

# Peer Track User Guide for PCORI Community/Public Peer Reviewers

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# Getting Started | New Users

1. Please click on the word "Register" at the top of the page and enter the requested information. Upon successful registration, you will be sent an e-mail with instructions to verify your registration.
2. Note: If you received an e-mail from us with an assigned user ID and password, DO NOT REGISTER AGAIN. Simply use that information to login.

em Patient-Centered Outcomes Research Institute

Home Submit a Manuscript About Help

Welcome to the PeerTrack™ site for  
**Patient-Centered Outcomes Research Institute**

Please Enter the Following [Insert Special Character](#)

Username:

Password:

[Author Login](#) [Reviewer Login](#) [Editor Login](#) [Publisher Login](#)

[Send Login Details](#) [Register Now](#) [Login Help](#)

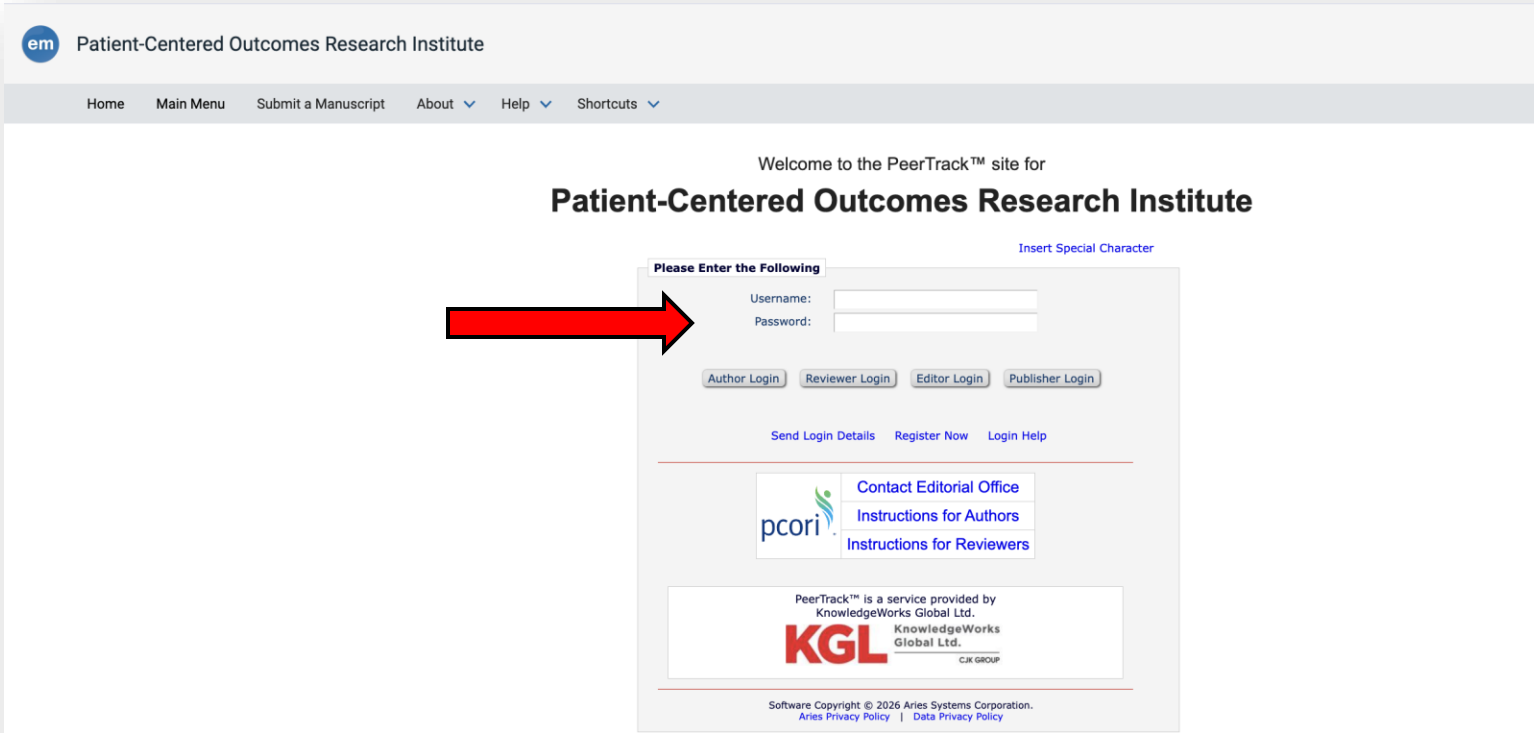
[Contact Editorial Office](#)  
[Instructions for Authors](#)  
[Instructions for Reviewers](#)

