page proofs**
  - **E-pub ahead of print**

Reject

- ✓ 40-90%
- ✓ 대부분의 저널은 출판 수락률이 30% 미만 (NEJM, Lancet, JAMA, BMJ accept <10%)
- ✓ 절망하지 마세요.
- ✓ 누구나 (Reviewer도, Editor in chief도) 겪는 일

Reject

✓ **해야 할 것**

- 왜 reject되었는지 이해하려고 노력한다.
- Reviewer의 충고를 심각하게 받아들인다.
- 적절한 저널에 투고했는지 재평가한다.
- 다시 시작하는 마음으로 다른 저널에 투고한다.
- Publish or Perish.

Reject

- ✓ **하지 말아야 할 것**
  - 편집자에게 항의한다.
  - 익명의 심사자가 누구인지 알아본다.
  - 향후 해당 저널에 다른 논문의 투고를 하지 않는다.

Frequent Reasons for Reject

- ✓ Results are not sound
- ✓ Interpretations are wrong or overstated
- ✓ Findings are not significant enough
- ✓ Ethical problem
- ✓ Badly presented manuscript

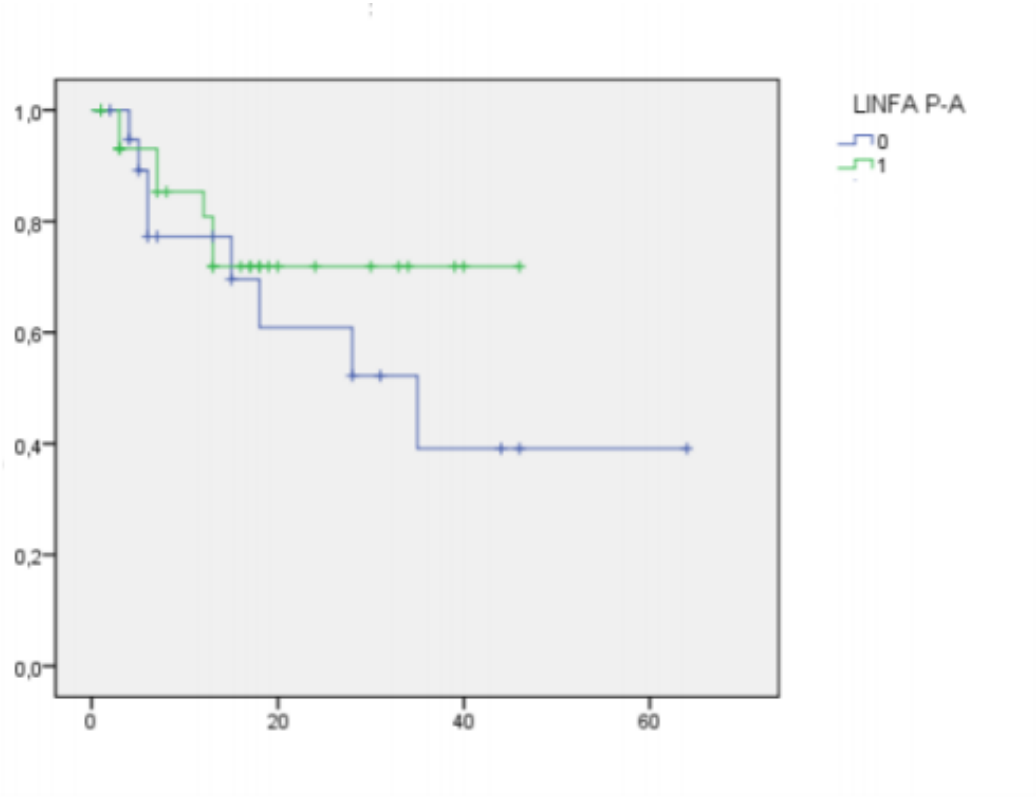

Figure 2. Disease-free interval among groups (p=0,326) (Mantel-Cox)

Table 1: FIGO stages (p<0,001)

	Group 1	Group 2
IIA2	0	1 (2,3%)
IIB	23 (74,1%)	11 (25,5%)
IIIB	7 (22,5%)	10 (23,2%)
IVA	1 (3,22%)	0
IVB	0	21 (48,8%)

Minor Revision

"The Editors have considered the enclosed reviews from our referees, and conclude that the manuscript is potentially acceptable, but requires revision before publication in the EJC."

