American Society for Gastrointestinal Endoscopy

Reviewers' Course for the ASGE Publications Family

Updated August 2026

Aim

- To establish processes and expectations for peer review.

Outline

1. General Principles of Peer Review
2. Importance of the Research Question
3. Originality
4. Validity
5. Ethical Issues
6. Artificial Intelligence
7. Presentation of the Research
8. Issues You Need to Tell the Associate Editor Privately
9. Tips
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12. How You are Judged as a Reviewer
13. Guide for a Successful Review
14. Journal Specifics

General Principles

- **Be courteous and constructive.**
  - The authors took time and effort to submit their article—please be respectful of that.
- **Be specific and <u>give examples</u> to prove your point.**
  - If the study does not give any significant contribution, then **elaborate** on what is already out there.
  - If the information presented is comparing "apples to oranges," then **suggest** a better way to analyze and present the data.
- **We cannot accept everything.**
  - The 3 journals overall receive thousands of submissions every year—the more received, the more that must be rejected.
  - The success of the journals depend on attracting high-quality articles. Even if a submission is not right for the journals, please be constructive in your feedback so that the authors can revise and improve their work before submitting it to another journal. Doing so will not only help the authors write a better manuscript, but it will also create a positive experience for them, increasing the likelihood that they will submit to the *GIE* family again in the future.
  - Additionally, if something is not right for 1 journal, it might be right for 1 of the others. Do not be afraid to recommend transferring an article to 1 of the other *GIE* family journals.

General Principles

- **Maintain strict confidentiality.**
  - Reviewers are expected to uphold the highest ideals of integrity and mutual respect; therefore, do not discuss the article with anyone else, including the authors. Do not even make vague mention that you reviewed a particular submission on a specific topic.
- **Declare any conflicts of interest.**
  - Regularly provide the editorial team with updated conflicts of interest statements to ensure that you are not assigned manuscripts that would be inappropriate for you to review.
- **Be punctual.**
  - Reviews are expected to be completed within 2 weeks from the time you accept an assignment.
- **Stay committed for the long term.**
  - Articles are often revised, which means that the revisions will also need to be reviewed. Whenever possible, please expect to review the revised versions of submissions that you have reviewed previously.

Research Question

- **The question is more important than the answer.** If the question was important and the answer is valid, then it does not matter if the answer is negative.
- Journals are often guilty of rejecting work because its results are negative or dull, thus biasing the evidence toward positive results.

Originality

- **Always perform a literature search.** Has this ever been done before?
- If the question has been addressed before, what **value** does this submission add (for example, a much bigger or better-designed study)?
- If you think the research is unoriginal, please provide **references** to previous work. Do not just say, “It’s unoriginal.”

Validity of the Research

- Identify both the **strengths** and the **weaknesses** of the study.
  - It is common to forget to mention the strengths of the study, but this is equally as important as outlining the weaknesses of the study. This helps reinforce to both the author(s) and the Associate Editor that you were not biased against the study.
- Is the **design** right for answering the research question?
- The study **end point** should be clearly described.

Validity of the Research

- Were the **data** collected adequately? Was the **method of sampling** right?
- Were the **methods** described adequately?
- Were the **analyses** appropriate?
- Was the **method of follow-up** adequate to ensure that there was no under-representation of **adverse event rates**?
- Studies with **dropout rates >15%** should be interpreted cautiously.
  - On the other hand, it is rare to achieve a 100% follow-up rate in any study.
  - Whether the study is retrospective or prospective, the circumstances as to why subjects were lost to follow-up should be explained.

Reference:
How to Report Statistics in Medicine. Lang TA and Secic M. ACP 1997. ISBN 0-943126-44-4

Validity of the Research

- If you are not strong on statistics, then say so; a statistician is available to clarify specific issues.
- Ideally, confirm that the **tables** add up correctly, and that the **numbers** correspond to what is stated in the text.
  - You should check for appropriateness of the statistical method used for all manuscripts (for example, using likelihood ratio instead of specificity and sensitivity).
  - However, you are not required to check whether the calculations are accurate.

Validity of the Research

- Do you think that the **conclusions are supported** by the data?
- Did the authors go **beyond the evidence** in their conclusions? (This is very common.)
- Did the conclusion **answer the main objective** of the study?

