KOREAN JOURNAL OF INTERVENTIONAL RADIOLOGY

KJIR

Guidelines for Reviewers

Peer review is the cornerstone of scientific publication quality. The Korean Journal of Interventional Radiology (KJIR) is grateful to the expert reviewers who volunteer their time and expertise to evaluate submitted manuscripts. These guidelines are provided to help reviewers conduct thorough, constructive, and timely reviews that serve both the authors and the interventional radiology community.

KJIR uses a double-blind peer review process. Neither the identities of the authors nor those of the reviewers are disclosed during the review process. All communications occur through the KJIR online submission portal (https://submit.kjironline.org).

1. Role and General Responsibilities of Reviewers

Reviewers serve as independent expert advisors to the Editor-in-Chief and Associate Editors. The primary responsibilities of a reviewer are:

- **Scientific assessment:** Evaluate the validity, originality, and significance of the research.
- **Constructive guidance:** Provide specific, actionable recommendations to help authors improve the manuscript.
- **Editorial recommendation:** Advise the editors on the suitability of the manuscript for publication in KJIR.
- **Timeliness:** Complete the review within the agreed timeframe.

> **Important:** The final publication decision rests entirely with the editors. Reviewer recommendations are advisory and not binding.

2. Accepting or Declining a Review Invitation

Upon receiving a review invitation, please respond promptly — within 3 business days. When deciding whether to accept:

2.1 Accept if:

- You have sufficient expertise in the specific topic area of the manuscript.
- You can complete the review within the allotted timeframe (14 days for Original Articles, Technical Notes, and Reviews; 10 days for Case Reports and Letters).
- You have no conflict of interest with the authors or the submitted work (see Section 3).

2.2 Decline if:

- The manuscript falls outside your area of expertise.
- You cannot meet the deadline.
- A conflict of interest exists (see Section 3).
- You are currently overcommitted with other review assignments.

> **Tip:** If you decline, please suggest the names and contact information of 1–2 alternative reviewers with relevant expertise. This assists the editorial office in identifying qualified reviewers.

3. Conflict of Interest for Reviewers

Reviewers must decline the review invitation or immediately notify the editorial office if any of the following apply:

- You are a co-author, collaborator, or have worked with the authors within the past 3 years.
- You are employed at the same institution as any of the authors.
- You have a financial interest in the outcome of the manuscript (e.g., equity, patents, advisory roles with companies whose products are evaluated in the manuscript).
- You have a personal relationship with any author that could bias your assessment.
- You were involved in peer review of an earlier version of this manuscript at another journal.

Important: Because KJIR uses double-blind review, reviewer identities are not disclosed to authors. However, reviewers may occasionally be able to infer the identity of authors from the institutional context, references, or subject matter. If this occurs, reviewers should notify the editorial office and recuse themselves if a conflict exists.

4. Confidentiality

The manuscript assigned for review is a confidential document. Reviewers must:

- Not share, distribute, or discuss the manuscript with any other person without explicit permission from the editorial office.
- Not use any data, ideas, or information from the manuscript for their own research prior to publication.
- Not use or upload any data, ideas, or information from the manuscript on any kind of AI system for any purpose.
- Not retain copies of the manuscript after the review process is complete.
- Not attempt to identify the authors of the manuscript.

AI-assisted reviewing: Reviewers may use AI tools (e.g., large language models) only for language checking of their own written review. Uploading or submitting the manuscript content to any AI system is strictly prohibited, as this constitutes a confidentiality breach. Any suspected misuse will be investigated under COPE guidelines.

5. Review Timeline

Article Type	Review Deadline	Extension Policy
Original Article / Systematic Review / Narrative Review	14 days	Up to 7-day extension available on request
Technical Note	14 days	Up to 7-day extension available on request
Case Report	14 days	Up to 5-day extension available on request
Letter to the Editor	14 days	Up to 5-day extension available on request

If you require an extension, please notify the editorial office as early as possible via the online submission portal. Reviewers who fail to submit their review without prior notification may be removed from the KJIR reviewer panel.

6. Structure of the Review Report

A well-structured review report helps authors understand exactly what needs to be addressed and assists editors in making a well-informed decision. KJIR requests that all review reports follow the structure below.

6.1 Summary Paragraph

Begin with a concise paragraph (3–6 sentences) summarizing the study's purpose, design, main findings, and your overall assessment of its scientific merit and suitability for KJIR. This section is shared with the authors.