Minor Revision

- ✓ 몇 가지 수정사항
- ✓ 원문의 각색 (문법, 표현, 길이 축소 또는 부연설명)
- ✓ 출판될 확률이 높지만
- ✓ “Minor revision” **does NOT guarantees** acceptance after revision!

Major Revision

"Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version."

Major Revision

- ✓ 원문의 중요한 수정
- ✓ 추가실험
- ✓ **Reviewer's comment에 따라 신속, 적절하게 Revision하는 것이 관건**
- ✓ 상당수의 논문들이 출판될 수 있다.


GOT AN R&R FROM A JOURNAL
✓며칠간 밀어두고
✓감정적인 대응을 삼가자.
REVIEWERS CRITICIZED MY RESEARCH
made on imgur

Revising a Manuscript

Revising a Manuscript: Ten Principles to Guide Success for Publication

James M. Provenzale[1,2]

OBJECTIVE. The process of revising a manuscript and successfully responding to the comments of reviewers and the Editor can be difficult. This article provides some practical steps to guide authors in this task and attain publication of their manuscript.

CONCLUSION. Following the principles outlined in this article will enable authors to successfully meet the challenges of manuscript revision and hasten the route to publication.

Keywords: manuscript, publication, reviewers, revision

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WEB
This is a Web exclusive article.

AJR 2010; 195:W382–W387

0361–803X/10/1956–W382

It is a rare author who has not, at some point, received a notice from a journal that a manuscript must be substantially revised before it can be published or one that states that the manuscript is rejected. However, most manuscripts receiving a recommendation of Reconsider with Major Revisions from the *AJR* editorial staff are subsequently published in the *AJR* (Haines GR, personal communication). Furthermore, most manuscripts rejected by the *AJR* are ultimately published, after revision, in another journal [1]. These facts should be encouraging to *AJR* authors and an impetus to quickly revise a manuscript after responding to reviewers' comments. However, for many authors, the process of revising a manuscript is an unnecessarily slow and arduous one.

A number of articles have been published that outline the principles of composing a manuscript [2–5]. In addition, guidelines to allow reviewers to better understand the features that journal editors seek in a manuscript have recently been published [6, 7]. However, relatively little has been published addressing the issue of how authors can most effectively revise a manuscript after receipt of reviewer recommendations. The intent of this article is to provide all authors of scientific manuscripts (not solely *AJR* authors) with practical suggestions for revising a manuscript in a manner that will increase the likelihood that the revised manuscript will be accepted for publication. The discussion that follows relates to both manuscripts that are allowed to be resubmitted to the original journal and those that were rejected outright. Furthermore, the principles outlined in this article should prove helpful not only to authors at the start of their writing career but also to more senior investigators who seek to provide guidance to more junior colleagues.

The Initial Response to the Reviewer's Comments

On receiving a judgment of Reconsider with Major Revisions (or worse, a rejection notice), authors often feel a variety of emotions, including disappointment and, on occasion, resentment. After all, authors have put much painstaking effort into writing their manuscript; it may seem that many months of hard work will now fail to be rewarded. It is natural for some authors to believe that their manuscript has been misunderstood. Furthermore, in some instances, the author may be under the impression that the manuscript has not been given a fair chance at publication for various reasons.

On receiving a request for substantial revisions or a rejection notice, it may be helpful to put aside the reviewer's comments for a few days, which allows time to judiciously weigh your response and overcome any emotional response that might interfere with successful resubmission. A short delay will often allow the response to the editor and reviewers to be written in a more dispassionate manner than a response generated very soon after receipt of the reviews.

