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Commentary

Peer-Reviewing for the Canadian Journal of Neurological Sciences

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Introduction

Peer review is a cornerstone of academia. The *Canadian Journal of Neurological Sciences (CJNS)* is grateful to our network of peer reviewers for upholding *CJNS* to a high academic standard. We recognize that reviewing articles takes time; we strive to recognize peer reviewers through acknowledgment on Web of Science, awarding an Annual Reviewer of the Year (https://www.cnsf.org/journal/reviewer-of-the-year/) and inviting our prolific reviewers to join the *CJNS* Editorial Board.

The approach to scientific peer review is rarely incorporated into medical or graduate training. As a result, many qualified reviewers hesitate to accept review requests. Likewise, trainees frequently demonstrate interest in learning how to carry out effective peer review, but few formal training programs exist.

In this article, we provide a general approach to peer review. Our focus is primarily on clinical research of the type most commonly submitted to *CJNS*. We additionally provide guidance for how to review different *CJNS* manuscript categories: (1) Original Article, (2) Brief Communication, (3) Letter to the Editor: New Observations and (4) Review Articles.

The guidelines below are geared toward trainees and beginning reviewers wanting to get involved with *CJNS* but will also serve as a useful refresher for experienced reviewers.

I received an invitation to review an article: should I accept it?

- Do you have the necessary content and/or methodological expertise? In general, it is reasonable to accept an invitation even if you have expertise in only part of the submitted work: you will still be able to provide an overall impression and can focus your detailed comments on specific areas of the manuscript. CJNS editors typically invite at least two reviewers per manuscript and have access to dedicated statistical reviewers, in order to provide a comprehensive evaluation of submitted work.
- Are there any conflicts of interest? These may include personal
 or professional relationships with the authors (such as a close
 collaborator, mentor/mentee or a history of conflict/dispute),
 having a similar manuscript under preparation or financial
 competing interests.¹ If you have concerns about conflicts of

- interest, please communicate directly with the handling associate editor or the editor-in-chief. Reviewing is often possible if potential conflicts are declared and managed. Reviewers will find it useful to read the *Ethics in Peer Review* page on our publisher's (Cambridge University Press) website at https://www.cambridge.org/core/services/peer-review/ethics-in-peer-review.
- Can you complete the review in a timely fashion? *CJNS* requests that reviews be completed within 14 days of invitation acceptance. Co-reviewing a manuscript with a trainee is also encouraged at *CJNS*. If you are unable to accept the review, please reject the invitation promptly so that the editors know they need to send an invitation to another reviewer. Identifying suitable reviewers is a challenging part of the editors' role; we always appreciate suggestions of alternative potential reviewers if possible.

Conducting the review: a comprehensive framework

A quality review starts with reading the manuscript in full, including tables, figures and supplemental files, to form an overall impression. A subsequent second or third pass is needed for a detailed critical appraisal. Key points to consider while reading a manuscript are summarized in Figure 1. Research manuscripts will generally be submitted to the *CJNS* under the "Original Articles" or "Brief Communications" manuscript categories. While both categories report results of high-quality original research, Brief Communications are shorter and may include preliminary novel observations.

Title and abstract

Careful review of the title and abstract is critical; if an article is
published, many viewers will not read beyond the abstract. Are
the key messages of the manuscript correctly represented? It may
be helpful to re-read and evaluate these after you have reviewed
the full manuscript.

Introduction

- Is sufficient background information presented concisely on the topic addressed by the manuscript?
- Is the rationale for the study clear and logically explained?

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Peer Review Checklist	Results
Title & Abstract ☐ Title descriptive & appropriate ☐ Key messages correctly represented Introduction ☐ Background information sufficient	 ☐ Participant characteristics described ☐ Methods and results consistent ☐ Appropriate summary statistics & measures of precision presented ☐ Results of statistical tests reported ☐ All figures and tables are necessary
☐ Comparison of the properties of the propertie	Tables and figures clear & well-labeled Discussion & Conclusions
Methods ☐ Population clearly described ☐ Sample size adequate ☐ Variables are defined ☐ Sources of error/misclassification addressed ☐ Outcome assessment rigorous ☐ Interventions described in sufficient detail ☐ Statistical analysis clear & appropriate ☐ Ethical approvals obtained	Results summarized & interpreted Study hypothesis addressed Results discussed in context of existing literature Limitations of study described Clinical relevance of results discussed Conclusions are appropriate Areas for future study discussed Other References complete & appropriate Potential conflicts of interest declared

Figure 1. Checklist of key points to consider while reading through a manuscript for peer review.