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# Getting Started

1. Log into Peer Track with your username and password.
2. Click the "Reviewer Login" button.



em Patient-Centered Outcomes Research Institute

Home Main Menu Submit a Manuscript About Help Shortcuts


Welcome to the PeerTrack™ site for  
**Patient-Centered Outcomes Research Institute**

Please Enter the Following [Insert Special Character](#)

Username:   
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[Author Login](#) [Reviewer Login](#) [Editor Login](#) [Publisher Login](#)

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[Instructions for Reviewers](#)

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[Aries Privacy Policy](#) | [Data Privacy Policy](#)

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**First-time users:** Please click on the word "Register" at the top of the page and enter the requested information. Upon successful registration, you will be sent an e-mail with instructions to verify your registration.

**Note:** If you received an e-mail from us with an assigned user ID and password, DO NOT REGISTER AGAIN. Simply use that information to login. Usernames and passwords may be changed after registration (see instructions below).

**Repeat users:** Enter your username and password and click the relevant "Login" button above to proceed.

**To change your username and/or password:** Once you are registered, you may change your contact information, username, and/or password at any time. Simply log in and click your name at the top of the page. Then click on "Update My Information".

**Authors:** Enter your username and password and click the "Author Login" button. You may then submit your manuscript and track its progress through the system.

**Reviewers:** Enter your username and password and click the "Reviewer Login" button. You may then view manuscripts assigned to you for review or submit your comments to the editor and authors.

# Updating Your Profile

1. Click on the dropdown by your name in the top right corner.
2. Click “Update My Information.”

em Patient-Centered Outcomes Research Institute

Home Main Menu Submit a Manuscript About Help

Reviewer Main Menu

Review Assignments

- New Reviewer Invitations (0)
- Pending Assignments (0)
- Completed Assignments (0)

Username

Role Stakeholder Reviewer

Site Language English

[Update My Information](#)

3. Update your Institution, Areas of Interest or Expertise, and Personal Classifications

[Insert Special Character](#)

**Institution Related Information**

Position

Institution

Department

Street Address

City

State or Province

Zip or Postal Code

Country or Region \* UNITED STATES OF AMERICA

Address is for \* Work Home Other

**Areas of Interest or Expertise**

Please indicate your areas of expertise either by selecting from the pre-defined list using the "Select Personal Classifications" button or by adding your own Personal Keywords individually using the "Edit Personal Keywords" button.

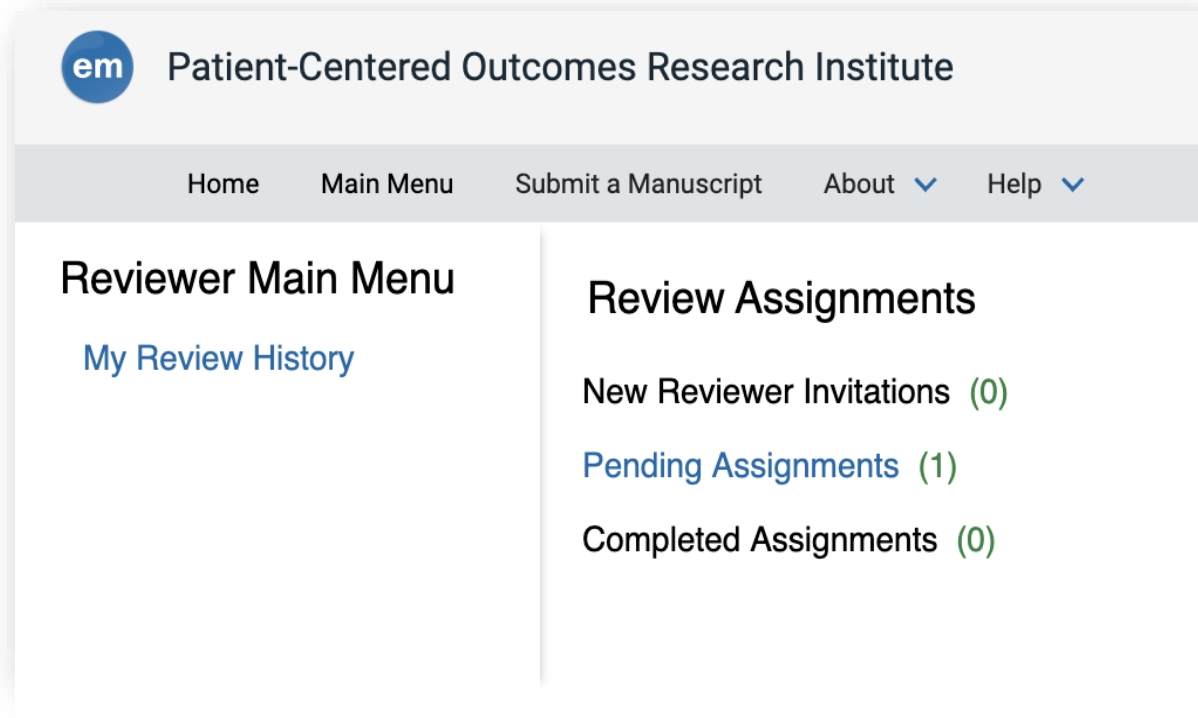
Personal Classifications (None Selected)

