



RESEARCH ARTICLE

Analyzing Letters to the Editor Guidelines of Major Surgery Journals: A Brief Report

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Introduction

Peer review is the process by which an author's work is subjected to critical evaluation by experts in the same field [1]. A survey performed in 2016 by the Publishing Research Consortium showed that 82% of researchers were in agreement that "without peer review, there is no control in scientific communication" [2]. It continues to be a standard part of the publication process, especially in the realm of medical literature, where patient safety and high quality medical care are of vital importance [3].

Nevertheless, the peer-review system has been criticized for several issues such as inconsistency and lack of experience among reviewers, bias, and delay in time to publication [4].

Post-publication peer-review (PPPR) is a process by which reviewers can provide commentary or critiques to previously published literature. Many platforms provide opportunities for PPPR to take place, including academic social networks like Faculty of 1000 (F1000), PubPeer, Open Review, ScienceOpen, as well as commentaries and letters to the editor (LTE) [5]. LTEs, in particular, have been heavily utilized by scientific journals and have become a powerful method to promote discussion among researchers regarding a previously published manuscript. This form of peer review can be critical in encouraging transparent, open science in an efficient manner. While pre-publication

peer-review is considered the gold standard in the publication process, the rising post-publication peer-review formats such as LTEs deserves analysis [5]. LTE guidelines have been shown to enforce strict limitations to authors, such as narrow time windows to reply and word limits, presenting a barrier for adequate critique by reviewers [6]. Major journals like *The Lancet* and the *New England Journal of Medicine*, impose a two week deadline from publication of the original article and a 175-word max limit [6]. These requirements may be unwarranted and create obstacles to high quality review.

Within the realm of surgery, advances in surgical techniques and technology continue to evolve on a daily basis [7]. Such advancements have direct downstream effects on clinical decision making and the management of the surgical patient. Therefore, it remains important for surgeons to receive the most accurate evidence in the research they review. Although previous studies have discussed LTE guidelines of leading medical journals within the field of internal medicine, like PLoS Medicine, *The Lancet*, and *New England Journal of Medicine* [6,8], no studies have commented on surgery journal LTE guidelines. Hence, the purpose of our study is to analyze LTE guidelines in leading surgery journals.

Methods

We used the 2020 Scimago Journal & Country Rank under the search query, "Surgery" to identify the top

50 surgery journals. Data extraction from individual journal websites was performed by one reviewer (MB). The following characteristics were extracted: Type of guideline provided by the journal, word limit, submission deadline, tables and figures limit, reference limit, author limit, and journal impact factor. Journals which contained correspondence or commentary guidelines in addition to LTE guidelines underwent extraction of the LTE guidelines only. If journals did not provide explicit numbers or dates as requirements, or if no requirements were given, the characteristics were coded as "N/A". This study did not involve human subject research, and therefore was exempt from Institutional Review Board approval.

Results

General characteristics

In total, 50 journals underwent data extraction for guideline characteristics. Letters to the editor guidelines were prevalent in 36 journals (36/50, 72.0%), while 5

journals contained commentaries/correspondence options only (5/50, 10.0%). A total of 9 journals lacked any description of either guideline (9/50, 18.0%).

Guideline specifications

Of the 50 journals, 12 journals declared a deadline for submission (12/50, 24.0%), with an average deadline of 7.7 months following publication of the original article (SD \pm 8.6). Thirty-six journals provided a word limit (36/50, 72.0%) with an average word limit of 585 words (SD \pm 301.1). Fourteen journals did not declare a word limit (14/50, 28.0%). Twenty-three journals provided a maximum number of tables and figures (23/50, 46.0%) with an average of 1.3 tables and figures (SD \pm 1.1). A maximum reference limit was provided by 29 journals (29/50, 58.0%) with an average of 6.4 references (SD \pm 3.3). A maximum author requirement was provided by 8 journals (8/50, 16.0%) with an average of 2.8 authors (SD \pm 0.7). Detailed characteristics of surgery journal guidelines are displayed in [Table 1](#).

Table 1: Characteristics of journal guidelines.

Scimago Journal & Country Rank	Journal name	Impact factor	Guideline provided to authors	Word limit (n = 36)	Deadline for submission (months) (n = 12)	Maximum tables & figures (n = 23)	Maximum references (n = 29)	Maximum authors (n = 8)
1	Annals of Surgery	10.13	N/A	N/A	N/A	N/A	N/A	N/A
2	JAMA Surgery	13.63	Letter to the editor	400	1	N/A	5	3
3	The Journal of Heart and Lung Transplantation	7.87	N/A	N/A	N/A	N/A	N/A	N/A
4	Journal of Neurology, Neurosurgery and Psychiatry	8.26	Commentaries/ Correspondence	500	N/A	N/A	4	N/A
5	European Urology Oncology	7.48	Letter to the editor	500	3	0	5	3
6	Journal of NeuroInterventional Surgery	4.46	Commentaries/ Correspondence	2000	N/A	1	20	N/A
7	Journal of Bone and Joint Surgery	4.58	N/A	N/A	N/A	N/A	N/A	N/A
8	American Journal of Surgical Pathology	4.96	N/A	N/A	N/A	N/A	N/A	N/A
9	Bone and Joint Journal	4.31	Letter to the editor	500	N/A	N/A	N/A	N/A
10	Journal of the American College of Surgeons	4.59	Letter to the editor	500	6	N/A	6	1
11	British Journal of Surgery	5.68	Letter to the editor	600	N/A	1	5	N/A
12	Journal of Vascular Surgery	3.41	Letter to the editor	350	N/A	1	10	N/A
13	Journal of Hand Surgery	2.12	Letter to the editor	300	N/A	1	5	3
14	Plastic and Reconstructive Surgery	4.24	Letter to the editor	500	2	2	5	N/A
15	Spine Journal	3.19	Letter to the editor	500	N/A	N/A	N/A	N/A
16	Liver Transplantation	4.57	Letter to the editor	500	N/A	1	5	N/A
17	Acta Orthopaedica	2.97	Letter to the editor	500	N/A	N/A	N/A	N/A
18	Knee Surgery, Sports Traumatology, Arthroscopy	3.17	Letter to the editor	N/A	N/A	N/A	N/A	N/A