6.2 Major Concerns

List all substantive issues that must be addressed before the manuscript can be considered for publication. Each concern should be:

- Specific and actionable — state clearly what the problem is and what would resolve it.
- Referenced by page and line number in the manuscript.
- Numbered sequentially (e.g., Major Concern 1, Major Concern 2, ...).

Major concerns typically include: fundamental methodological flaws, inappropriate statistical methods, unjustified conclusions, missing key data, inadequate discussion of limitations, ethical compliance issues, and deficiencies in the reporting of primary outcomes.

6.3 Minor Concerns

List smaller issues that should be corrected but that do not fundamentally affect the manuscript's conclusions. Examples: unclear figure legends, imprecise terminology, missing abbreviation definitions, inconsistent data between text and tables. Number these separately from major concerns.

6.4 Comments on Specific Sections

Optional. If you have specific feedback about individual sections (Abstract, Methods, Results, Discussion, References, Figures), you may organize these comments by section for clarity.

6.5 Confidential Comments to the Editor

This section is not shared with the authors. Use it to:

- Share your overall recommendation (Accept / Minor Revision / Major Revision / Reject) with rationale.
- Flag ethical concerns (e.g., suspected data fabrication, undisclosed conflicts of interest, duplicate submission).
- Note suspected breaches of anonymity (e.g., you have identified the authors).
- Comment on whether the manuscript's claims are consistent with your field-specific knowledge.

> **Style guidance:** Address comments to 'the authors' or 'the manuscript,' not 'you.' Maintain a collegial, objective tone throughout. Avoid dismissive language. The purpose of the review is to improve science, not to judge the authors personally.

7. Scientific Evaluation Criteria

The following criteria should guide your assessment. Not all criteria apply equally to every article type.

7.1 Originality and Significance

☐	**Novelty:** Does the manuscript report findings that are genuinely new, or does it provide meaningful incremental advance on existing knowledge?
☐	**Significance:** Will the findings influence clinical practice, technique, or understanding of interventional radiology?

☐	**Scope:** Is the topic appropriate for KJIR? Is it within the field of interventional radiology?
☐	**Timeliness:** Is the topic currently relevant to the IR community?

7.2 Study Design and Methodology

☐	**Design appropriateness:** Is the study design appropriate for the research question? Was a more rigorous design feasible?
☐	**Level of evidence:** What is the study's level of evidence (see table in Section 7.8)? Is this stated or implied in the manuscript?
☐	**Patient selection:** Are inclusion/exclusion criteria clearly defined? Is selection bias addressed?
☐	**Sample size:** Is the sample size justified (e.g., power calculation for prospective studies)? Is the study adequately powered?
☐	**Comparator:** Is there an appropriate comparison group? If not, is the absence justified?
☐	**Prospective vs. retrospective:** Is the retrospective design acknowledged as a limitation? Are its implications for bias discussed?
☐	**Multicenter:** For multicenter studies, is institutional heterogeneity addressed?
☐	**Follow-up:** Is follow-up duration adequate and consistent with the clinical question?

7.3 Ethics and Compliance

☐	**IRB approval:** Is IRB approval or waiver stated for all study types, including case reports?
☐	**Informed consent:** Is informed consent documented appropriately?
☐	**Animal studies:** For animal studies, is IACUC approval and compliance with ARRIVE 2.0 confirmed?
☐	**Patient anonymization:** Are all patient-identifiable details removed from figures and text?
☐	**Clinical trial registration:** For prospective trials, is a registration number (CRIS, ClinicalTrials.gov, or WHO registry) provided?

7.4 Statistical Methods

☐	**Appropriateness:** Are the statistical methods appropriate for the data type and study design?
☐	**Description:** Are all statistical tests named and justified? Is the software stated?
☐	**Presentation:** Are results reported with appropriate measures of central tendency and variability (mean ± SD or median [IQR])? Are confidence intervals provided?
☐	**P-values:** Are exact p-values reported? Is clinical significance distinguished from statistical significance?
☐	**Multivariate analysis:** If multivariate analysis is used, are covariates justified? Is collinearity assessed?
☐	**Missing data:** Is the handling of missing data described and appropriate?
☐	**Reproducibility:** For quantitative imaging studies, is inter-/intra-reader variability reported?

