Journal of Trauma and Acute Care Surgery

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GUIDELINES FOR REVIEWERS

PEER REVIEW AND DISCLOSURE

All original material presented in the *Journal of Trauma and Acute Care Surgery* undergoes rigorous assessment by knowledgeable and dedicated reviewers who are recognized as leaders in their respective domains.

Although historically only authors have been required to disclose financial or personal interests that may bias their presentation of research, the *Journal* now requires disclosure of those involved in the review process. To that end, accepted reviewers will be asked to disclose any conflicts of interest prior to submitting a review.

GENERAL GUIDELINES

- Unpublished manuscripts under review are privileged and confidential documents. Reviewers are expected to protect manuscripts from any form of exploitation, to refrain from citing a manuscript or the work it describes before publication, and to not use the data it contains for the advancement of their own research agenda.

- The ideal reviewer consciously adopts an impartial attitude toward the manuscript under review. Reviewers should strive to be an author's ally, with the aim of facilitating effective and accurate scientific communication.

- If you are able to review, please accept the assignment **within 72 hours**. If we do not hear from you within that time, we will assign an alternate reviewer automatically. See the **Reviewer Tutorial** for further instructions.

- If you believe that you cannot judge a given article impartially or complete a review within the given timeframe, please follow the login instructions and select 'Decline to Review' as soon as possible. In the response field, please include the following:
    - A reason for declining to review the manuscript.
    - Suggested colleague(s) qualified to review this paper.
    - Contact information for suggested alternate reviewers.

- Reviews should be completed **within two weeks** (fourteen days from acceptance of assignment). If you have already accepted an assignment, but know that you cannot finish the review within that time, please contact the Editorial Office at (+001) 303-436-6569 to determine what action should be taken.

ASSESSING THE MANUSCRIPT

In an effort to standardize the review process for the *Journal of Trauma and Acute Care Surgery*, we ask that you consider the following questions when assessing a manuscript for possible publication:

- Why was the study done? Does it address either an important unsolved problem of clinical relevance or a basic scientific topic relevant to trauma and acute care surgery? Do you think that there is sufficient evidence to justify the study? Have the authors explicitly stated a study purpose or a hypothesis?

- How was the study done? What is the design and is it explicitly stated by the authors in the methods?

- Is the study population defined well? Do the authors explicitly define inclusion and exclusion criteria? Are all of the patients accounted for in the results section?

- Are the outcome measures appropriate? Are the selected variables suitable to the study purpose or hypothesis? Are confounding variables assessed?

- Are the analytical methods (e.g. statistical analyses, laboratory diagnostics) appropriate? Is there is hypothesis testing? Was a power analysis done?

- What is the significance of the work? Are the results compared with previous similar work? Are potential study limitations addressed?

- Are the conclusions warranted by the data?

General Considerations

Please consider the following aspects of the manuscript, as far as they are applicable:

- Importance of the question or subject studied.
- Originality of the work.
- Appropriateness of approach or experimental design.
- Adequacy of experimental techniques.
- Soundness of conclusions and interpretation.
- Relevance of discussion.
- Clarity of writing, strength and organization of the paper.

- Relevance, accuracy and completeness of bibliography.
- Number and quality of figures, tables and illustrations.
- Limit figures and tables to those that enhance findings without redundancy in the text.

GRADING THE MANUSCRIPT

Letter Grades

Reviewers will be asked to assign a letter grade to manuscripts under review. This grading scheme is intended to help the editors interpret assessments and deliver decisions to authors more quickly and with less ambiguity.

> **A** = Outstanding – the manuscript addresses an important clinical or basic science question with novel and interesting findings while meeting all of the above criteria. (Expedited publication recommended)
>
> **B** = Superb – the manuscript addresses an important clinical or basic science question with interesting findings that confirm previous work while meeting most of the above criteria. (Routine publication recommended)
>
> **C** = Adequate – the manuscript addresses an interesting clinical or basic science question that confirms previous work and meets some of the above criteria. (Publication recommended pending revision)
>
> **U** = Unsalvageable for the following reason(s):
>
> _____ Does not address an important clinical or basic science question
>
> _____ No new or significant findings
>
> _____ Meets few or none of the above criteria

Levels of Evidence

Beginning with manuscripts submitted on or after 1 September 2011, authors will be asked to assign a level of evidence to their studies. A level rating should appear at the end of a paper's abstract. Reviewers will be asked to assess the manuscript in light of levels of evidence, and to provide feedback as to whether they agree or disagree with an author's self-assessment.

Levels of evidence can be understood generally in terms of the following table. More information can be found in the *Journal*'s Instructions for Authors or from the website of the Oxford Centre for Evidence-Based Medicine.