The manuscript revision process is one in which the author's emotions (and, in some cases, sense of professional self-worth) may

1. Decide Whether to Resubmit the Manuscript to the Same Journal

- ✓ **Reviewer가 제기한 문제에 제대로 답변할 수 있을 것인가?**
- ✓ 요구사항이 너무 광범위하여 다시 써야 할 정도인가?
- ✓ 경험 많은 제 3자에게 문의

Associate Editor Comments

Thank you for submitting your manuscript. Before we can consider it future, there are a number of issues that need to be addressed.

General Comments

1. Please remember that the comments of the reviewers and editors are intended to help you clarify your manuscript for the readers. For each comment, please indicate how and where you change the disagree with a comment, please persuasively explain why.
2. Some of your results are strikingly different than those from the previous manuscript published by your group in 2012 (Bae J, Lee SJ, Kim SN. Transvaginal laparoscopic surgery for ovarian cysts. Int statistical review.
3. Your manuscript contains a great deal of verbatim text from previously published manuscripts. Please remove any text that has been previously published elsewhere and replace it with reworded text.
4. Please divide your entire text into shorter paragraphs beginning with a concise topic sentences. For example, the last paragraph of the Introduction includes historical information, a description of the

Title and Précis

5. Your Title and Précis are misleading since you describe a transvaginal diagnostic laparoscopy (NOTES) prior to and after transvaginal cystectomy or oophorectomy (not a NOTES technique). This sho
6. It is not necessary to include the study design ("matched cohort study") in either the Title or Précis.

Abstract

7. In the Objective, you state what you did, rather than why you did it. Please clearly state your main question, objective, or hypothesis in a single phrase starting with, for example, "To evaluate..." or "T
8. In your Methods section, please state that this is a retrospective study. The word "prospective" is misleading and should be removed from the abstract since this is not a prospective study. If this was to be documented.
9. Please clearly state that you compared transvaginal cystectomy or oophorectomy via colpotomy to laparoscopy.
10. Please indicate what characteristics were used for matching.
11. Please clearly indicate your primary and secondary outcomes.
12. In the Results section, please indicate the total number of cases done during the study period, and that there were 165 patients in both the transvaginal and laparoscopic group.
13. Please include time and EBL comparisons in the Abstract.
14. Please list your complications.
15. Please remove the claim of being "the first" (line 42) study of this type, since the in-depth description of the search methods used to verify this assertion is beyond the scope of your study.
16. The need for randomized control trials is self-evident and should be removed from the Abstract.

Introduction

17. Please clearly state that your study compared transvaginal cystectomy and oophorectomy (non-endoscopic procedures) to laparoscopic cystectomy and oophorectomy.

Methods

18. Please state that this is a retrospective study. If this was indeed a prospective study, then IRB approval prior to the beginning of the study and informed consent from the subjects will need to be do
19. Please give include your indications for oophorectomy rather than cystectomy.
20. It appears that some of the patients in this study were previously published in your 2012 manuscript. If this is true, please mention and reference this.
21. Please state whether or not the incisions in either group injected with local anesthetic.
22. Indicated what type of "long straight clamp" (line 135) was used.
23. Please explain how the ovary could be grasped "under direct endoscopic visualization" (line 139) when it appears that the ovary was grasped "after removal of the transvaginal endoscopic cannula"
24. Please describe the needle used for cyst aspiration and why you used was a 10 mm laparoscopic trocar in some cases (lines 140-141).
25. Briefly described you method for transvaginal cystectomy and oophorectomy (line 143) since this is the primary topic of your study.
26. Please indicate your method for instilling Ringer's lactate during transvaginal laparoscopy (line 133), approximately amount required and if you instilled more for the post-operative inspection (line 1
27. Described how the vaginal cannula opening was closed (line 148).
28. Please describe if and how the peritoneal cavity was irrigated after cystectomy following both techniques.
29. Please indicated who asked the patients about their pain? It appears that they were awaken in the middle of the night for at least one of these evaluations; is this correct?
30. Power analysis is needed for your primary outcome.