[Select Personal Classifications](#)

# Peer Track Reviewer Main Menu

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New Reviewer Invitations, Pending Assignments and Completed Assignments can be accessed from the Reviewer Main Menu.



# Accessing the DFRR

1. Click “Pending Assignments” to access reports you’ve agreed to review.
2. Click “View Submission” to view the report and reviewer form.

← Pending Reviewer Assignments

Page: 1 of 1 (1 total assignments) Results per page 10 ▾

Action	My Reviewer Number	Manuscript Number	Article Type	Article Title	Status Date	Current Status	Date Reviewer Invited	Date Reviewer Agreed	Date Review Due	Days Until Review Due
<a href="#">View Submission</a> <a href="#">Submit Recommendation</a> <a href="#">Send E-mail</a>	5	[REDACTED]	Draft Final Research Report	[REDACTED]	Feb 10, 2026	Under Review	Feb 10, 2026	Feb 10, 2026	Mar 02, 2026	20

Page: 1 of 1 (1 total assignments) Results per page 10 ▾

# Viewing the Report

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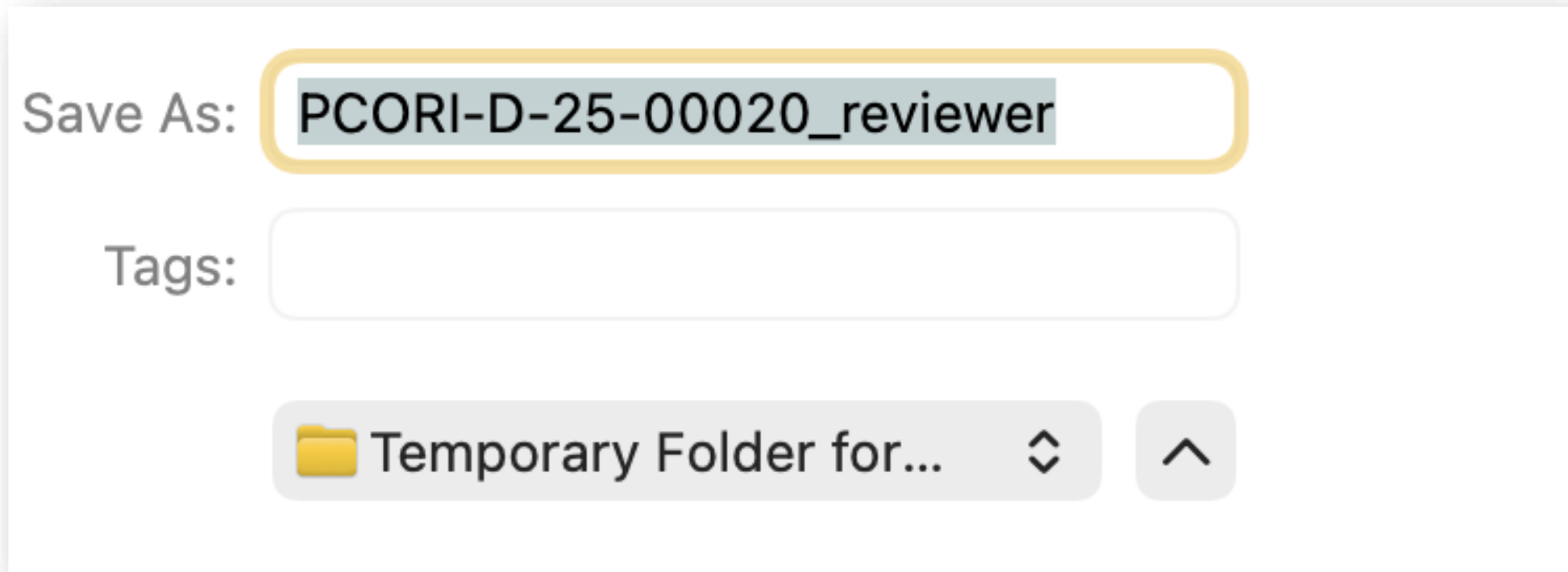
1. In the “**Select a PDF Version**” pop up box, click on the “**Revision 1 Original Submission**” link to download the PDF.
2. Select a location to save the DFRR PDF.