Ethical Issues

- **Think about the ethical aspects of the research, even if there is a mention of approval by an ethics committee.**
  - Does the manuscript say enough about the information participants were given before consenting to take part in a study?
- When a **new, unproven endoscopic technique** is being studied (for example, a novel hemostatic agent for acute GI bleeding), were the subjects given the option to undergo standard endoscopic treatment?

Artificial Intelligence

- **Artificial intelligence (AI) CANNOT be used to write a review.**
- Reviews are being checked for AI content.
- The ASGE publications family feels strongly that, because articles are used in practice with real human lives, **AI should not be used** to create an article or a review of an article.
- Information in these articles has not yet been published and is at risk of being stolen by AI services.
- If a reviewer is found to be using AI to generate a review, they will be **removed** as a reviewer.

Presentation of the Research

- **You do not need to correct spelling mistakes and grammatical errors.** This is the responsibility of the editorial staff.
- If you feel the style of writing can be more **succinct**, say so.
  - The journals welcome advice on whether all tables and figures are really useful or necessary. Remember, fewer tables and figures translates to lower printing costs and a less-bulky journal.
  - The **quality of figures and video is important** in a journal, so your comments should direct the authors to improve the images if needed.

Presentation of the Research

- Is the number of **references** appropriate?
- Draw attention to relevant studies that were not cited by the authors.
- **Are the references up to date?** Take note if none of the references are within 10 years old.
- Does the study warrant an **editorial**?

Issues You Need to Tell the Associate Editor Privately

- Suspicion of **unethical conduct** during the study period.
  - Other examples of **research misconduct** include:
    - **Duplicate publication** in a different journal.
    - **"Salami" studies** or unnecessarily slicing up the output from 1 piece of research into ever smaller slices (ie, cut off from a larger study but is being presented as an original article).
    - **Fraudulent studies** or manipulated data.
    - Misrepresenting **retrospective data as prospective**.
- Undeclared **conflict of interest** by the authors.
- Suspicion for **plagiarism** or poor paraphrasing (provide citation).

- **All reviews should have specific comments to the Associate Editor.** This is your chance to have a "no-holds-barred" conversation with the Editor and yet remain nonjudgmental and courteous in your approach to the author.

Tips for Randomized Trials

- Sample size calculations should be **clearly described**.
  - The experience of the endoscopist for the procedure (for example, ERCP) should be stated.
  - The assessor(s) of outcome should ideally be blinded. For example, in a study where a radiologist tries to determine if there is chronic pancreatitis based on MRCP, the radiologist should be blinded to the patient's history and results of other imaging studies.
  - If the calculated sample size was not achieved, it should explained in detail in the Discussion to ensure that this did not lead to major bias. Was this due to inadequate recruitment? Lost to follow-up? Was the trial stopped early due to statistically significant results?
  - Refer to the CONSORT checklist: http://www.consort-statement.org

Reference:
Handbook of Essential Concepts in Clinical Research. Schulz KF and Grimes DA. Elsevier 2006. ISBN 0 08 044866 6

Tips for Retrospective Trials

- Increasingly being rejected by *GIE*, unless:
  - It concerns a rare condition (for example, annular pancreas).
  - Performing a prospective study is unethical or prohibitively expensive.
  - It encompasses a large database.

Tips for Pilot Studies

- Not uncommonly, the **source of funding** to purchase or develop the medical device prototype is not specified. This could raise issues in terms of conflict of interest. Even if the prototypes were received at no cost from a commercial entity, this should be clearly stated.
- The novel endoscopic method or device should be **clearly described and illustrated** for a practicing endoscopist to understand.

Common Poor Reporting Practices

- Using **generic or vague statements**, such as “the drug or procedure was generally well tolerated” or “the comparator drug or procedure was relatively poorly tolerated.”
- Failing to provide **separate data** for each study arm.
- Providing **summed numbers for all adverse events** for each study arm, without separate data for each type of adverse event.

References:

Better Reporting of Harms in Randomized Trials: An Extension of the CONSORT Statement. Ann Intern Med 2004;141:781-8.

CONSORT statement. 2010. http://www.consort-statement.org/consort-statement. (accessed August 2015).

Common Poor Reporting Practices

- Providing **summed numbers for a specific type of adverse event**, regardless of severity or seriousness.
- Reporting only the adverse events observed at a **certain frequency or rate threshold** (for example, >10% of participants).
- Reporting only the adverse events **that reach a *P* value threshold** in the comparison of the randomized arms (for example, $P < .05$).

References:

Better Reporting of Harms in Randomized Trials: An Extension of the CONSORT Statement. Ann Intern Med 2004;141:781-8.

