



Cardiology

Super-specialist

Bias to publish

Jnl of Vascular Access

PLOS One, Drugs in Context <60%

15-30%

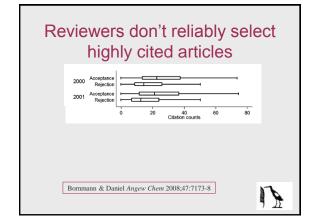
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#### Peer reviewers don't agree much

- Study of 1899 articles
- kappa coefficients 0.10 0.21
- 'indicate a low level of agreement between the referees' recommendations concerning acceptance or rejection'
  - Bornmann & Daniel Angew Chem 2008;47:7173-8

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## Journals have different criteria

THE LANCET

"We seek to publish high-quality clinical trials that will alter medical practice"

"Our editorial view is that readers can decide for themselves whether or not an article has value or relevance to them, and this is the way that the internet has transformed publication of all kinds. Print publication, because of space limitations, forces decisions on editors based on their judgement of what's of interest to readers. Online publication allows readers to decide what's of interest to them."

JRSM open

- PLOS MEDICINE publishes "outstanding research and commentary ... We specifically seek to publish articles relevant to clinicians and policymakers across a range of settings that adhere to the highest standards of methodology, ethics and reporting"
- 3% acceptance rate
- **PLOS** "will rigorously peer-review your submissions and publish all papers that are judged to be technically sound. Judgments about the importance of any particular paper are then made after publication by the readership (who are the most qualified to determine what is of interest to them)"
- 70% acceptance rate



# Peer review is <u>not</u> effective at detecting errors

- Godlee et al. The impact of blinding and masking on the quality of peer review. JAMA 1998;280:237-40
- Sent paper (+8 errors) to *BMJ* reviewers

	N*	Mean no. errors identified
Traditional	72	1.9
Open	30	1.8
Masked	59	2.1
Masked + sign	60	1.7









## 1785: Literary & Philosophical Society of Manchester

- Review can guarantee only 'the novelty, ingenuity, or importance' of submissions
- 'Responsibility concerning the truth of facts, the soundness of reasoning ... [and] the accuracy of calculations is wholly disclaimed: and must rest alone, on the knowledge, judgement, or ability of the authors who have respectfully furnished such communications'

# Peer review fails to identify good work

- *Nature* publicised the fact that it had published the work of Paul Lauterbur who had just won the Nobel prize (2003)
- Lauterbur politely wrote in to point out that his paper had been published only after he had appealed against a rejection



'Not only does the mechanism of peer review fail to protect us from disasters, in a certain way it guarantees mediocrity: the genius has no peers'

Edsger W Dijkstra







#### trim them?

clean them?



## Cochrane reviews

- Peer review (submission to acceptance)
- Jefferson *et al*
- JAMA 2002;287:2784-6
- update on Cochrane Library (2007)
- Technical editing (acceptance to publication)
  Wager & Middleton
- JAMA 2002;287:2821-4
- update on Cochrane Library (2008)

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## Cochrane review: limitations

- Focus on medical publications
- Focus on pre-publication, invited peer review
- Strict definition of study quality
- Excludes qualitative research
- Now rather out-of-date

### Effectiveness of peer review

- 28 studies
- No clear evidence of effect of reviewer or author concealment (9 studies)
- 2 studies suggest use of checklists may improve quality of reports
- 2 studies showing PR makes papers more readable but ?generalizable
- No effect of: method of contacting reviewers (3), reviewer training (1)



## Update on effects of blinding

- 17 studies on effects of blinding
- Failure of blinding (reviewer correctly guessing author identity) 46-73%
- Minimal/no effect on scientific quality of reviewer reports

Hilda Bastian: http://blogs.plos.org/absolutely-maybe/weighing-up-anonymityand-openness-in-publication-peer-review/

## Can blinding reduce bias?

- One RCT found reviewers gave higher ratings to MS by senior cf junior scientists
- AND difference was INCREASED if author identity was removed!
- Another RCT found no difference in acceptance rates for US vs non-US studies
- No clear effect on gender bias (mixed results from studies)

## Asking authors to suggest reviewers (WAME survey)

- Some journals do it all the time (eg *BMC*)
- Some journals would NEVER ask!

