European Radiology
EUROPEAN SOCIETY OF RADIOLOGY

Suggestions and remarks for structuring reviewer comments

Confidential comments to the Editor

(Do not keep the text of the template in your review; this is only a structure to guide your analysis)

Part 1: Brief presentation of the study
- A summary of the study: aim, type (observational, diagnostic efficacy, retrospective, prospective, meta-analyses etc..), size of the sample
- Main authors' conclusions (without any judgement at this point)

Part 2: Manuscript construction
- Appropriate length, general organization of the Material and Methods, Results and Discussion sections
- Did the authors provide a check list like STARD, STROBE, CLAIM or any other

Part 3: Summary of positive points
- Do not include a decision here
- Originality, convincing results, clinical importance, reader's interest

Part 4: Summary of negative points
- Do not include a decision here
- Poor language, methodological errors, irrelevant results, conclusions not supported by the results, absence of clinical impact, errors in bibliography

Part 5: Opinion
- What is the added value for clinical practice
- What is the likelihood that this paper could be cited by further studies
- Should this paper be accepted / rejected / revised

Comments to Authors

(Do not keep the text of the template in your review; this is only a structure to guide your analysis)

I. OVERVIEW

*(Ideally, repeat Parts 1, 3 and 4 of the Comments to Editor, but **not** the Parts 2 and 5)*

Brief presentation of the study / Summary of positive points / Summary of negative points

II. DETAILED COMMENTS

Abstract

1. Objectives: does it clearly summarize the aim of the study
2. Materials/Methods: Is there basic information explaining the methodology of the study
3. Results: are there clearly exposed
4. Conclusion: is it clear and short
5. Overall, abbreviations should be defined, excepting very common (CT, MRI, US) and common acquisition sequence names

Keywords

6. 3-5 key words, that should be extracted from MeSH.

Key points

7. Up to 3 key points, summarizing the results with a clear phrasing. These key points should insist on the clinical importance, if any, and certainly not copy poorly understandable results or statistical values
8. General statements or purely subjective statements should be avoided

Abbreviations

9. A list of abbreviations should be provided
10. Sometimes abbreviations are not used in the text, or only once. In this case, they should be deleted from the list
11. Abbreviations need to be defined at first occurrence in the text
12. Very common abbreviations (CT, MRI, US) do not need to be defined in the abstract or key points, but should be listed

Title

13. The title should be informative and attractive, for instance providing a statement ("contrast-enhanced MRI improves the detection rate of recurrent breast cancer ") or a question ("Can contrast-enhanced MRI improve the detection rate of recurrent breast cancer?")
14. Avoid long and flat titles or ambiguous titles
15. The title should be as short as possible, and only include very common and non-ambiguous abbreviations as such (CT, MRI, US, DWI etc.)

Introduction

16. The introduction should usually be constructed with three paragraphs.
17. The first paragraph is a global position of the topic (not of the disease in general), too general details should be avoided
18. The second paragraph focuses on the specific issue of the study, presenting why there are questions and debate; selected references should be cited
19. The third paragraph should be a summarized presentation and aim of the study. Ideally, it expresses the question the study should address, and the answer will be readily found as the first paragraph of the Discussion and/or in the conclusion and/or the key points
20. In the introduction and throughout the text, the passive voice should be avoided, and all expressions should be simplified.

Material and methods

21. Usually, the Methods sections provides keys for patient selection and general methods, and the description of the effective numbers should be in the Results section
22. The idea is that any reader should be able to reproduce the experiment if they are in the same conditions (cohort, machines etc.) than the authors

Results

23. The final selection of the population should be detailed in this section. The population selection can be presented in a flow chart (usually as Fig. 1)
24. Simple results with few numbers can be presented in the text. When there are larger data, it is better to build tables, and be sure that the caption is self-explaining.

25. All results from the study should be in this section. There should not be any result, even ancillary, popping-up in the discussion

Discussion

26. A very common problem is the overlap between the Introduction and the Discussion, which should be avoided.
27. The first paragraph should answer the initial question. It summarizes and interprets the results. This paragraph should not include general considerations about the disease or the method.
28. The second paragraph should be a comparison with the literature, explaining why this study has an added value, and clarifying potential discrepancies, usually related to different sample sizes, methodologies, or machines. Specific features might also be mentioned in this paragraph.
29. The third paragraph honestly addresses limitations and potential biases
30. The conclusion should consist of one or two short sentences that explain the final added value of the study

Figures/tables

31. Figures should be of high quality, with clear annotations whenever necessary. Be careful that figures in the PDF may not reflect the quality of the original pictures
32. Figure captions should be self-explaining
33. Each figure illustrates a different topic, without any overlap
34. Check that there is no missing illustration, for instance when the authors mention the importance of a specific image feature, while it is not illustrated.

Bibliography

35. Check if major recent references are missing with a quick survey on PubMed. In case the manuscript had been submitted to anther journal previously, the references have not been updated recently and some interesting papers may miss. Check especially papers on the same topic recently published in European Radiology
36. As it is impossible to check in detail all references, it might be a good idea to verify a couple of them, either randomly, or because the statement in the text and the title of the reference do not fit so well. Sometimes, the cited paper does not at all report on the statement written in the manuscript. One reason is that there is no update of the tags whenever the list is changed.
37. Whenever possible, references should call on scientific studies, rather than reviews or educational papers.
38. Check if the format is correct, according to the instructions to authors.

Informed consent/ ethical considerations

39. Should be explained, usually in the Material and Methods - especially important for prospective studies.
40. Try to detect if the study is made on examinations that are part of basic routine, or if they were added for the study. In this case, evaluate if there was a potential benefit for the patient and if the additional examination were low risk (chest X Rays, Ultrasound) or middle/high risk (contrast media injection, high dose CT)
41. Sometimes, the authors claim they collected informed consent in retrospective studies