CONSORT statement. 2010. http://www.consort-statement.org/consort-statement/ (accessed August 2015).

Common Poor Reporting Practices

- Reporting measures of **central tendency** (for example, means or medians) for continuous variables without any information on extreme values.
- Improperly handling or disregarding the **relative timing of the events**, when timing is an important determinant of the adverse event in question.
- **Not distinguishing between patients** with 1 adverse event and participants with multiple adverse events.
- Providing statements about **whether data were statistically significant** without giving the exact counts of events.
- **Not providing data on harms** for all randomly assigned participants.

References:

Better Reporting of Harms in Randomized Trials: An Extension of the CONSORT Statement. Ann Intern Med 2004;141:781-8.

CONSORT statement. 2010. http://www.consort-statement.org/consort-statement. Accessed August 2015.

Accept or Reject?

- Before recommending to the Associate Editor whether to accept or reject a submission, **the first question** you need to ask yourself is whether the paper's deficiencies are fixable or not.
- Examples of **nonremediable errors**:
  - **Methodological flaws** that lead to bias.
    - Patient recruitment.
    - Measurement of outcome.
  - **Ethical issues**, including informed patient consent and suspicion of fraud.

Partly adapted from:

Baxt WG, Waeckerle JF, Berlin JA, Callaham ML. *Who reviews the reviewers? Feasibility of using a fictitious manuscript to evaluate peer reviewer performance*. Ann Emerg Med 1998 Sep; 32(3 Pt 1):310-7.

Accept or Reject?

- Examples of **remediable errors**:
  - Noncompliance to journal format guidelines.
  - Inappropriately stated conclusion (not supported by the data).
  - Minor statistical errors.
  - Inconsistent data between table and text.
  - Design flaws not highlighted in the Discussion section under “limitations of the study.”

Additional Issues to Look For

- **Too many objectives** for the study to adequately address.
- Those that **rely on subgroup analysis** to answer the main question of the study.
- When the implications of the study are **controversial and potentially harmful** if applied in clinical practice.

How You are Judged as a Reviewer

- Ability to identify both **strengths and weaknesses** of the study.
- **Constructiveness** of comments.
- **Level of detail** of the review.
- Were you **biased**?
- Did you make **distinct comments** to the Editor explaining the rationale of your decision?
- **Punctuality**. Review delays can halt the circulation of important research findings and negatively impact authors' careers.
- Motivation (**how often** you accepted invitations to review over a period of time).

References:

COPE Ethical Guidelines for Peer Reviewers. Version 2 September 2017

https://doi.org/10.24318/cope.2019.1.9

Key Points to Consider

- Was the research question **important**?
- Is this an **original work**?
- Is there a **better method** to answer the research question?
- Were the **outcomes** clearly specified and adequately assessed?
- Was the **conclusion supported** by the data?

References:

What do editors want from reviewers? Richard Smith, Editor. BMJ http://www.bmj.com/advice/peer_review/want.ppt

How to Be an Outstanding Reviewer for the Journal of General Internal Medicine *… and Other Journals*. Carlos Estrada MD, MS, Adina Kalet MD, MPH, Wally Smith MD, Marshall H. Chin MD, MPH Journal of General Internal Medicine 2006 21:3 281

Guide for a Successful Review

- Always search for **similar papers** in Medline.
- After providing a brief summary of the study, break down your critique into **Major and Minor Comments**.
- Identify **conflicts of interest** and **ethical issues**.
- **Section by section** identification of strengths and weaknesses (Abstract, Methods, Results, Discussion).
  - Give **specific instructions** to authors on improving the Discussion section. For example, provide a brief description of alternative therapies and results from similar studies in the literature, and discuss possible sources of bias (patient recruitment, lost to follow-up, etc.).
- Does it need to be reviewed by a **statistician**?
- All reviews should have **specific comments** for the Associate Editor.

GIE Specifics

- For additional information on *GIE* article types and details for authors, please visit https://www.giejournal.org/content/authorinfo

VideoGIE Specifics

- For additional information on *VideoGIE* article types and details for authors, please visit https://www.videogie.org/content/authorinfo

iGIE Specifics

- For additional information on *iGIE* article types and details for authors, please visit https://www.igiejournal.org/content/authorinfo

Congratulations! You have completed the Reviewers' Course for the ASGE publications family.

Please complete this brief quiz: https://forms.gle/897DH5ztN5h5gXaz7

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Thank you!