7.5 Results and Conclusions

☐	**Completeness:** Are all primary and secondary outcomes reported? Are negative results presented?
☐	**Consistency:** Are results consistent between abstract, text, tables, and figures?
☐	**Overclaiming:** Are conclusions supported by the data? Are claims of causality justified by the study design?
☐	**Generalizability:** Are the limits of generalizability addressed (single-center, specific patient population, operator experience)?
☐	**Limitations:** Are the study's limitations discussed honestly and completely?

7.6 Reporting Guideline Compliance

☐	**Checklist submitted:** Has the appropriate reporting checklist been submitted (CONSORT, STROBE, PRISMA, CARE, STARD, ARRIVE 2.0, CLAIM 2024)?
☐	**Checklist adherence:** Does the manuscript conform to the relevant reporting guideline? Note any missing elements.

7.7 Figures, Images, and Tables

☐	**Image quality:** Are radiologic and other images of adequate resolution, contrast, brightness, and annotation?
☐	**Relevance:** Do figures contribute meaningfully to the manuscript? Are any redundant?
☐	**Legends:** Are figure legends self-explanatory and complete?
☐	**Table accuracy:** Are tables internally consistent and accurately referenced in the text?
☐	**Anonymization:** Are all patient identifiers removed from images?

7.8 Level of Evidence Reference

Use the Oxford Centre for Evidence-Based Medicine (OCEBM) hierarchy as adapted by the Society of Interventional Radiology (SIR) when assessing and commenting on study design:

Level	Study Type
1a	Systematic review / meta-analysis of RCTs
1b	Individual RCT with narrow confidence interval
2a	Systematic review of cohort studies
2b	Individual cohort study / low-quality RCT
3a	Systematic review of case-control studies
3b	Individual case-control study
4	Case series / poor-quality cohort or case-control study
5	Expert opinion, mechanism-based reasoning, case report

Note: Reviewers are encouraged to comment on the level of evidence represented by the manuscript and whether the Discussion section appropriately contextualizes the study within this hierarchy.

8. Article-Type-Specific Review Guidance

8.1 Original Article

- Verify that the IMRaD structure is followed throughout.
- The research question should be explicitly stated in the Introduction; assess whether the study design directly addresses this question.
- Evaluate whether the sample size is adequate and justified. For retrospective studies, comment on potential selection bias.
- Assess whether the primary endpoint is defined a priori and whether the statistical approach is matched to the study design.
- Confirm that all adverse events and complications are reported, including minor ones.
- Evaluate whether the Discussion contextualizes findings against current literature and guidelines (including relevant Korean IR guidelines where applicable).

8.2 Systematic Review and Meta-Analysis

- Confirm PRISMA 2020 flow diagram and checklist have been submitted.
- Verify that a PROSPERO or equivalent registry number is provided.
- Assess the quality of included studies using an appropriate tool (e.g., QUADAS-2 for diagnostic studies, Cochrane RoB 2.0 for RCTs, ROBINS-I for observational studies). Comment if the tool is not used or not appropriate.
- Evaluate heterogeneity assessment: is the I^2 statistic reported? Is the choice of fixed vs. random effects model justified?
- Assess publication bias: are funnel plots or Egger's test reported where appropriate?
- Comment on whether conclusions are proportionate to the quality and quantity of included evidence.

8.3 Technical Note

- Evaluate whether the technique is genuinely novel or represents a meaningful modification of an existing approach.
- Assess whether the technical description is reproducible: could an IR trained in this technique replicate it from the Methods section alone?
- Comment on the adequacy of outcome reporting and follow-up for the technique.
- Evaluate whether complications and failure modes are described.

8.4 Case Report

- Confirm that IRB approval or formal written waiver/exemption is documented. Manuscripts without this should be flagged immediately in the Confidential Comments to the Editor.
- Confirm that patient informed consent for publication is documented.
- Confirm CARE checklist compliance.
- Assess whether the case is genuinely unique or instructive — routine cases should be rejected.
- Evaluate whether the Discussion places the case in the context of existing literature (references should be current and relevant).
- Confirm that all patient-identifying information has been removed from images and text.

8.5 Letter to the Editor

- Assess whether the letter adds substantive commentary or new data beyond what is already published.
- If the letter is a direct response to a published KJIR article, assess whether the criticism is factually accurate and constructive.
- Evaluate brevity and focus: letters should not read as a mini-manuscript.