- Is there a clearly defined research question or objective?
- While not all clinical studies require a hypothesis, many that should do not include one. Experimental studies virtually always require a hypothesis that is clear and represents a testable proposition.

Methods

- The most important criterion in evaluating the methods section is whether enough detail is provided such that the study can be replicated by others.
- Is the population clearly defined and described? Is there selection bias? For example, a study on headache that recruits participants from an academic subspecialty clinic may include a more complex and treatment-refractory group than the general population of persons with headaches.
- Are all variables appropriately defined? Are sources of error and misclassification addressed? Are the outcomes assessed in a sufficiently rigorous manner and justified?
- Are the interventions described in sufficient detail?
- Is the sample size adequate? (i.e., is there risk of a type 2 error due to inadequate power, finding "no significant difference" when one actually exists?)
- Is the statistical analysis clearly outlined and appropriate? Most importantly, is it clear what groups are being compared, and are the associated statistical tests appropriate? How did the authors handle confounding, missing data, effect modification and potential mediating factors? Were there any sensitivity analyses?

Are there multiple comparisons, and was appropriate correction applied in determining statistical significance (i.e., is there a risk that any positive results occurred due to chance?)

• Were the appropriate ethical approvals obtained?

Remember, if methods are unclear to you, readers will likely have similar questions, so no issue is too small to raise.

Results

- Who is included in the final study population? Are the participant's baseline characteristics clearly presented? This typically constitutes the first table in the results section of a clinical study.
- Are the methods and results consistent? Are there any data included for which the methods of collection or related analyses are inadequately described?
- Are appropriate summary statistics, results of statistical tests and measures of precision presented (e.g., mean, median, standard error, confidence intervals, p-values)?
- Are the figures and tables all necessary? Can any be moved to supplemental materials? Are there data presented in the text in paragraph form that can be better summarized in a table? Can a table be better illustrated as a figure? Does the text reference all tables and figures?
- Are the provided tables and figures clear, well-labeled and of appropriate quality? Do the figure captions and table headings contain sufficient detail?

Discussion

- Do the authors summarize and interpret the results? Are the objectives and hypotheses of the study addressed? Are there alternative interpretations that they should consider?
- Does the discussion section contain any new data not shown previously in the manuscript? If so, this should be moved to the results section.
- Are the results discussed in the context of existing literature? Do the authors address why results may be inconsistent with other reports?
- Is the "so what?" of the study sufficiently clear? Do the authors discuss how meaningful their findings are?
- Are the strengths and limitations of the study adequately addressed? Are there other limitations that should be mentioned?
- Do the conclusions follow from the key findings and their interpretation?
- Do the authors highlight areas of possible future research guided by the study's results?

References

- Does the manuscript use appropriate, relevant and up-to-date references?
- Are there any statements in the manuscript that require a citation where none is provided?
- Are there key/landmark publications that are not cited and should be?

Acknowledgment, conflict of interest and funding

 Are potential conflicts appropriately declared? Are important potential conflicts highlighted and explained or simply buried in a list of acknowledgments?

Special considerations: case reports or case series

These are submitted to the *CJNS* under the "Letters to the Editor: New Observations" manuscript category.

- Is the case novel, rare or unique? Will its publication add to the scientific literature through educational merit or clinical relevance?
- Does the case describe the patient history and clinical examination in sufficient detail with pertinent positives and negatives?
- Was the workup adequate? Are there additional investigation results that should be included?
- Is the diagnosis valid? Do the authors provide sufficient evidence for the conclusions drawn?
- Are treatments described in adequate detail, including doses and durations of treatments (where appropriate)?
- Was the follow-up duration sufficient?
- Are supporting documents, such as radiological images, pathology slides, photographs or videos of appropriate quality? Are the correct sequences and slices provided for representative radiological images? Are they clearly labeled? Are they directly relevant to the case?