# Viewing the Report

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1. Save the PDF to a folder on your computer. “**Select a PDF Version**” pop up box, click on the “**Revision 1**” link to download the PDF.
2. **Select a Desktop location to save the DFRR PDF** (if you prefer to have a local copy of the report).
  1. Please do not save the DFRR to the cloud.



Save As: PCORI-D-25-00020\_reviewer

Tags:

Temporary Folder for... ⬇ ⬆

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**IMPORTANT NOTE:** The DFRR PDF must be deleted once your peer review has been completed.

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# Viewing the Report | Helpful Tips



## What to Review

Clean Report

The Clean Report begins with a title page.

Appendices

You can search the DFRR for the word "Appendix" to take you directly to that section.

# Entering Your Comments

When you are ready, enter your reviewer comments in the Reviewer Form.

← Pending Reviewer Assignments

Page: 1 of 1 (1 total assignments) Results per page 10

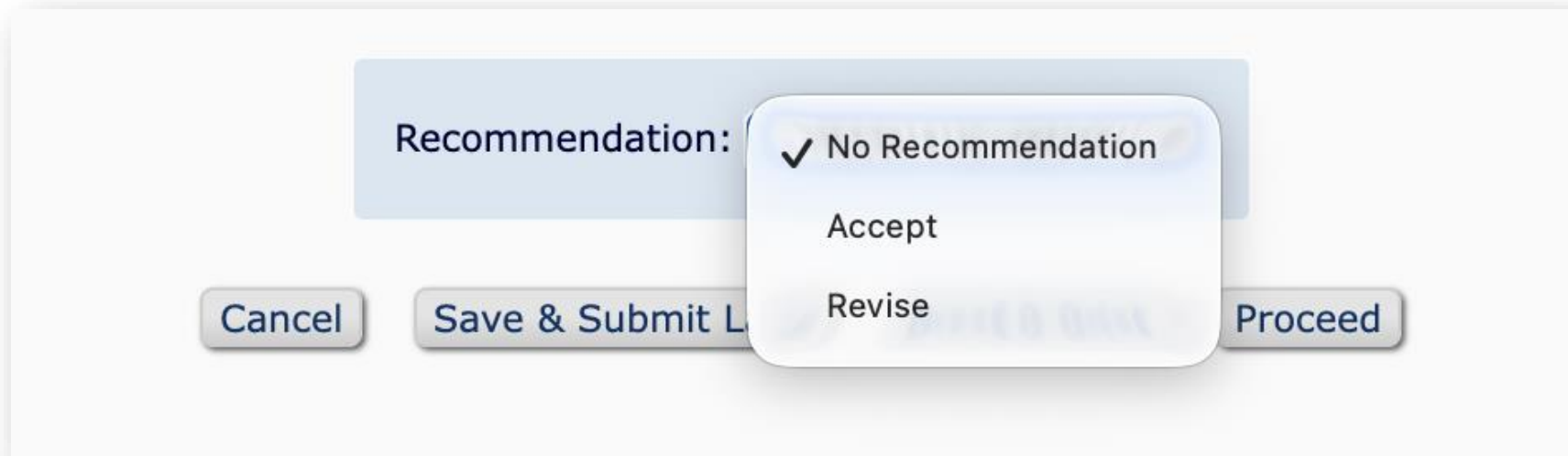
Action	My Reviewer Number	Manuscript Number	Article Type	Article Title	Status Date	Current Status	Date Reviewer Invited	Date Reviewer Agreed	Date Review Due	Days Until Review Due
<a href="#">View Submission</a> <a href="#">Submit Recommendation</a> <a href="#">Send E-mail</a>	5		Draft Final Research Report		Feb 10, 2026	Under Review	Feb 10, 2026	Feb 10, 2026	Mar 02, 2026	20

Page: 1 of 1 (1 total assignments) Results per page 10

Click the “Paste as text” button to copy/past your review comments from Word and retain formatting (bullets, bold, italics, etc.).

