

## A Question of Study Population

A peer reviewer is sent an article for review that reports a surgeon's series of patients treated with a relatively new procedure. In general these patients did unusually well compared with those receiving the procedure in other studies. It is unclear from the article, however, whether some of the patients might have undergone the procedure first elsewhere and, if so, whether both the initial and later outcomes were reported. In addition, it is unclear whether some of the patients were also reported in papers by colleagues of the surgeon. The reviewer tries to contact the author for clarification and learns that the author has died. The article has only one author, and his collaborators are acknowledged only as "my colleagues at the medical center". The answers to the reviewer's questions could substantially affect the conclusions drawn in the article. What should be done?

### Solutions

The issue of institutional attribution in the reporting of case series is increasingly important. As more complex questions are asked regarding the nature of treatment, greater patient populations must be accrued. Furthermore, the study of rare diseases mandates gathering patients from several sources to reach statistical significance of comparative findings. If all the institutions are not correctly and thoroughly identified in all publications resulting from the studies, some cases will be missed and others counted more than once. And the reporting author might have the smallest number of patients at her or his institution but be the primary author owing to the nature of the project: a test done only at a specific location, or relocation of the author before publication. That leaves out the significance of the other institutions in contributing patients, especially if any patients are also enrolled in a multicenter trial. Thus, for this and similar situations in the future, I would advocate an erratum naming all the institutions treating the patients.

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The first question is whether the findings are of scientific importance. If so, the editors need to try to find answers to the questions posed from the deceased scientist's colleagues at the medical center. The answers to the questions would bear on the decision of whether to publish. Identifying another author on the staff is another possible pathway. To fail to publish such results may cause knowledge to be lost. However, I'm not sure I feel comfortable addressing this question for a clinical audience. Although it could be considered a "generic" question, it is a clinical study (as opposed to a public-health one) in a field (surgery) in which I am not trained and therefore am not familiar with the usual expectations of such a case series.

There is also the issue of the reviewer's calling the author and whether that was appropriate. Some journals certainly have policies against that.

**Donna F Stroup**

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Peer reviewers have an important responsibility in helping the editor make an informed decision about the publication potential of a body of work that usually takes a considerable time to conduct and many drafts to write. Peer review of a clinical article requires assessing the report's internal validity and generalizability (external validity). Unusual findings, in this case patients doing better than in previous series or reports, are likely to raise some red flags. However, even if the report's findings are not in agreement with a peer reviewer's, it is important to avoid conformity bias, that is, simply rejecting the findings out of hand because they are other than expected. Concerns should be explicitly addressed to the journal's corresponding editor. Here it is important to be explicit and evidence-based, whenever possible, as to how you as a

peer reviewer came to your decisions.

In addition, it is never appropriate for a peer reviewer to try to reach an author of a manuscript that is being reviewed.

One option is to recommend rejection of the manuscript because the report is unclear about important points that affect its internal validity. Alternatively, the peer reviewer could encourage the editor to consider publication provided that the article is accompanied by a commentary pointing to some of the problems inherent in the article and noting the need for interpreting the results especially carefully.

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## **New Question:**

### **A Question of Response Rate**

Investigators discuss with a statistician a survey of patients being treated or monitored for high blood pressure. The survey aims to ascertain the patients' knowledge of hypertension and its management in general, and of their own condition specifically. The survey is initially sent out by mail (two attempts), and the response rate is a little under 50%. The investigators are now doing phone interviews with a random sample of nonrespondents to bring the response rate up. Is a 60% response rate sufficient for the type of survey described, or must the response rate be at least 70% for publication in a medical journal?

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