



Heart Rhythm Congress 2011 - How to...

October 3rd 2011

How to Review a Journal Article: Suggestions for First-Time Reviewers and Reminders for Seasoned Experts

After Bengtson VL and Macdermid SM

I Savelieva
St George's University of London

Declaration of Interest

Editor: EP-Europace, Clinical Cardiology

Editorial boards/reviewer: European Heart Journal, Heart, British Medical Journal, Annals of Medicine, European Journal of Pharmacology, Clinical Drug Investigation, Journal of Interventional Electrophysiology, PACE, Expert Opinion on Pharmacotherapy, Expert Review of Cardiovascular Therapy, Clinical Investigation, Future Cardiology, Vascular Health and Risk Management

What Are Benefits of Being a Reviewer?

- Experience in critical analysis
- Honour: you are seen as an expert in the field (or your consultant/research supervisor believes you can do a review if you are reviewing on their behalf)
- Your name is getting known (AEs who invite you usually are international faculty); names of top reviewers are published each year
- You may be invited to write an editorial on the article you reviewed or a review on the topic
- You may be invited to become an Editorial Board member - excellent for CV
- Some journals pay or give tokens for reviewing

What the Journals Don't Tell You...

- ...How you have been selected
 - An article of yours may have been cited in the manuscript to be reviewed
 - You may have been an author yourself in the past
 - The editor may know you or know of you from other sources (Pubmed)
 - You may have been recommended to the editor by someone else
- ...That you have been marked for your review
 - Review returned on time or delayed
 - Review is highly relevant, sufficient, below average, or useless
 - Marks on scale 1-4 (poor to excellent) or 1-100 (at AE's discretion)
 - These marks are stored against your name in databases
- Each year the editor reviews the list of top reviewers in order to select the potential members of EBs

Good Reviews and Bad Reviews

- A good review is supportive, constructive, thoughtful, and fair
- A good review identifies both strengths and weaknesses, and offers concrete suggestions for improvements
- A bad review is superficial, nasty, petty, self-serving, arrogant, or plain useless
- A bad review indulges the reviewer's biases and focuses exclusively on weaknesses offering no specific suggestions for improvement or shows no interest in reviewing

How to Perform Peer Review: Main Principles

- Skim through the article - look for the "intellectual plot-line" of the article
- Identify any potential bias (personal / professional)
- Assess the overall organisation of the article (Abstract, Introduction, Methods, Results, Discussion, Limitations, Conclusions, References, Tables, and Figures) - often journal-specific
- Give an article a once over-read analysing each of the above sections
- Check Tables and Figures for relevance and consistency

Specific Questions to Ask Yourself

- **Abstract:** does it describe methods and main results appropriately? Is it the right length?
- **Introduction:** is the rationale for the study identified and are hypotheses clearly stated?
- **Methods:** are research strategies (design, study population and methods) adequate? Is it all necessary (described elsewhere)?
- Is **statistical analysis** appropriate (suggest a review by a statistician if in doubt)?
- Does **the results section** tell a story? Are illustrations (Tables and Figures) relevant and sufficient?
- Is **discussion** up to the point? Is it the right length?
- Check **references** for completeness and appropriateness
- Is **writing** clear and concise?

Your Comments to the Editor

- Your recommendation is important: the editor will use it to decide whether to publish the paper
- Remember: the editor may not always be an expert in the field and will rely on your comments
- Do not be late or warn the editor if you are likely to miss the deadline
- Keep your review consistent with your recommendation
 - If you are recommending acceptance, the suggested revisions should be minimal
 - If you are recommending revise and resubmit, there should be reasonable accomplishable revisions (i.e., not requesting that more data be collected, follow-up be longer, methods be completely changed, meta-analysis be included in the literature review...)
 - If you are recommending rejection, it should be clear from your review why no amount of revision could help

Good Reviews and Bad Reviews: Editor's Perspective

- Reviews returned late (> 1 week delay)
- Reviews without a brief and specific comment to the Editor (a common mistake is to copy the whole lot of comments to the Authors into the Editor's space)
- Reviews with a recommendation of a major revision or rejection without any relevant, specific, and addressable comment on what requires revision

Good Reviews and Bad Reviews

This is a reasonably thorough review of dronedarone. I have several minor comments and suggestions to improve the clarity of presentation.