19	Journal of Shoulder and Elbow Surgery	2.82	Letter to the editor	N/A	N/A	N/A	N/A	N/A
20	Annals of Surgical Oncology	4.06	Letter to the editor	500	N/A	1	10	N/A
21	Surgery for Obesity and Related Diseases	3.81	Letter to the editor	N/A	1	N/A	N/A	N/A
22	Journal of Neurosurgery: Spine	3.01	Letter to the editor	500	24	1	10	N/A
23	Journal of Endovascular Therapy	3.1	Letter to the editor	N/A	N/A	N/A	10	N/A
24	European Journal of Vascular and Endovascular Surgery	5.33	Letter to the editor	800	N/A	1	5	N/A
25	Journal of Cataract and Refractive Surgery	2.69	Letter to the editor	500	2	1	5	N/A
26	Bone and Joint Research	3.53	N/A	N/A	N/A	N/A	N/A	N/A
27	Journal of Hepato-Biliary-Pancreatic Sciences	4.16	Letter to the editor	500	N/A	1	5	3
28	Foot and Ankle International	2.29	Letter to the editor	400	4	1	5	3
29	EFORT Open Reviews	2.3	N/A	N/A	N/A	N/A	N/A	N/A
30	JAMA Otolaryngology Head and Neck Surgery	3.85	Letter to the editor	400	1	N/A	5	3
31	Journal of Neurosurgery	3.97	Letter to the editor	500	24	1	10	N/A
32	The Breast	3.75	Commentaries/ Correspondence	200	N/A	N/A	N/A	N/A
33	World Journal of Emergency Surgery	4.1	Commentaries/ Correspondence	N/A	N/A	N/A	N/A	N/A
34	Surgery	3.36	Letter to the editor	500	N/A	0	5	N/A
35	Aesthetic Surgery Journal	3.8	Letter to the editor	750	12	5	5	N/A
36	Clinical Neurosurgery		Letter to the editor	850	N/A	N/A	N/A	N/A
37	Obesity Surgery	3.41	Letter to the editor	1200	N/A	3	N/A	N/A
38	Journal of Thoracic and Cardiovascular Surgery	4.45	Letter to the editor	500	N/A	1	5	N/A
39	Surgical Endoscopy and Other Interventional Techniques	3.17	N/A	N/A	N/A	N/A	N/A	N/A
40	Neurosurgery	4.85	Letter to the editor	850	N/A	N/A	N/A	N/A
41	European Spine Journal	2.46	Letter to the editor	500	N/A	N/A	4	N/A
42	Journal of Refractive Surgery	2.71	Letter to the editor	500	12	1	5	N/A
43	Neurosurgical Focus	3.64	N/A	N/A	N/A	N/A	N/A	N/A
44	Global Spine Journal	2.68	Letter to the editor	500	N/A	0	8	N/A
45	European Journal of Surgical Oncology	3.96	Letter to the editor	700	N/A	N/A	4	N/A
46	Journal of the American Academy of Orthopaedic Surgeons	2.29	Letter to the editor	500	N/A	N/A	N/A	N/A
47	Hernia: the Journal of Hernias and Abdominal Wall Surgery	2.77	Letter to the editor	500	N/A	3	5	N/A
48	Archives of Orthopaedic and Trauma Surgery	2.02	N/A	N/A	N/A	N/A	N/A	N/A
49	International Journal of Surgery	3.36	Commentaries/ Correspondence	750	N/A	1	5	3
50	Annals of Gastroenterological	5.16	Letter to the editor	500	N/A	1	5	N/A

*N/A: Not applicable due to no explicit value provided; SD: Standard deviation

Discussion

More than one-fifth of major surgery journals from our study specify a deadline for LTE submission, while almost three-fourths of journals required a word limit. Enforcing the most rigid guidelines, *The Breast*, limits writers to 200 words when formulating a critique of a previously published piece. Such findings may pose difficulties for reviewers trying to sufficiently compose a critical review, especially if the author cannot begin to develop the rationale for commenting in a single 200-word paragraph. In a statement regarding word counts, the International Committee of Medical Journal Editors (ICMJE) claims these “allow editors and reviewers to assess whether the information contained in the paper warrants the paper’s length...” [9]. Yet, without any further commentary provided, it may be advantageous for the ICMJE to specify additional opinions and recommendations which clarify the purpose of word counts.

The reasoning behind such limitations on LTE guidelines remains unclear, but Macbeth describes how medical journals could enforce such stringent limitations as a means of protecting journal reputation [10].

Corrections to a journal’s published content could threaten the article’s integrity and lead to retraction, a situation journals wish to avoid, as described by Rennie [11]. With this in mind, it could be of benefit to authors and reviewers if surgery journals provide statements of transparency behind the reasoning to manuscript limitations, whether it be on the journal website or within submission portals. In addition, surgical procedures are consistently being innovated and modified, therefore, providing a means of a more accessible PPPR platform may ultimately benefit the surgical community.

Conclusion

Our study demonstrated restrictions in LTE requirements that could prevent readers from providing critical analyses of previously published literature. To support more complete commentaries on published work, we recommend surgery journal editors and editorial boards to consider altering LTE guidelines.

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