Results

31. Please include a table with data similar to Tables 1 and 2, but including ALL dermoids removed transvaginally (n= 219) or laparscopically (n=245) during the study period. This will verify that the mat
32. For each technique, please include how many dermoids ruptured within the peritoneal cavity and how the surgeons determined that no cyst contents remained in the abdomen after surgery.
33. On line 214, indicate why the case was converted to laparotomy.
34. It does not make sense to consider an additional laparoscopic port to be a complication of laparscopy (line 215).
35. Please describe how and why an additional transabdominal port was used for transvaginal cystectomy (line 215).
36. Please define febrile morbidity (lines 227 and 231) and conservative management (lines 228 and 231).

2. Contact the Editor Regarding Unresolved Issues

- ✓ Reviewer 질문이 이해되지 않을 때
- ✓ Reviewer끼리 의견이 서로 상충될 때
- ✓ 저자들의 관심거리에 대해 의견을 나누는 것이 Editor의 주요한 역할

3. Prioritize the Reviewers' Comments

- ✓ 지적 Point를 List로 만든다
- ✓ 모든 Comment가 똑같이 중요한 것은 아님

  → 강조하는 중요한 Comment가 있고 이것들은 꼭 해결

  → 이에 대한 답변이 불충분한 경우 Reject!

4. Approach the Reviewer as a Consultant Rather Than an Adversary

- ✓ **Reviewer의 Comment는 논문의 완성도를 향상시킨다.**
- ✓ Response의 질과 양은 중요하다.
- ✓ 마음에 안 들어도 감정적이거나 모욕적인 표현은 피한다.
- ✓ **“We thank the reviewer for this helpful comment”**

Readers' evaluation of effect of peer review and editing on quality of articles in the *Nederlands Tijdschrift voor Geneeskunde*

Jean-Pierre E N Pierie, Henk C Walvoort, A John P M Overbeke

Summary

Background Academic biomedical journals use peer review and editing to help to select and improve the quality of articles. We have investigated whether articles accepted by the *Nederlands Tijdschrift voor Geneeskunde*, the Dutch Journal of Medicine, were improved after peer review and editing (post-acceptance scientific and copy editing).

Methods 400 readers of the journal (100 each of medical students, recent medical graduates, general practitioners, and specialists) were invited to participate in a questionnaire survey. The first 25 from each group who agreed to participate were included. We posted a pack containing a set of identically appearing typescripts (ie, blinding) of the submitted, accepted, and published versions of 50 articles that had been published in *Ned Tijdschr Geneeskd*. Each evaluator received two of the sets of versions, and each set was evaluated by one person from each group. The package also included two questionnaires: the first was used to compare the submitted with the accepted version (25 questions), the second compared the accepted with the published version (17 questions). The questions were answered on five-point scales, and were about the quality of the articles or were general/overall scores. We analysed the data as scores of 3–5 (ie, improvement) versus 1–2.

Findings After peer review, the quality in 14 of 23 questions (61%) was significantly improved ($p=0.03$ or smaller). In particular, the overall score and general medical value were significantly improved ($p=0.00001$ for each). Editing led to significant improvement in 11 of 16 questions (69%, $p=0.017$ or smaller), and especially in style and readability ($p=0.001$ and $p=0.004$). Generally, we found no differences between the scores of the four categories of evaluators. 72% of the evaluators correctly identified which version was which.

Interpretation Evaluations by readers of the *Ned Tijdschr Geneeskd* indicated significant improvement of published articles after both peer review and editing. We think that peer review and editing are worthwhile tasks. We also think that possible biases would have had a negligible effect on our results (including the fact that we selected the first 25 evaluators who responded, that some evaluators may have read the published version, and that one questionnaire may have looked more scientific than the other, more editorial one).

Lancet 1996; **348:** 1480–83

Introduction

Biomedical journals use peer review (refereeing) to select articles for publication. The goal is to evaluate the scientific quality of articles as carefully as possible. Possible disadvantages of this system are subjectivity of the evaluation and delay to publication without much improvement in the article.[1,2]

When an article cannot be accepted as submitted, the reviewers usually give advice as to how it should be modified. Among the original articles submitted to the *Nederlands Tijdschrift voor Geneeskunde* (Dutch Journal of Medicine), 63% are ultimately accepted after one or more revisions.[3,4] After being accepted by the journal, the articles are edited to improve readability and understandability for the general medical reader. During editing, the information in the article is checked scientifically and linguistically, corrected and clarified if

5. Deal With Reviewer Comments With Which One Does Not Agree

- ✓ **Reviewer의 의견이 불합리하다?**
  - 가능하면 수용한다.

