How to Win Over Editors and Reviewers: Pearls from a Journal Editor
Presenter: Sharon Inouye, MD, MPH

Time	Section
01:15	**Introduction of Sharon Inouye**
03:52	**Overview** • Selecting a Journal: Finding the Match • Preparing the submission • Pearls #1: Common Pitfalls to Avoid • What Editors and Reviewers Want • Pearls #2: Responding to Review Comments • Overview of JAMA IM
04:46	**Selecting the Appropriate Journal** • Finding the best match, reaching the audience you want to reach. Talk to mentors, colleagues • Reputation and reach (impact factor, specific field, society journal) • Audience (clinical, public health, policy, global, methods) • Do you like the journal? • Read the journal! Do they publish papers like yours? (look through past publications) • Open access fees? • Cascading to other journals? (automatic referrals to other journals?) • Is it worth it to reach high? Consider timing, being rejected

09:23	**Preparing Your Submission**
	• Follow ALL instructions for authors (abstract, length, pre-prints)
	• Include requested checklists and flow diagrams
	• Declare any possible prior publications, pre-prints, websites, over-lapping pubs
	• Declare all potential conflicts of interest
	• Pre-submission inquiry—some journal responsive—send abstract
	• Follow ICMJW authorship criteria
	    ○ Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
	    ○ Drafting the work or revising it critically for important intellectual content; AND
	    ○ Final approval of the version to be published; AND
	    ○ Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved
	• If English is not your first language, have manuscript edited by native English writer proficient in medical science

12:50	**Mantra: Highlight the Major Theme of Article!!!!** • What are your 2 most important points? • Emphasize in results section of abstract (and then restate throughout the paper) • Conclusion of the abstract should reflect these points • Highlight in results section of paper • Emphasize in tables • Highlight in first paragraph of conclusion
14:05	**Cover Letter** • Addressed to the correct individual • 2-3 paragraphs • Why manuscript is appropriate for that specific journal • Suggest potential reviewers! (at least 5 with their email addresses and affiliations)
15:35	**Abstract: Vital Importance**

	• 90% of editors/readers read ONLY the abstract • Most journals require a structured abstract • Concise (300-400 words) • Keep abbreviations to a minimum (define them if you have to use them) • Include data (make sure the numbers are correct; beware data-less abstracts) • Conclusions should follow from the data
16:46	**<u>Introduction</u>** • Concise and focused • 3-4 paragraphs (maximum) • Cite prior work and guidelines • Take care in criticizing prior work (those people will be your reviewers!)—get reviewers from your reference list (usually within top 10) • Do not exaggerate the importance of topic • Conclude with statement of goal, specific aims, hypothesis • General to specific • No more than 250 words!!! (maybe 1-1.5 pages double spaced)
19:20	**<u>Methods</u>** • Increasingly important (issue of reproducibility and validity) • Others should be able to replicate based on the methods • Adhere to reporting guidelines (CONSORT, STROBE, PRISMA) • Use commonly accepted methodological terms (that can be understood)—if technical jargon, you should define them • Some details maybe relegated to a supplement (check journal requirements) • What version of a questionnaire, database, or statistical program was used • Include a statement related to ethics—individuals should never decide for themselves if a study is ethical • Statistics used—describe in an understandable way
22:12	**<u>Results</u>** • First paragraph—describe the sample • Next paragraph—summarize findings on primary outcome based upon initial hypotheses • Additional paragraphs should describe secondary and exploratory outcomes • Explanatory test should be kept to a minimum (reserve for discussion) • "numbers" must match exactly with figures, tables, abstract • No need to describe an entire figure or table, cover the key elements; highlight major points
24:24	**<u>Statistics: The Essentials</u>** • In both Abstract and main text, report the overall sample size for the primary analysis (if primary outcome only available in 20% of the full database, the full database is not your N; the N is the ones with your primary outcomes→ the group you are focusing on) • Provide an assessment of missing data and participants lost to follow-up • Present numerical results (e.g., absolute numbers, proportions, rates, ratios, or differences) with appropriate indicators of uncertainty, such as confidence intervals. Don't report only p-values in abstract, must have some absolute numbers. • For comparative studies, report absolute numbers, rates and/or means for the main outcome in both the Abstract and main text, as well as measures of association (i.e. relative differences, risk ratios). Report measures of uncertainty (e.g., confidence intervals)
26:45	**<u>Discussion</u>** • First paragraph should summarize major findings (focus on primary outcome) • Second paragraph—compare and contrast to previous studies