# Making Your Recommendation

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The screenshot shows a web form with a light blue header area containing the text "Recommendation:". Below this header is a dropdown menu with three options: "No Recommendation" (which is selected and has a checkmark), "Accept", and "Revise". At the bottom of the form, there are four buttons: "Cancel", "Save & Submit L...", "Proceed", and a partially visible button that appears to be "Save & Submit L...".

1. Use the dropdown button to recommend that the report should be Accepted or Revised.
2. Click "Proceed."
3. Scroll down to the Review Form.

# Making Your Recommendation

These questions are sent to the author

## 1. Background

1. Describe if the authors made a compelling case for the significance or impact of the research.

## 2. Aims and Research Questions

1. Evaluate the value of the study aims and/or research questions to stakeholders or patients with similar health experiences.

## 3. Patient/Stakeholder Participation

1. Describe how patients, caregivers, members of patient advocacy organizations, or other stakeholders were consulted and how their input influenced the planning and conduct of the study.

### Review Questions

[Stakeholder Reviewer Form](#)

*Background [sent to authors]*

Did the authors make a compelling case for the significance or potential impact of the research? Please consider questions such as: Do the authors present all relevant information to justify the study aims and explain the clinical uncertainty? Are there missing elements? Are the study aims, research questions, and outcome measures relevant to patients and stakeholders?

Please add comments related to research impact. (Limit 20000 Characters)

Character Count: 0

---

Are the study aims and/or research questions meaningful to stakeholders or to patients with similar health experiences? What aspects (if any) were not considered but you think are critical?

Please add comments related to the study aims and/or research questions. (Limit 20000 Characters) [\[Instructions\]](#)

Character Count: 0

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*Patient/Stakeholder Participation [sent to authors]*

Does the report adequately describe how patients, caregivers, members of patient advocacy organizations, or other stakeholders were consulted and how their input influenced the planning and conduct of the study? Were patient and/or stakeholder interests and preferences considered throughout the research process (forming research questions, identifying available treatment options, conducting the study, helping with recruitment, interpreting results, disseminating results)? Were there examples of how the study was changed based on stakeholder feedback, e.g., added new treatment arm, developed new recruitment materials, or refined the study website and educational materials? Also consider whether there were additional ways patients and stakeholders could have influenced the study.

Please add comments about patient/stakeholder participation. (Limit 20000 Characters)

Character Count: 0

# Making Your Recommendation

These questions are sent to the author

## 1. Methods

1. Indicate if the intervention being compared in the study are the most meaningful to patients and/or caregivers with similar problems.

## 2. Discussion & Conclusion

1. Consider if the report provides information that will improve your decision-making and if the conclusions are reasonable.

These questions are NOT sent to the author

## 1. DFRR Rating

1. Give the report an overall rating from 1 to 4, with 4 being the highest.

### Methods [sent to authors]

Are the interventions (treatments, screening, decision tools, etc.) being compared in the study the most meaningful to patients and/or caregivers with similar problems? Are the study outcomes meaningful to patients, caregivers, or other stakeholders? Do you think that the authors described the intervention in sufficient detail for patients to understand what it was, who delivered it to study participants, and how it was delivered? Given the research questions, did the researchers compare the most relevant and compelling treatments? Does this study compare the treatment options that patients can obtain in real-world settings? Are the outcome measures the ones that are most important to patients?

Please add comments related to the study's Methods. (Limit 20000 Characters)

Character Count: 0

### Discussion & Conclusion [sent to authors]

Does the report provide information that will improve your decision-making? Please consider such questions as: Do the discussion and conclusion fit with your understanding of the question? Are the conclusions reasonable, and could you base decisions on the information presented? How could this be improved?

Please add comments related to the discussion and conclusion. (Limit 20000 Characters)

Character Count: 0

### Overall [not sent to authors]

Please give the report an overall rating from 1 to 4, with 4 being the highest.

- Please select a response
- 1 - Poor/low quality, major revision recommended
- 2 - Moderate quality, moderate revision recommended
- 3 - Good quality, minor revision recommended
- 4 - Excellent quality, no recommended revisions

# Making Your Recommendation

These questions are NOT sent to the author

## 1. Overall Assessment

1. Share your overall assessment and comment on this research and this report, with emphasis on how the report or the research can be improved.