- ✓ **Reviewer 가 오해한 경우**
  - 오해하게 만든 책임은 저자에게 있다.
  - 다른 독자가 동일한 오해를 하지 않도록 명확히 한다.

5. Deal With Reviewer Comments With Which One Does Not Agree

- ✓ **Reviewer 가 지식이 부족해서 틀린 경우**
  - 근거 자료 등을 제시하여 공손하게 설득

- ✓ **대부분에 동의할 수 없다?**
  - Withdrawal하고 다른 저널에 재투고

6. Disagree Without Being Disagreeable

- ✓ **Review의 의견에 동의하지 않을 때**
  - Reviewer의 뜻을 제대로 이해했는지 신중하게 다시 한번 생각한다.

- ✓ **그래도 동의하지 않는다면**
  - 과학적인 증거를 가지고 공손한 표현으로 반박한다.

6. Disagree Without Being Disagreeable

"The reviewer has indicated that our report of false-positive results is a potential flaw. However, we respectfully disagree and point out the following alternative way of looking at the same data."

6. Disagree Without Being Disagreeable

"We appreciate the Reviewer's comments. As the Reviewer states, physicians prepare pre-op plans and multidisciplinary approaches for all advanced-ovarian cancer patients

To clarify the meaning, we revised the sentences as follow in the Introduction section (line 76–88).

7. Devise a Strategy for Responding to Divergent Comments

✓ 가능하다면 모두 맞추려고 노력한다.

✓ **서로 상충되는 경우**

- Response에서 다른 Reviewer의 사정을 설명
- Editor에게 연락

8. Put in the Work and Show All That You Have Done

✓ **수정사항에 대하여 명확하게 표현한다**

- Editor와 Reviewer가 쉽게 알아볼수 있도록
- Reviewer의 Comment에 하나하나 응답
- Comment 아래에 수정사항은 자세히 기술
- 원고도 같이 수정, Highlighting으로 표시

Dear Professor Devoe,

RE: Manuscript Number JR-08755-15

Thank you for reviewing our manuscript and for providing us with your comments and those of the reviewers. Our point-by-point responses to each of the reviewers comments are set out below and the changes to the manuscript are highlighted in red font.

We have made every effort to fully address all of the reviewers' concerns and hope that the manuscript is now acceptable for publication in the *The Journal of Reproductive Medicine*. If you require any further information, please do not hesitate to contact me.

REVIEWER 1:

Comments:

1. A good cohort study. The results do suggest the feasibilty of trans-vaginal adnexal surgery in properly selected patients. However, several deficiencies need to be addressed.

The median values in the tables need to reflect those delineated in the text.

Response: We appreciate the Reviewer's comments. We acknowledge that there are misdescriptions causing confusion in expression of LOS and VAS pain score.

To address the Reviewer's concern, we have now expressed LOS in mean ± standard deviation to better reflect that there is significant difference (nonetheless, it is not clinically meaningful as the Reviewer stated) in Results section as follows (Page 10, Line 20–24):

"However, the median operating time (64 [interquartile range, 49–88] vs. 70 [interquartile range, 54–93] minutes, $P = 0.011$) and mean postoperative hospital stay (1.24 [standard deviation, 0.62] vs. 1.44 [standard deviation, 0.95] days, $P = 0.001$) were statistically shorter in the transvaginal group than in the conventional group."

pical findings of ovarian dermoid cysts and

s observed via transvaginal ultrasonography

score, operating time (initial incision to skin

nge in hemoglobin (from before surgery to

stay, additional analgesic requirements, and

erative pain, the patients were asked to rate

anging from 1 (absence of pain) to 10 (worst

.[16] A registered nurse queried patients about

lood loss, the aspirator and blood-absorbent

veight of the lost blood was estimated by

n the total measured weight. Perioperative

ent requiring additional medical or surgical

in 30 days after surgery.

re presented as means (standard deviations).

sented as medians (ranges) or medians

ups were compared using Student's *t* test for

y U test for non-normally distributed data.

chi-squared test or Fisher's exact test. A *P*

d a significant difference. All analyses were

Chicago, IL, USA).