1. Page 5: Statement 2 "Risk of AF increases with age..." is better supported by the original data from the Framingham Study (Lloyd-Jones DM, et al. Lifetime risk for development of atrial fibrillation: the Framingham Heart Study. *Circulation* 2004;110:1042-1046) rather than secondary data placed on the web.
2. Page 5: Statement "...AF is expected to increase by 2.5-fold by 2040" is not supported by current reference # 2. Please select from the original publications on these projections from: (1) Go AS, et al. Prevalence of diagnosed atrial fibrillation in adults: national implications for rhythm management and stroke prevention: the AnTicoagulation and Risk Factors in Atrial Fibrillation (ATRIA) Study. *JAMA* 2001;285:2370-2375; (2) Miyasaka Y, et al. Secular trends in incidence of atrial fibrillation in Olmsted County, Minnesota, 1980 to 2000, and implications on the projections for future prevalence. *Circulation* 2006;114:119-125; or (3) Naccarelli GV, et al. Increasing prevalence of atrial fibrillation and flutter in the United States. *Am J Cardiol* 2009;104:1534-9.
3. Page 5: I am very concerned about a rather cavalier approach to the discussion of anticoagulation issue. The statement on the use of aspirin (sentence starting with "With the exception of, if they only have one of the following risk factors... then aspirin may be used"). Previous thromboembolic events cited in this sentence dictate mandatory life-long anticoagulation! It is also incorrect to state that anticoagulation is needed for patients on rate control and may be stopped once "NSR" is restored, but "may be needed" in high risk patients. It MUST be used in these patients. Who are "certain high risk patients"? Please review this section carefully, discuss the CHADS2 risk stratification system briefly and correct your statements.
4. Page 7, paragraph 2: please re-phrase: "elevation of liver function tests" Did you mean "enzymes"?
5. Page 10: The first paragraph under "Pharmacodynamics" should have a sub-heading "ECG effects"; the second sub-heading should be "Drug Interactions"
6. Page 13: please specify that patients with permanent AF included in the ERA study received dronedarone on top of standard rate-controlling drugs
7. Page 14: one of possible explanations for increased mortality in the ANDROMEDA study was more frequent withdrawal of RAAS inhibitors because of increased creatinine levels in the dronedarone arm
8. Page 14: The ATHENA trial was instigated because of the positive results of post hoc analysis of the EURIDIS and ADONIS study, not because of the ANDROMEDA study
9. Page 14: not only patients "with decompensated" heart failure but also patients with NYHA class III and IV were excluded from the ATHENA trial
10. Page 14: the primary endpoint of the ATHENA was a composite of hospitalisation for cardiovascular reason and ALL-CAUSE mortality
11. Discussing hospitalisation in the ATHENA, please use data from Pedersen C, et al. Impact of dronedarone on hospitalization burden in patients with atrial fibrillation: results from the ATHENA study. *Europace*. 2011 Aug;13(8):1118-1126.
12. It may be worth mentioning post hoc analysis in a subset of patients with advanced heart failure who, nevertheless, were included in the trial: see Hohnloser SH, et al. Dronedarone in patients with congestive heart failure: insights from ATHENA. *Eur Heart J*. 2010 Jul;31(14):1717-21
13. Page 19-20: it is important to emphasise that the results of the PALLA study will not change the current recommendations for the use of dronedarone
14. Page 21: there is an ongoing trial ATRÉMIS that will look at different patterns of switching to dronedarone
15. Page 23: although there have been many (and will be) formal studies comparing dronedarone with other antiarrhythmic drugs, a systematic review based on mixed treatment comparisons is available (Freemantle N, et al. Mixed treatment comparison of dronedarone, amiodarone, sotalol, flecainide, and propafenone, for the management of atrial fibrillation.
16. Table 1. I am not sure it is scientifically correct to use data from a commercial web "Drugdex" to populate the table comparing dronedarone and amiodarone. Many physicians, arrhythmologists and pharmacologists would disagree that amiodarone is a "predominantly class III" drug while dronedarone has the properties of "all four classes". What about other side effects of amiodarone (QT interval, pregnancy (class D), breastfeeding (not recommended), etc. Dronedarone has little interaction with warfarin as opposed to amiodarone. Adverse events with dronedarone (diarrhea, vomiting, dyspeptic symptoms, nausea, abdominal pain could be grouped as "GI" for easier interpretation. No QTc prolongation with amiodarone?!

Text needs some tidying up:

1. Study acronyms should be correctly spelled out.
2. Is it necessary to use "normal" with regard to "sinus rhythm" as opposed to "AF" all the time? Sinus rhythm IS normal as opposed to AF in this context.
3. No need for capital "T" and "P" in "torsade de pointes" throughout
4. Page 8, last para: "information is obtained from" instead of "information are obtained in"
5. Page 11, last para: correct the use of "metabolizer/metabolizers"
6. Page 13, last line "hospitalisation from heart failure" should be "for"
7. Page 14: please clarify the sentence: "Worsening heart failure attributed to 10 deaths..."
8. Page 17, para 1: please re-phrase "offer improved reduction in adverse events"

This is a review of a novel antiarrhythmic drug dronedarone. The paper is not suitable for publication as it does not offer any new results

Reject

Your Comments to the Authors

- Be generous, even if you don't like the article - it is never nice to get a yelling/pejorative review
- Keep your suggestions clear and accomplishable - the authors will feel compelled to reply to every point ... and you may see this paper again
- Structure
 - A short paragraph summarizing the main findings and the article's strengths and a comment on how the article relates to other work on the same subject
 - A sentence hinting at your orientation, i.e., "well done", "needs more work", "extensive revision is required", but never give a recommendation whether to accept or reject in the comments to the authors
 - Major comments - numbered (the authors will be able to respond to your points by number which makes their and yours life easier)
 - Minor comments
 - Tables and Figures
 - Grammar and syntax

Ethics

Do not agree to review if there is a possibility of a conflict of interest. Ask yourself:

- Have you had significant disagreements with the authors in the past?
- Are the authors and you co-investigators on a current research project?
- Are you close personal friends with one or more of the authors?
- Are you working in such a similar area of research as the authors that you might be considered to be a competitor or gain an advantage by reviewing the manuscript?
- Did you review the manuscript as a peer reviewer prior to its submission to this journal?
- Reviewers must attempt to be impartial and should separate the evaluation process from a desire to advocate a preferred theory or to reject the manuscript out-of-hand due to personal beliefs



Thank you!

I Savelieva

St George's
University of London