Journal of Trauma and Acute Care Surgery **Levels of Evidence Guidelines**				
Types of Studies				
Level	**Therapeutic Studies — Investigating the Results of Treatment**	**Prognostic Studies — Investigating the Effect of a Patient Characteristic on the Outcome of Disease**	**Diagnostic Studies — Investigating a Diagnostic Test**	**Economic and Decision Analyses — Developing an Economic or Decision Model**
Level I	• High-quality randomized controlled trial with statistically significant difference or no statistically significant difference but narrow confidence intervals • Systematic review[2] of Level-I randomized controlled trials (and study results were homogeneous[3])	• High-quality prospective study[4] (all patients were enrolled at the same point in their disease with ≥80% follow-up of enrolled patients) • Systematic review[2] of Level-I studies	• Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) • Systematic review[2] of Level-I studies	• Sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses • Systematic review[2] of Level-I studies
Level II	• Lesser-quality randomized controlled trial (e.g., <80% follow-up, no blinding, or improper randomization) • Prospective[4] comparative study[5] • Systematic review[2] of Level-II studies or Level-I studies with inconsistent results	• Retrospective[6] study • Untreated controls from a randomized controlled trial • Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or <80% follow-up) • Systematic review[2] of Level-II studies	• Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) • Systematic review[2] of Level-II studies	• Sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses • Systematic review[2] of Level-II studies
Level III	• Case-control study[7] • Retrospective[6] comparative study[5] • Systematic review[2] of Level-III studies	• Case-control study[7]	• Study of nonconsecutive patients (without consistently applied reference "gold" standard) • Systematic review[2] of Level-III studies	• Analyses based on limited alternatives and costs; poor estimates • Systematic review[2] of Level-III studies
Level IV	Case series	Case series	• Case-control study • Poor reference standard	• No sensitivity analyses
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion

1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.
2. A combination of results from two or more prior studies.
3. Studies provided consistent results.
4. Study was started before the first patient enrolled.
5. Patients treated one way compared with patients treated another way at the same institution.
6. Study was started after the first patient enrolled.
7. Patients identified for the study on the basis of their outcome, which are called "cases," are compared with those who did not have the outcome, called "controls."
8. Patients treated one way with no comparison group of patients treated another way.

This chart was adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK.
For more information, please see www.cebm.net.

REVIEWER CHECKLIST

Conflict of Interest

- ❑ Ensure and indicate that you have no conflict(s) of interest in reviewing the paper.

Abstract and Introduction

- ❑ Abstract is concise and structured (containing subheads for Background, Materials/Methods, Results, Conclusions, and Levels of Evidence); does not cite references.
- ❑ Abstract includes three to five keywords.
- ❑ Introduction concludes with specific hypothesis or stated goal of the study.
- ❑ Abbreviations are defined at first mention in text and in each table and figure.

Materials and Methods

- ❑ The clinical population or laboratory model to be discussed is described and justified concisely.
- ❑ Experimental design permits appropriate statistical assessment and ensures that the question(s) being asked can be answered.
- ❑ In longitudinal clinical studies, the patients are stratified by year and studied to account for changes in clinical care that occur over time.
- ❑ All variables that may influence findings are controlled (as far as possible).
- ❑ Variables of interest are listed, assay procedures are described, and scientific devices are identified.
- ❑ Statistical assays are pre-planned and appropriate for experimental design.
- ❑ Manuscript text contains statement about institutional approval of a study (including IRB and IACUC protocol numbers), as well as adherence to guidelines on the treatment of animals and human subjects.

Results

- ❑ Results are presented in a logical, systematic fashion.
- ❑ Values of each measured variable are stated with error limits and statistical significance.

Conclusions

- ❑ The reported findings are interpreted and related to the stated hypothesis, as well as placed in clinical or physiologic perspective.
- ❑ Conclusion is succinct and confined to the study being reported, and avoids reference to other unrelated studies.
- ❑ The conclusion cites and briefly addresses all limitations of the current study.
- ❑ The authors refrain from imputing significance when statistical assessment does not reach the level of significance.
- ❑ For a clinical study, the conclusions emphasize how the findings might influence patient management or outcome.
- ❑ For a laboratory study, the conclusions suggest how findings shed light on the understanding of biologic processes and disease mechanisms.

Author Contributions

- ❑ The substantive contributions of all authors are accounted for in a short Author Contributions statement at the end of the text.

References and Figures

- ❑ Original Articles, Current Opinions, and Special Reports contain no more than 40 references.
- ❑ Review Articles and Guidelines contain no more than 100 references.
- ❑ Procedures and Techniques and Brief Reports contain no more than 20 references.
- ❑ Figures are high-quality and enhance understanding of the discussed topic.
- ❑ Figures legends are easy to read and clearly labeled.
- ❑ Tables are clearly annotated with conventional symbols for statistical significance.