	- Third paragraph—highlight strengths and limitations (usually does these with 2 separate paragraphs) - Other paragraphs - How do the findings advance the field—clinical, public health implications - How do results inform the current literature and how can future research build on these observations - Avoid overstating findings - Final paragraph—implications: restate findings in broad context
28:45	**Title** - Needs to help someone find it in search engines (don't do "cute" titles; keywords in title) - Don't make it declarative (i.e., giving the study results in title) - Do include the study design if it is an RCT, meta-analysis, systematic review - Check the journal's requirements (word count, details)
29:48	**Pearls #1: Common Pitfalls to Avoid** Methods and results are usually too short and the intro and discussion are usually too long
30:35	**What Do Journal Editors Want in An Original Article?** - Research question/topic that is highly innovative and significant (likely to be widely read and cited) - Strong data source and methodology (allow methodologic limitations that are justified, as long as there are no fatal flaws) - Clear and concise writing - Adherence to reporting guidelines e.g. CONSORT, STROBE, PRISMA, SQUIRE - RCT: close adherence to study protocol - Measured interpretation of results—balanced, not over-stated - Clear articulation of strengths and limitations - Discussion section makes clear the significance of the findings
33:05	**Pearls for Clinical Trials** - Highly attractive to journals - Preregistration essential (ClinicalTrials.gov)—includes educational and other non-clinical trials - Must have study protocol submitted - Must report ALL pre-specified primary outcomes - Negative trials are important if addressing an important question—but clearly state that this is a negative trial
36:05	**Pearls for Cohort Studies** - Lack of clear rationale or no biological basis: why should we care if factor X is related to condition Y? - Lack of adequate description of data source and justification: what are the limitations of data including representativeness, diversity, quality of data - Inadequate justification for selection criteria - Inadequate adjustment for confounding. Provide rationale and details. Consider whether trial emulation might be appropriate - Failure to employ tests for effects of confounding such as: negative controls, sensitivity analyses, propensity matching, etc.
38:20	**Pearls for Meta-analyses and Systematic Reviews** - Rationale for new meta-analysis (many topics have dozens) needs to be very clear→ many new studies, limitations of prior Mas - Does the systematic review or meta-analysis adequately address the heterogeneity and diversity of the populations studied among the included studies?
40:31	**Pearls for Prognostic/AI Studies** - Lack of justification for use (Does the world need another cardiovascular risk index, or predictors of poor outcome with COVID?) - Reliance on AUCs without reporting predictive values

	• Failure to compare performance to other models • Lack of external validation • No evaluation/discussion of feasibility and clinical workflow integration • Evaluation of potential harms or costs • Address limitations of data source, outcomes, issues of equity
40:58	**Pearls for Quality Improvement Studies** • Inadequate baseline and/or absence of true comparison group • Single institution • Short follow-up • Simple before/after assessment of knowledge, attitude, skills • No clinical outcomes assessed
41:20	**What Editors and Reviewers Wants**

41:22	**Common reasons for initial rejection without review (AKA triage, desk-reject)**
	• Manuscript not well matched to journal (e.g., pediatric or Ob-Gyn) (Last week: case report of pediatric gout)
	• Incorrect format
	• Not clearly written
	    o Research question not clearly described and followed throughout paper
	    o Material presented in wrong sections
	    o Sections of manuscript not "tightly linked"
	• Too little or too much detail
	• Lack of rigorous methods, or description of methods
	• Discussion section unnecessarily long/meandering and fails to adequately address limitations; overstates findings

42:44	**Triage decision: Lower priority for JAMA IM** • Not novel (>200,00 papers on COVID) or significant • Surveys, especially with poor response rates (<50%) or no denominator stated • Older data (>4 years old) • Lack of direct clinical implications (e.g., some biomarker studies; some drug policy studies) • Multiple, narrow "slices" such as for large database studies (e.g., UK Biobank) • Small single site clinical trials
43:50	**What Do Reviewers Look for?** • Importance and novelty of the research question • Clarity • Design and analysis • Should review abstract, text, tables, figures, references, acknowledgments/support, COI • Make recommendation to editor • Opinions of reviewers are not binding • Usually provide comments to authors and separate comments to editors
44:35	**Pearls #2 Responding to Reviewer Comments** • High art-form—need mentorship • Answer completely, politely, and with evidence (do not be argumentative) • Most times reviewer/editor are correct • If reviewers provide conflicting suggestions—ask editor • You do not have to agree with every issue, but must explain why not • Make it easy for the editor—e.g., number responses, indicate changes in manuscript and where they can be found • Modify the text—avoid long explanations in response letter

	• Notes: if well-revised, the majority of revised manuscripts are accepted for publications
46:15	**Common Reasons for Rejection after R&R** • Response letter-not responsive or argumentative • Abstract- mistakes, mismatch, no data • Relative vs absolute differences • Too many messages and comparisons • Inconsistencies • Lack of clarity; not edited for language syntax, style and flow • Exaggeration of findings (conclusion must match data)—spin. • Methodological/statistical issues • RCT: won't say negative trial (for primary outcome)
46:54	**JAMA IM Mission Statement** • To advance the equitable, person-centered, and evidence-based practice of internal medicine through publication of scientifically rigorous, innovative, and inclusive research, review, and commentary that informs dialogue and action with clinical, public health, and policy impact
47:01	**About JAMA Internal Medicine: The Stats** • Journal Impact Factor (2023) of 22.5, the highest ranking among general internal medicine journals (AIM at 19.6) • Broad reach through related commentary, author audio interviews, podcasts, email alerts, multimedia, and more than 245,000 social media followers • More than 16 million annual article views and downloads • International audience: 46% of submissions come from outside the US • Extensive press coverage, with over 17,500 media mentions in 2023 and 2024 outlets such as The Washington Post, CNN, the BBC, and Forbes • Top Altmetric scores—JAMA Internal Medicine published 26 of the top 50 articles among internal medicine journals, including the No. 1 article of 2023 • Cascading to other journals in the JAMA network- JNO, JAMA specialty journals (JHF, JAMA Onc, JAMA Card, etc.)
47:36	**JAMA IM Themes- 9 areas of special interest** • Less is more • Women's health • Health equity • Aging and health • Climate change and health • Health care policy and law • Physician work environment and well-being • Firearm violence • AI and Clinical Care
47:48	**What Does an Editor in Chief do?** *skipped in presentation due to time* **Post Acceptance Production Process** *skipped in presentation due to time* **Academic Publishing** *skipped in presentation due to time*
48:21	**Questions and Answers**