During the study period, a total of 464 patients who underwent transvaginal (n = 219) or conventional laparoscopy (n = 245) for dermoid cysts met eligibility criteria and were included in the matching process (Figure 1). Table 1 shows the clinical characteristics of patients in both groups after matching. Because the variables mentioned in the Methods section were matched with equal significance, the 2 groups, each containing 165 patients, were completely matched. There were also no significant between-group differences in other demographic characteristics, including parity, menopausal status, and physical status scores.

→ One patient in the conventional group (because of severe pelvic adhesion) and no cases in the transvaginal group required conversion to laparotomy. An additional transabdominal trocar was required for 1 patient (0.6%) in the transvaginal group. Because the cyst was stuck in the vesicouterine fossa, a 5-mm transumbilical trocar and 2-mm suprapubic miniport (MiniLap, Stryker, San Jose, CA) were inserted to push the cyst down. Ovarian cystectomy was performed in 146 patients (88.5%) in each group. Thirteen patients (7.9%) in each group had bilateral dermoid cysts, and all underwent bilateral ovarian cystectomy. Intra-peritoneal spillage of cystic contents occurred in 64 (39%) patients in the conventional group. In the transvaginal group, iatrogenic cyst aspiration was routinely performed. However, intra-peritoneal spillage did not occur because of exteriorization of the cyst into the vagina.

→ The estimated blood losses, transfusion requirements, change in hemoglobin, and perioperative complication rates did not statistically differ between the 2 groups (Table 2). However, the median operating time (64 [interquartile range, 49–88] vs. 70 [interquartile range, 54–93] minutes, *P* = 0.011) and mean postoperative hospital stay (1.24 [standard deviation, 0.62] ~~1 [interquartile range, 1–1]~~ vs. 1.44 [standard deviation, 0.95] ~~1 [interquartile range, 1–2]~~ days, *P* = 0.001) were statistically shorter in the transvaginal group than in the conventional group. Perioperative complications occurred in 2 patients (1.2%) in the transvaginal group and 4 patients (2.4%) in the conventional group (*P* = 0.685). ~~In the~~

9. If Requested, Shorten the Manuscript

- ✓ **줄이라면 줄인다.**
- ✓ Background Information
- ✓ **Introduction and Discussion**
- ✓ 문단의 중요도에 따라 우선 순위 부여
- ✓ Figures or Tables

10. Review the Medical Literature Before Resubmission

✓ **새로운 논문이 출판되었는지 검색**

- 있다면 인용하는것이 논문을 더욱 돋보이게 한다.
- 저자의 가설을 더욱 지지해주는 증거가 되기도 한다.
- 반대되는 논문일 경우 인용하지 않으면 Reject 될 수도 있다.

10. Review the Medical Literature Before Resubmission

✓ 동료와 공저자에게 의견을 받는다.

