

Guidelines for Reviewers

The peer review process of the *Respiratory Endoscopy* is dependent on the professionalism of its volunteer reviewers. All reviewers are experts in the field of research; therefore, they are in the best position to judge the quality and importance of the work submitted to *Respiratory Endoscopy*. The names of the reviewers will remain anonymous to the authors, as *Respiratory Endoscopy* operates a single-blind review throughout the review process.

I. Peer Review Process

1. The author submits a manuscript, and this will receive a unique identification number.
2. The Editorial Office checks if the manuscript's formatting and style is in accordance with the Instructions to Authors.
3. The Editor-in-Chief screens the manuscript and decides whether or not to send it for full peer review. If the decision is not to send the manuscript for review, the Editor-in-Chief will send an e-mail to notify the author of rejection.
4. If the Editor-in-Chief decides to send the manuscript for a full peer review, the Editor-in-Chief assigns an Associate Editor who will be responsible for selecting external reviewers and evaluating the manuscript.
5. Associate Editors select, in general, two reviewers to evaluate the manuscript.
6. Reviewers agree to review the manuscript.
7. Reviewers submit their review comments to the Associate Editor.
8. The Associate Editor reviews the reviewers' reports and submits the review comments to the Editor-in-Chief.
9. The Editor-in-Chief reviews the reviewers' and the Associate Editors' reports and makes a final decision.
10. The Editor-in-Chief sends a signed e-mail with the decision to the author.
11. If the author is given the opportunity to revise the paper, he/she revises the paper according to the review comments and resubmits. The paper then goes through the same process above, but the Editor-in-Chief may choose to accept the paper without further review by the reviewers.

Respiratory Endoscopy expects that peer review be fair, unbiased, and timely. Decisions to accept or reject a manuscript for publication are based on the manuscript's importance to the field, originality and clarity of expression, the study's validity, and its relevance to *Respiratory Endoscopy*'s aims and scope. The Editor-in-Chief is responsible for all decisions made to the manuscripts.

Respiratory Endoscopy supports and adheres to the guidelines and best practices including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<https://www.icmje.org/recommendations/>) by the International Committee of Medical Journal

Editors (ICMJE) and the Principles of Transparency and Best Practice in Scholarly Publishing (a joint statement by the Committee on Publication Ethics [COPE], the Directory of Open Access Journals [DOAJ], the World Association for Medical Editors [WAME], and the Open Access Scholarly Publishers Association [OASPA]; <https://doaj.org/apply/transparency/>).

The points below provide general guidelines for the peer review process. Please thoroughly read the instructions and required ethics and policy statements, along with the journal instructions. If you have any questions, please contact the Editorial Office of *Respiratory Endoscopy*.

E-mail: respond@kyorin.co.jp

II. Ethical Responsibilities of Reviewers

1. Timeliness

Your review comments for new submissions are due in 2 weeks from the day you agreed to review the manuscript. If you are unable to meet the deadline, please contact the Editorial Office immediately so that the editor can decide whether to extend the deadline or assign an alternate reviewer. Your review comments for revised manuscripts are also due in 2 weeks from the day it was assigned to you.

2. Conflict of Interest for Reviewers

Any potential conflicts of interest as a reviewer of a manuscript must be brought to the attention of the editor before you begin the review process. If you are involved, in present or in the past, in any part of the research presented in the manuscripts, including but not limited to financial interests, collaborating with the authors, and other relationships or connections, both professional or personal, with any of the authors, companies, or institutions related to the manuscript, which might prevent you from providing a fair and unbiased review, you should decline the review task and inform the editor so that another individual can be invited to review the manuscript.

3. Confidentiality

The review process will remain strictly confidential.

- Do not discuss or mention, in any way or to anyone, the contents of the paper before or after the review process.
- The manuscript submitted for peer-review is a privileged document. All materials must be treated in confidence. If additional advice from a colleague or any parties is thought to be helpful, please contact the Editorial Office in advance to obtain permission from the editor. Do not pass the manuscript on to your colleagues or other third parties without first obtaining the editor's consent.
- Before publication, the research described in the paper should not be used as a reference in the reviewer's own work. You must refrain from citing or referring to the work before its publication.
- Do not retain any copies of the reviewed manuscripts, and do not use their content or take scientific, financial, personal, or other advantage of material available to you through the peer review process.

4. Constructive Comments

Provide objective and constructive feedback in your review to encourage the author to improve the paper and their writing. When you find negative aspects, suggest concrete means for improvement. Refrain from being hostile or inflammatory and from making derogatory personal comments.

