ANZJOG Guidelines of Subspecialty Research Project

NOTE: The following criteria from the ANZJOG Guidelines for Manuscript Reviewers should be used for the assessment of subspecialty research projects.

Guidelines for Manuscript Reviewers for all Original Manuscripts

Reviewers should consider the following issues for all manuscripts:

- Is the manuscript presented in the most appropriate format?
- If necessary to this study, are the ethical procedures and approvals recorded? Are there ethical concerns about this study?

Further specific issues to be addressed for original research and clinical audit manuscripts (with specific issues for randomised controlled studies, cohort studies, and case control studies), review **manuscripts and case reports are listed below.**

Guidelines for Manuscript Reviewers for Original Research and Audit Manuscripts

In addition to the general ANZJOG guidelines, for all research and clinical audit manuscripts:

- Does this manuscript address a clearly focused issue or stated hypothesis?
- Is this manuscript original in the manner in which it addresses the issue / hypothesis?
- Are the results relevant to the focus / hypothesis?
- Are the conclusions drawn warranted from the data and its interpretation?
- Is the methodology adequately described?
- Are the individuals who were studied described adequately and are groups properly compared? Are the subjects adequately described and are groups properly compared?
- Were all those entered into the study accounted for?
- If relevant, is the sample size calculation clear, and is the sample adequate?
- Are the figures and tables clear, understandable and necessary?
- For randomised controlled studies, cohort studies and case control studies please see additional questions below

In addition to the general ANZJOG guidelines, for randomised controlled studies:

- Was the randomisation to treatment groups used and was that process appropriate?
- Were the treatment and control groups similar at the start of the trial?
- Are the subjects adequately described and are groups properly compared?
- Were the subjects and investigators kept 'blind' about treatment allocation? (Not always possible)
- Apart from the treatment under investigation, were the groups treated equally?
- Were all those entered into the study accounted for?
- Were all the subjects analysed in the groups to which they were randomly allocated?
- Is the scale and direction of the measured effect(s) stated?
- Is any statistical measure of uncertainty given? (e.g. Confidence intervals, p values)

In addition to the general ANZJOG guidelines, for cohort studies:

- Are the source populations comparable? (i.e. are exposed and unexposed subjects, or subjects with different levels of exposure, or subjects with different levels of prognostic markers, or subjects with different prognostic factors, the same?)
- Are participation rates at enrolment, by exposure, indicated?
- Is the likelihood that some eligible subjects might have the outcome at the time of enrolment assessed and taken into account in the analysis?
- What percentage of individuals or clusters recruited into the study are included in the analysis?
- Is there any comparison between full participants and those lost to follow up, by exposure status?
- Are the outcomes clearly defined?
- Is the assessment of outcome made blind to exposure status?
- If blinding was not possible, is there evidence (direct or indirect) of the influence of knowledge of exposure status on the assessment of outcome?
- Was the method of assessment of exposure or prognostic status adequate?
- Is there evidence that the method of assessment used was valid and reliable?
- Is exposure level or prognostic factor assessed more than once?
- Are the main potential confounders identified and taken into account adequately in the design and analysis?
- Is the scale and direction of the measured effect(s) stated?
- Is any statistical measure of uncertainty given? (e.g. Confidence intervals, p values)

In addition to the general ANZJOG guidelines, for case control studies:

- Are the cases and controls taken from comparable populations? Are the same exclusion criteria used for both cases and controls?
- What percentage of each group (cases and controls) participated in the study?
- Are cases clearly defined and differentiated from controls? Is it clearly established that controls are non-cases?
- Is there any comparison of participants and non-participants to establish their similarities or differences?
- Have measures been taken to prevent knowledge of primary exposure influencing case ascertainment?
- Is exposure to the intervention measured in a standard, valid and reliable way?
- Are the main potential confounders identified and taken into account adequately in the design and analysis?
- Were the treatment and control groups similar at the start of the trial?
- Are the subjects adequately described and are groups properly compared?
- Were all those entered into the study accounted for?
- Were all the subjects analysed in the groups to which they were randomly allocated?
- Is the scale and direction of the measured effect(s) stated?
- Is any statistical measure of uncertainty given? (e.g. Confidence intervals, p values)