Special considerations: systematic reviews and meta-analyses

 Are the rationale and purpose of the systematic review clearly described?

- Is the review a valuable resource for *CJNS* readership, and does it contribute to existing literature in a meaningful way? For example, does the systematic review and/or meta-analysis summarize existing literature in a way that is helpful in making evidence-based clinical decisions? A systematic review and especially a meta-analysis with a very narrow scope that only includes a small number of participants may not translate meaningfully to the body of evidence on the topic.
- Is the search strategy clearly described? Do the authors use appropriate search terms databases and inclusion/exclusion criteria for studies? Are the study selection and data collection processes clearly stated? Are the results of these presented (ideally in a flow diagram)? Strong articles will adhere to guidelines such as those from the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement.²

If a meta-analysis was performed, consider the following additional points:

- Was a risk of bias assessment conducted, and were its results presented?
- For all included studies, are the study characteristics and relevant summary statistics presented?
- Are the methods used for the synthesis of data clearly described?
 Are summary estimates along with their precision (e.g., confidence intervals) and measures of statistical heterogeneity presented?
- Did the authors assess for reporting bias?

Special considerations: equity and language in research

- Is appropriate terminology used? For example, are the authors differentiating biological sex at birth from self-identified gender?
- Do the authors use language that promotes health equity by avoiding stigmatizing language?³
- If the study collects demographic information such as ethnicity, gender identity and sexual orientation, is the best practice of selfidentification followed?

Writing the review

The questions listed above represent key factors to consider in evaluating a manuscript and provide a comprehensive approach to generating a review. However, when it comes to actually writing the review, it may be unnecessary to discuss every manuscript section. If the submission is obviously inappropriate for the journal or suffers from egregious methodological or ethical flaws that cannot be addressed with revisions, then the review should clearly say so, and a detailed point-by-point critique is unnecessary. When writing the review, please frame your comments based on the merits of the current article (rather than the prior record or previous work of the authors). The language used should be objective and avoid critiques that could be perceived as confrontational or biased against a specific author or research group.

There has been a growing use of artificial intelligence (AI) writing tools over the past years. Please keep in mind that peer reviews should be your original work. Submitted manuscripts are considered confidential and should not be uploaded for analysis by AI tools.

Please consider the "dos and don'ts" in Table 1 below when drafting your review. You may consider using the template provided in Figure 2 when organizing your review.

Table 1. Dos and don'ts of writing review comments

Confidential comments to editors	Comments to the authors
Do provide an overall impression. Is the manuscript of interest and relevant to the journal's readership? Is it novel and original? Are the results clearly presented and correctly interpreted?	Do consider opening your review with a brief 1–2 sentence summary of the manuscript and highlighting its strengths.
Do include a recommendation on acceptance or rejection to the editor. Provide clear reasoning for a rejection. It is helpful to indicate if you think the authors will be able to address your concerns through revisions.	Don't include a recommendation on acceptance or rejection to the authors. This should go in your confidential comments to the editors and is ultimately a decision made by the editors based on input from multiple reviewers.
Do discuss concerns you do not wish to share directly with the authors. Examples may include ethical concerns, unmitigated conflicts of interest threatening the validity of the work, plagiarism or inappropriate use of Al tools.	Do provide specific recommendations on how the manuscript can be improved.
Do indicate if you are only able to comment on only specific components of the manuscript. For example, you may feel that the manuscript may benefit from a dedicated statistical or methodological review. CJNS does have a team of specialized statistical reviewers in this scenario.	Do provide your comments in an organized manner. It is helpful to present specific points as a numbered list. This can be separated into "major" and "minor" points or organized by section of the manuscript. It is often useful to provide page/line numbers for specific points.
Do indicate if you feel the manuscript requires significant copyediting for language and grammar elements.	Do provide respectful comments while remaining critical and constructive. A flawed manuscript may be the product of months of hard work. Imagine you are providing feedback to a colleague.
Don't duplicate information already in the comments to authors unless it is to emphasize a key issue or reiterate major concerns with the manuscript.	Do focus your review on scientific or clinical content. Accepted articles will be copyedited by the journal for grammar and style.