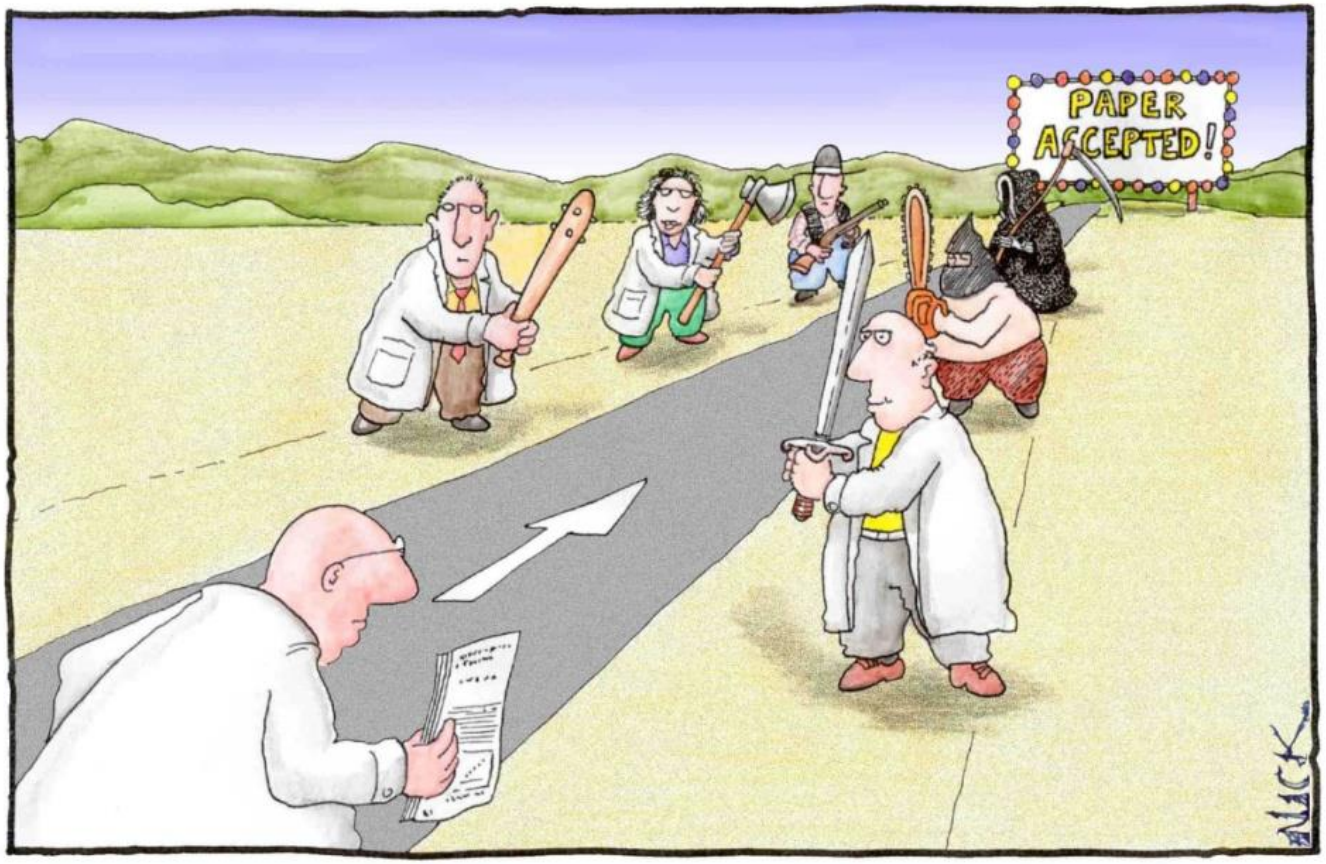
✓ 영문 교정을 받는다.

✓ 내용 뿐 아니라 문체/감정 표현도 검토한다.

Peer-review

- "Enforced collaboration with a phantom team of critics"

Morgan PP. CMAJ 1986; 134:1328



Ms. No.: GYN-14-669R2
Title: Nomogram for predicting incomplete cytoreduction in advanced ovarian cancer patients
Corresponding Author: Dr. Dae-Yeon Kim
Authors: Seung-Hyuk Shim, M.D.; Sun-Joo Lee, M.D., Ph.D.; Seon-Ok Kim, MS; Soo-Nyung Kim, M.D., Ph.D.; Jong Jin Lee, M.D.; Jong

Dear Dr. Kim,

On behalf of the Editors of Gynecologic Oncology, we are pleased to inform you that your manuscript has been accepted for publication. P

Many thanks for submitting your paper to Gynecologic Oncology.

When your paper is published on ScienceDirect, you want to make sure it gets the attention it deserves. To help you get your message acro
opportunity to explain your research in your own words and attract interest. You will receive an invitation email to create an AudioSlides pres

With kind regards,

Anil K. Sood, MD
Editor
Gynecologic Oncology

언젠가는 Accept 됩니다!!!

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