8.6 How I Do It (Video-based)

- Assess whether the video clearly demonstrates the described technique.
- Evaluate video quality (resolution, narration clarity, procedural flow).
- Confirm that patient-identifying information is removed from all video frames and audio.
- Comment on whether the technique described in the text is consistent with what is demonstrated in the video.

9. Editorial Recommendation

At the conclusion of your review, provide a recommendation to the editors. Use the Confidential Comments to the Editor section for this recommendation. The available decisions are:

Decision	Criteria
Accept	Manuscript is scientifically sound, meets all ethical and formatting requirements, and makes a clear contribution to the field. No substantive revisions required.
Minor Revision	The manuscript is largely sound but requires limited, clearly defined revisions (clarifications, additional data presentation, minor methodological explanations). Authors can address comments within 30 days.
Major Revision	The manuscript has meaningful scientific merit but requires substantial revisions: additional analyses, expanded discussion of limitations, methodological justification, or reanalysis of data. Authors are given 60 days.
Reject	The manuscript has fundamental methodological flaws, does not meet ethical standards, lacks originality or significance, or falls outside KJIR scope. Rejection does not preclude future independent submissions on the same topic.

> **Note:** Do not communicate your recommendation (Accept / Reject / Revision) directly to the authors in the main review text. The recommendation belongs in the Confidential Comments to the Editor only.

10. Language Quality

KJIR publishes manuscripts in English. As reviewers, you are not required to correct grammar or language — this is the responsibility of the authors and the publisher's copy-editing team. However:

- If language quality significantly impairs comprehension of scientific content, please note this as a concern and recommend that the authors seek professional English-language editing before resubmission.
- Do not spend review time correcting individual spelling or grammar errors.
- If you believe the scientific content is sound but the language quality alone is the primary obstacle, note this clearly so the editors can weigh this appropriately.

> **Korean author context:** Many KJIR authors are Korean-speaking clinicians writing in English as a second language. Reviewers are encouraged to assess scientific content rigorously while maintaining a collegial and fair approach to language quality.

11. Reviewing Revised Manuscripts

When a revised manuscript is assigned to you, you will receive the revised manuscript, a response letter from the authors, and a tracked-changes version of the manuscript. Please:

- Review the authors' response to each of your previous comments.
- Assess whether each concern has been adequately addressed. Note any remaining unresolved issues.

- Do not introduce major new concerns at the revision stage unless the authors' revisions have revealed new problems not apparent in the original submission.
- Provide a concise revised recommendation. If all major concerns are satisfactorily resolved, a recommendation of Accept or Minor Revision is appropriate.

Important: Re-reviewing a revision is not an opportunity to raise entirely new scientific objections unrelated to the original concerns. Introducing repeated or expanding new concerns causes undue burden on authors and delays publication. The KJIR editorial office may intervene if cyclical reviewing is identified.

12. Ethical Conduct in Peer Review

KJIR follows COPE guidelines for peer review ethics. Reviewers are expected to adhere to the following principles:

- **Objectivity:** Base your assessment on scientific merit, not on personal preference for a particular methodology, institution, or country of origin.
- **Fairness:** Apply the same standards regardless of the authors' nationality, gender, or institutional affiliation.
- **Constructiveness:** The goal of peer review is to improve science. Criticism should be specific, evidence-based, and respectful.
- **Non-appropriation:** Do not use ideas, data, or methods from a manuscript under review in your own work before publication.
- **Transparency:** Declare all conflicts of interest. Do not attempt to reveal your identity to the authors.
- **Non-exploitation:** Do not request that authors cite your own work unless genuinely relevant and necessary.

Any suspected ethical violation — including suspected fraud, data fabrication, duplicate submission, or undisclosed conflicts of interest — should be reported to the editorial office via the Confidential Comments to the Editor, not in the authors' review text.

13. Submitting the Review

All reviews must be submitted through the KJIR online submission portal (https://submit.kjironline.org). Do not send review comments directly by e-mail.

When submitting, please complete:

1. Review report (major concerns, minor concerns, and optional section-specific comments) — shared with authors.
2. Confidential comments to the editor (recommendation and any ethical flags) — not shared with authors.
3. Overall recommendation (Accept / Minor Revision / Major Revision / Reject) — selected from the dropdown in the portal.