Responded	24 (16 med)	
Permit / encourage ANR	14	
Use ANR >50% of MS	6	
Use ANR 25-50% of MS	8	
Add to database	2	17
Add to database	2	

## Author-nominated reviewers: the evidence

- One study<sup>1</sup> showed author-selected reviewers were slightly less critical (mean score 2.51 vs 2.75 where 1=accept, 4=reject)
- Two studies<sup>2,3</sup> show author-selected reviewers perform as well as editor-selected

1 Earnshaw et al. Ann R Coll Surg 2000;82:133-5

2 Wager et al. (BMC Medicine 2006;4:13) 3 Schroter et al. (JAMA 2006;295:314-7)



## The Review Quality Instrument

- van Rooyen et al.
- J Clin Epidemiol 1999;52:625-9 BMJ 1999;318:23-7
- Rates review according to comments on: · importance of research question
  - originality
  - · methods strengths & weaknesses
- presentation
- interpretation of results
- · specific / constructive suggestions
- (tone)

## RQI contd.

- 7 or 8 questions
- Each scored 1 (=worst) to 5 (=best)
- Overall = mean score (1-5)
- 'Meaningful difference' = 10% (0.4 point)



#### Are reviewers suggested by authors as good as those chosen by editors? (1) BMC Study

- Wager, Parkin & Tamber, BMC Medicine 2006;4:13
- Compared reviews from 100 papers
- No difference in review quality (mean RQI ANR 2.24±0.55 vs ECR 2.34±0.54)
- No difference in tone (2.72 vs 2.82)
- ANRs more likely to recommend acceptance (42 vs 35, p<0.001)

#### Are reviewers suggested by authors as good as those chosen by editors? (2) BMJ Study

- Schroter et al. JAMA 2006;295:314-7
- Compared reviews from 329 papers
- No difference in review quality (mean RQI ANR 2.58 vs ECR 2.64)
- ANRs more likely to recommend acceptance (57% vs 46%)
- ANRs less likely to recommend rejection (13% vs 24%)

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#### Effectiveness of technical editing

- 32 studies (66 surveys of reference accuracy)
- 'Editorial package' may improve readability and reporting quality
- More intensive editing reduced errors in abstracts and references
- Structuring improved quality of abstracts
- Mixed effects of journal policies / instructions to authors

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### and peer review is ...

- Slow
- Expensive
- Unreliable (would need 6 reviewers for each paper to get statistically reliable result!)
- Subjective (?biased)
- Open to abuse

Wager & Jefferson, Learned Pub 2001;14:257-63



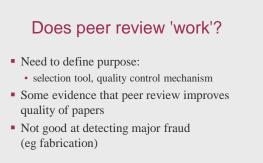
## Journal 'house styles' are rarely 'evidence-based'



Not everybody wants the 'standard' look ...

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Jefferson, Wager, Davidoff. JAMA 2002;287:2786-90

## What about alternatives to prepublication, invited review?

#### **Public peer review**

Nature trial

• Authors unwilling to have MS posted before publication

MJA trial

- Articles received few comments
- Some articles had no comments
- Comments were superficial

## ?any studies of

- F1000 Research model
- Frontiers
- Peerage of Science
- Rubriq (commercial review)
- Preprints Arxiv, PeerJ

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## Conclusions

Peer review is not particularly effective at:

- · identifying errors
- · identifying fraud (fabrication / falsification)
- Difficult to know if it identifies the 'right' articles for a particular journal
- Peer review has many flaws (speed, cost, bias)
- But we don't (yet) have a better system



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Backup slides	

## Does masking raise the quality of reviews?

- Several studies, inconclusive evidence
- Robert & Suzanne Fletcher\*: 'journal editors might reasonably choose to blind or not. There appears to be little at stake in their choice'

\*Fletcher R & Fletcher S. Effectiveness of peer review. In *Peer Review in Health Sciences* (2e) Godlee F, Jefferson T (eds), BMJ Books, London, 2003, p.68-9

## Effects of open review (i)

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\*No difference in response rate

## Effects of open review (ii)

- van Rooyen et al. Effect of open peer review on quality of reviews and reviewers' recommendations. BMJ 1999;318:23-7
- Paired assessments of 125 manuscripts
- Open review increased refusal rate (35% vs 23%)
- No difference in quality between anonymous and signed reviews (3.06 vs 3.09)
- No difference in recommendation
- No difference in speed



### Effects of open review (iii)

- van Rooyen et al. JAMA 1998;280:234-7
- Results from 467 ms (complex design)
- Masking had no effect on quality (both=2.9)
- 33% of reviewers correctly identified authors
- 7% incorrectly identified authors

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### Conclusions

- Evidence that masked review raises quality or reduces bias is equivocal
- Editors should base decision on knowledge of their own field / area
- It is hard to mask author identity effectively
- Open (signed) review is feasible (for BMJ)
- Open review does not affect quality

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