5. Impartiality

Reviewer comments should be based on an impartial consideration of the facts, exclusive of personal or professional bias. All comments should be based solely on the paper's scientific merit, originality, and quality of writing as well as on the relevance to the *Respiratory Endoscopy*'s scope and mission, without regard to race, ethnic origin, sex, religion, or citizenship of the authors. If you determine that you have a potential bias during the review of the paper, please notify the editor immediately.

6. Competence

You should accept an assignment only if you have adequate expertise to provide an authoritative assessment. If you think certain aspects of a manuscript are outside your field of expertise or realize that your expertise is limited, you should notify the Editorial Office so that we can decide whether you should continue and address your areas of expertise only, or whether to assign an alternate reviewer(s).

7. Manuscripts You Have Previously Handled

If you are invited to assess a manuscript you previously reviewed for another journal, please consider the manuscript as a new submission. In such case, the authors may have made changes according to the previous review comments, and the *Respiratory Endoscopy*'s criteria for evaluation may differ from those of the other journal.

8. Ethical Policies

Please note any suspicious evidence of unethical conduct and bring it to the attention of the editor immediately. Please see our general publication ethics policies [here](#).

III. Invitation for Peer Review

1. General Process

Reviewer invitations are sent by e-mail from the submission system. Use the links in the e-mail to accept or decline the invitation to review. The invitation includes manuscript details, such as the title, the names of authors, and the abstract, which may help you to determine whether the subject of the manuscript is within your areas of expertise.

If you are unable to agree to review a manuscript, please click the decline link in the e-mail. In such cases, it would be appreciated if you suggested another potential reviewer.

If you click the link to accept the invitation to review a manuscript, you will receive a notification via e-mail about how to log-in to our online system to access the manuscript in PDF or HTML format and instructions for submitting your comments through the online system.

2. Revised Manuscripts

The revised version of a manuscript is normally sent back to some or all of the original reviewers for re-review. If you are assigned to review a manuscript you previously reviewed, please ensure that revisions requested in your original review have been addressed in the revised manuscript. Please be careful not to raise additional, or new, issues that were not addressed in the previous review comments, and make sure to limit any new amendments or additions to points that respond to the comments.

IV. Your Comments

1. General Guidelines

- Evaluate whether the submitted manuscript fits the scope and aim of *Respiratory Endoscopy* and demonstrates sufficient evidence of originality, in addition to the paper's validity and potential impact to the readership of the Journal.
- Your review comments should indicate whether the writing is clear and concise and whether the style of writing and structure of the paper are appropriate, which will allow the readers to understand the content easily.
- Evaluate the work's scientific accuracy and comment on any missing information or methodological flaws.
- All criticisms should be specific. Provide evidence with appropriate references to substantiate general statements to help editors in their evaluations and decisions and help authors with revisions.
- Any personal criticism against the authors, derogatory personal comments, or unfounded accusations must be avoided.
- Avoid making any negative comments or unjustified criticisms of any work that is mentioned in the manuscript.
- You should not suggest that the authors cite your work to increase your citation count. Suggestions must be based only on valid academic or technological reasons.
- Remain anonymous as the Journal operates a single-blind review process.

2. Points to Consider

Points to consider in your review include:

- Significance of the manuscript to the research community
- Interest and the potential impact to the broad readership of the Journal
- Weaknesses of the manuscript that need to be addressed in the revision process
- Accuracy of the title and abstract and keywords
- Sufficiency of contents, figures, and tables

- Appropriate and accurate references
- Quality and readability of the English language as presented in the manuscript
- Clarity of the aim
- Appropriate statistical analysis, if applicable
- Substantial data presented in the result section
- Conclusions supported by the data presented

3. Confidential Comments to the Editor

In *Respiratory Endoscopy*'s peer review management system, there is a section titled "Confidential Comments to the Editor." Your comments in this section will be seen only by the editors, as these will not be sent to the authors. If there are any possible conflicts of interest, ethical issues, or any other comment you wish not to share to the authors, please comment regarding them in this section.

4. Comments to the Authors

Your peer review comments should include an introductory paragraph, which states your overall impression of the paper. This paragraph should be followed by specific comments, which may be divided into two sections such as major and minor points. Your comments are sent to the author as a part of the decision letter. However, please keep in mind that it is inappropriate to include any statements related to the acceptance or rejection of the paper.

5. Decisions on Manuscript Publication

All decisions on the manuscript publication, which include acceptance, revisions or rejection, are made by the editors of *Respiratory Endoscopy* after all the reviewer and editor reports are submitted and evaluated.