## 2. Confidential Comments to the Editor

1. Provide any additional comments you want to share with the editor.

## 3. Reviewer Time Commitment

1. Indicate how many hours you spent reading and reviewing the report.

## 4. Peer Review Process

1. Share your overall comments on the peer review process or anything you think would be helpful for future reviewers.

Please share your overall assessment of the report or any other comments on this research and this report. Particularly consider how the report or the research might be improved. (Limit 20000 Characters)

Character Count: 0

*Confidential Comments to the Editor [not sent to authors]*

If you have any confidential comments to the editor about this report, enter them here. (Limit 20000 Characters)

Character Count: 0

*Final Comments [not sent to authors]*

How many hours did you spend reading and reviewing the report? (Please enter only digits)

Please share with us your overall comments on the process or anything you think would be helpful for future reviewers. These can relate to the review form or the report management system. (Limit 20000 Characters)

Character Count: 0

# Reviewer Conflict of Interest Form

PCORI's authorizing legislation requires every individual completing a review of a DFRR to disclose conflicts involving "association, including financial, business, or personal association, that has the potential to bias or has the appearance of biasing" one's decisions relating to PCORI.

## Identify Your Employer

1. Enter the name of your company/organization
2. Describe the nature of the relationship
  1. Employee, stockholder, etc.
3. Describe to whom it applies
  1. Self, spouse, siblings, etc.

Click the "Paste as text" button to copy/past your review comments from Word and retain formatting (bullets, bold, italics, etc.).

[\\*Reviewer COI form](#)

*Conflict of Interest Disclosure Form*

PCORI's authorizing legislation requires every individual completing a review of a PCORI-funded report to disclose conflicts involving any "association, including a financial, business, or personal association, that has the potential to bias or has the appearance of biasing" one's decisions relating to PCORI.

You can refer to the Disclosure Guidance [here](#).

*Identify Your Employer*

Name of company/organization: (Limit 2000 Characters)

Character Count: 0

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Nature of relationship: (Limit 20000 Characters)

Character Count: 0

---

Applies to: (Limit 20000 Characters)

Character Count: 0

# Reviewer Conflict of Interest Form

## Identify Financial and Business Associations

1. Indicate if you or members of your immediate family are employed, directly own stock, or receive any other compensation from any company.

## Identify Personal Associations

1. Indicate if you or members of your immediate family have been employed by any health or healthcare-related organizations in the last 12 months.

## Certify your Conflict-of-Interest information

1. Check “Agree” to confirm the Conflict-of-Interest section is complete and accurate.

### *\*Identify Financial and Business Associations*

A financial association includes employment, honoraria, consulting fees, intellectual property royalties, stock ownership or other financial benefit from a health or healthcare related organization. (Ownership of a mutual fund that includes healthcare funds is excluded.) Disclose any organization at which you are currently employed and receiving any financial benefits, or any organization or company in which you or a family member has significant financial interest. List: 1) name of company or organization; 2) nature of relationship (e.g. employer, stock, etc.); and, 3) identify whether it applies to self, spouse, domestic partner, child (dependent or non-dependent), sibling, parent, or other.

Are you or members of your immediate family employed, directly own stock, or receive any other compensation from any company?



### *\*Identify Personal Associations*

A personal benefit includes associations that include involvement with healthcare organizations for which the individual or close relative does not receive compensation for their involvement, such as Board member, Trustee, active volunteer, reviewer, editor, recent former employer, etc. Disclose any health or healthcare-related organizations in which you are actively involved, including organizations where you were employed in the last 12 months. List: 1) name of company or organization; 2) nature of relationship (e.g. Board member, active volunteer, etc.); and, 3) identify whether it applies to self, spouse, domestic partner, child (dependent or non-dependent), parent, sibling, or other.

Have you or members of your immediate family been employed by any health or healthcare-related organizations within the last 12 months?



### *\*Certification*

By clicking the checkbox, I affirm that I have reviewed the guidance on disclosures and received a copy of PCORI's Conflict of Interest Policy and I have read, understand, and agree to comply with the policies. I also certify that, to the best of my knowledge, I have disclosed all potential conflicts of interest and agree to update my disclosures as necessary to ensure that such disclosures are complete and accurate any time I complete a review.

Select "Agree" to continue. (please select one or more)

 Agree

# Reviewer Conflict of Interest Form

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## Terms of Use

1. Agree that the Conflict-of-Interest data may be used to inform editorial considerations and for internal reporting to improve peer review activities.

### *\*Terms of Use*

I affirm that I understand and agree that PCORI and KnowledgeWorks Global Ltd., which provides peer review services to and on behalf of PCORI, may use and disclose the personal information I have submitted for purposes of carrying out peer review of research reports from PCORI-funded projects including, but not limited to, the following activities:

- To evaluate whether I have the appropriate expertise and experience to review specific draft final research reports.
- To compile and post my conflict of interest disclosure information on PCORI's website and in our Annual Report pursuant to PCORI's authorizing law. Please note that such information will be presented in a manner that does not identify which reports you reviewed.
- To conduct analyses of our peer reviewer pool and peer review processes for PCORI's quality assessment and improvement initiatives.
- To report the demographic composition of our peer reviewer pool in anonymous and aggregate format to the public.
- To conduct research on peer review using anonymous and aggregate data.