Comments to the Editor:

Thank you for the opportunity to review this manuscript. This was a rigorously performed trial of medication X in condition Y. The findings are novel and relevant for the readership of CJNS. However, some of the conclusions are overreaching and the discussion needs to be tempered. In addition, the manuscript would benefit from significant copy-editing for grammar and style.

Overall, the manuscript is appropriate for publication in CJNS if revisions are made.

Comments to the Authors:

In this manuscript, Author & colleagues present a double blind randomized and placebo-controlled trial of medication X in the treatment of condition Y. While the primary outcome was not met, subgroup analysis showed a significant benefit in group Z. My comments are as follows:

Major points:

- 1) The statistical analysis presented in results should be described in the methods section. Further, please provide an explanation on how the sample size was calculated.
- 2) While the results were significant in subgroup Z, the clinical impact of the study is overstated in the discussion
- 3) There are 2 recent open label studies of medication X which did not show significant benefit. While these are alluded to, please expand the discussion to include why the results may have differed. Minor points:
- 1) For Table 1, please include baseline scores for the scales used in addition to demographic data.
- 2) In Figure 1, the y-axis is not clearly labelled.

Figure 2. A sample "mock peer review."

Special considerations: confidentiality and use of artificial intelligence (AI)

Submitted manuscripts are considered confidential and should not be saved or distributed to others. As mentioned above, this includes analysis by AI writing tools; peer reviews should be your own original work. Uploading a submitted manuscript to an AI tool is considered a violation of confidentiality.

Special considerations: revised and resubmitted articles

You may be asked to review a manuscript that has been resubmitted after an initial round of revisions. You may or may not have been involved in the previous round(s) of reviews yourself. In these cases, the authors will upload a manuscript with tracked changes as well as a detailed point-by-point response to the reviewers. When evaluating a resubmission, consider whether the authors have adequately addressed the concerns raised by the reviewers. Ideally, the rereview will build on the previous round and not introduce contradictory feedback or fundamental new issues with the manuscript (although this may be unavoidable if you were not involved in the previous round). Ask yourself, does the submission now meet the standard for publication in the journal?

Getting involved with peer review for CJNS

If you are interested in becoming a reviewer for *CJNS*, please contact cjns-ed@cambridge.org. Trainees interested in gaining experience in peer review are encouraged to apply to future iterations of the *CJNS* Reviewer-in-Training program, which was launched in early 2025.

High-quality peer review is a key guiding principle for *CJNS* and of importance to upholding the standard of scientific rigor in publications. The contributions of the journal's community of peer reviewers are greatly appreciated and valued.

Additional resources

Cambridge Press Guide to Peer Reviewing – https://www.cambridge.org/core/services/peer-review/how-to-peer-review-journal-articles

COPE Council. COPE Ethical guidelines for peer reviewers – English. https://doi.org/10.24318/cope.2019.1.9

F1000 Peer Review Examples: https://f1000research.com/for-referees/peer-reviewing-tips/examples

Neurology Open Review Pilot Project: https://www.neurology.org/journal/wnl/open-peer-review

Researcher Academy/Elsevier Certified Peer Reviewer Course – https://researcheracademy.elsevier.com/navigating-peer-review/certified-peer-reviewer-course

Sense about Science. Peer Review: the nuts and bolts. http://b.link/sas-peer

Web of Science Academy – Introduction to Peer Review – https://webofscienceacademy.clarivate.com/learn/courses/119/an-

introduction-to-peer-review – this resource includes templates for the peer review process and for the report.

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Competing interests. Y.M. is a Reviewer-in-Training with the CJNS, a member of the Neurology Journal Resident and Fellow Section Editorial Board and has received fellowship training support from Parkinson Canada. A.Y.X.Y. holds a Canada Research Chair (Tier 2) in data-driven design of stroke systems and was an Associate Editor of the CJNS at the time the manuscript was drafted. J.I.R. is an Associate Editor for the CJNS and Deputy Editor of the Practice Current subsection of Neurology: Clinical Practice. She has sat on a scientific advisory board for Amgen and received conference travel support and/or speaker honoraria from EMD Serono, Novartis and Roche. T.S. is Editor-in-Chief of the CJNS. He receives grant funding from the Canadian Institutes of Health Research. He has served on a scientific advisory board for Boston Scientific and received speaker's honoraria from Abbott Medical.

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