Select "Agree" to continue. (please select one or more)

Agree

# Reviewer Payment Form

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## \*Reviewer Payment Form

Reviewers **receive compensation** for completing reviews of PCORI-funded research reports. The peer review editorial office will contact you by email to facilitate payment.

Please select one option.

- Please select a response
- Yes, I would like to receive compensation for completing this review of a PCORI report.
- No, I decline compensation.

\*If you would like to receive compensation, please enter the email for the peer review editorial office to contact you regarding payment.

If you declined compensation, please enter "N/A." (Limit 2000 Characters)

Character Count: 0

# Reviewer Payment Form

PCORI peer reviewers are compensated for completing their review. Reviewers are asked to select “Yes” from the dropdown if they would like to receive compensation for their review and enter their email address for the editorial office to begin the process.

The Editorial Office will contact you at the provided email to ask if you prefer to receive compensation via ACH or have a paper check mailed to your address. You will be provided a W9 and ACH form to complete as well as a secure link to upload your files.

**View Letter**

[Close](#) [Edit and Resend](#) [Resend](#)

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**Date:** Feb 09, 2026  
**To:** "Origin Review" originreview@kwglobal.com  
**cc:** kati.taryole@kwglobal.com  
**From:** "Origin Review" originreview@kwglobal.com  
**Subject:** Compensation for Reviewing PCORI DFRRs  
**Attachment(s):** KGL EFT ACH Form\_ (2).doc

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Feb 09, 2026

Dear [REDACTED]

Thank you for agreeing to review PCORI-D-25-[REDACTED] titled [REDACTED]. As a small token of our appreciation, reviewers are compensated \$100 per completed review (unless you are a member of one of our peer review panels).

Please note that any amount received for activities related to completing reviews of PCORI reports must be declared as taxable income. If you receive \$2000 or more in compensation in a single calendar year, you will receive a 1099 reporting taxable payments. If you prefer to decline payment, kindly let us know.

To receive payment:

1. Complete a **W-9 form** (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>).
2. Complete the **attached ACH deposit form** for direct deposit of funds; the KGL AP department may contact you to verify bank information. If you do not complete the ACH form, payment will be sent by paper check to the address on the completed W-9.
3. Upload both documents via this **secure link** [REDACTED]

Thank you for participating in the peer review process for PCORI's draft final research reports. PCORI directly connects traditional research to the practical needs and preferences of patients to improve the quality and relevance of healthcare decision-making. This approach emphasizes the importance of including the perspectives of those directly affected by healthcare decisions in the research process. As a reviewer, you strengthen the impact of that connection, ensuring the research maintains the highest level of value, quality, and integrity.

Best regards,  
Kati Taryole  
Patient-Centered Outcomes Research Institute  
Kati.Taryole@kwglobal.com

For support with peer review of PCORI-funded research reports, contact Origin Peer Review & Publishing  
originreview@kwglobal.com  
+1 (202) 984-3370

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In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Remove my information/details). Please contact the publication office if you have any questions.

[Close](#) [Edit and Resend](#) [Resend](#)

# Co-Reviewing

## What is Co-Reviewing?

Co-reviewing occurs when an invited reviewer works with a colleague, such as a trainee or student, to complete a peer review. This can provide a valuable learning opportunity while contributing to the DFRR peer review.

Both the invited reviewer and co-reviewer must follow the PCORI peer review policies. During submission, the invited reviewer will be asked to provide the co-reviewer's name and email address and disclose any conflicts of interest.

Click the “Paste as text” button to copy/past your review comments from Word and retain formatting (bullets, bold, italics, etc.).

**\*Co-Reviewing**

Reviewers may perform a joint review with a colleague (such as a trainee or student). If a joint review is submitted, both the invited reviewer and co-reviewer must adhere to the confidentiality policy.

Are you co-reviewing this report with a colleague? If no, please enter "N/A" for the following questions.

---

**\*Please enter your co-reviewer's first and last name. Enter "N/A" if there is no co-reviewer. (Limit 2000 Characters)**

Character Count: 0

---

**\*Please enter your co-reviewer's email address. Enter "N/A" if there is no co-reviewer. (Limit 2000 Characters)**

Character Count: 0

---

**\*PCORI's authorizing legislation requires every individual completing a review of a PCORI-funded report to disclose conflicts involving any "association, including a financial, business, or personal association, that has the potential to bias or has the appearance of biasing" one's decisions relating to PCORI.**

You can refer to the PCORI's Disclosure Guidance [here](#).

A financial association includes employment, honoraria, consulting fees, intellectual property royalties, stock ownership or other financial benefit from a health or healthcare related organization. (Ownership of a mutual fund that includes healthcare funds is excluded.) Disclose any organization at which you are currently employed and receiving any financial benefits, or any organization or company in which you or a family member has significant financial interest. List: 1) name of company or organization; 2) nature of relationship (e.g. employer, stock, etc.); and, 3) identify whether it applies to self, spouse, domestic partner, child (dependent or non-dependent), sibling, parent, or other.

**Enter the name of the company/organization. Enter "N/A" if none or no co-reviewer. (Limit 2000 Characters)**

Character Count: 0

**IMPORTANT NOTE:** If you have not used a co-reviewer, enter “N/A” in this section’s text fields.

# Co-Reviewing

## What is Co-Reviewing?

When co-reviewing, the invited reviewer remains responsible for the content and quality of the review, and the original review deadline still applies.

Click the “Paste as text” button to copy/past your review comments from Word and retain formatting (bullets, bold, italics, etc.).

\*Enter the nature of the relationship. Enter "N/A" if none or no co-reviewer. (Limit 2000 Characters)

Character Count: 0

\*This applies to (enter "N/A" if none or no co-reviewer): (Limit 2000 Characters)

Character Count: 0

\*Is your co-reviewer or members of their immediate family employed, directly own stock, or receive any other compensation from any company?

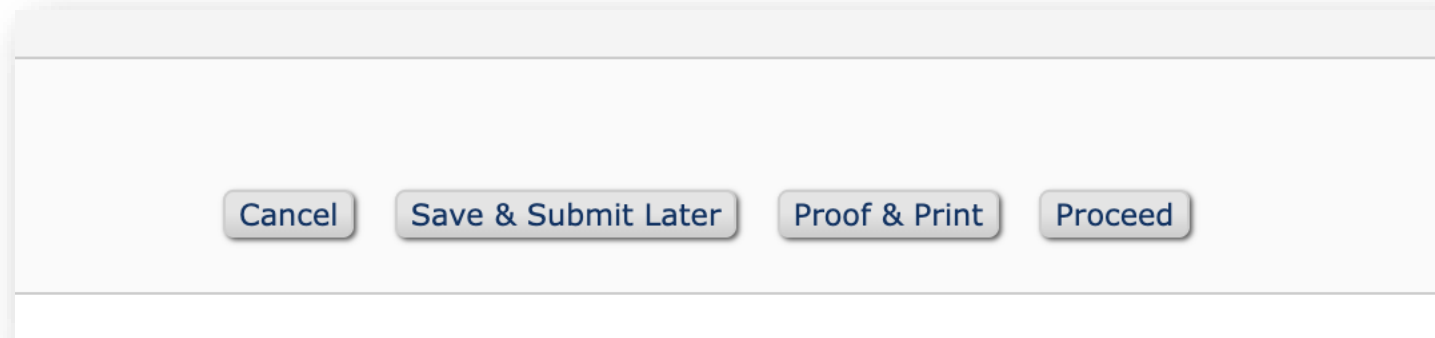
\*Has your co-reviewer or members of their immediate family been employed by any health or healthcare-related organizations within the last 12 months?

**IMPORTANT NOTE:** If you have not used a co-reviewer, enter “N/A” in this section’s text fields.

# Submitting the Review

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1. If you need to complete your reviewer form at a later date, you can click “Save & Submit Later” to save your progress.
2. Once you have completed the review form, click the “Proceed” button.



**Note:** Please do not upload or email a separate attachment (i.e., a Word document with tracked changes). All review comments must be entered into Peer Track only.

# Review Complete

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After the review is submitted, you will see a confirmation message and be returned to the Peer Track Reviewer Main Menu.

## Reviewer Main Menu

[My Review History](#)

## Review Assignments

[New Reviewer Invitations](#) (0)

[Pending Assignments](#) (1)

[Completed Assignments](#) (2)

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**IMPORTANT NOTE:** The DFRR PDF **must be deleted** once your review has been completed.

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# Questions

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Please contact the editorial office at [originreview@kwglobal.com](mailto:originreview@kwglobal.com) or scan the QR Code.



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